

Ohio Department of Health
Pandemic Influenza Preparedness and Response
Plan

*The threat of an influenza pandemic is not as much a question of **if**, but rather a question of **when**.*

DRAFT

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PART I
INTRODUCTION

Part I: Introduction

According to the World Health Organization, “an influenza pandemic occurs when a new influenza virus appears against which the human population has no immunity, resulting in several, simultaneous, epidemics worldwide with enormous numbers of deaths and illness.”

During an influenza pandemic, the level of sickness and death from influenza and influenza-related complications can increase dramatically worldwide. With increased rates of illness and death come indirect effects that impact the global economy and everyday life. Based on observations from previous pandemics, the Centers for Disease Control and Prevention (CDC) has estimated the economic losses in the United States associated with the next pandemic will range from approximately \$71 billion to \$166 billion. The level of economic loss will depend on the attack rate of the virus and the resulting sickness and death.

The impact of an influenza pandemic on the health care system could be devastating. The CDC estimates in the United States a moderate pandemic could result in 90 million people becoming ill; 45 million outpatient visits; 865,000 hospitalizations; and 209,000 deaths. Given the potential for high levels of sickness and death and the significant disruption to society, the State of Ohio has joined the federal government in giving high priority to planning for the next influenza pandemic.

This document represents the Ohio Department of Health’s (ODH) Pandemic Influenza Preparedness and Response Plan (PIPRP). While this plan is an integral part of the overall Ohio preparation and response to an influenza pandemic, it details ODH’s preparedness and response efforts and reflects how these efforts dovetail with the State of Ohio’s overall emergency preparedness and response plans.

PURPOSE

The purpose of this plan and its supporting procedures for responding to an influenza pandemic is to:

- reduce morbidity;
- reduce mortality;
- minimize social disruption; and
- facilitate planning for recovery.

This Pandemic Influenza Preparedness and Response Plan (PIPRP) provides the framework for the ODH to prepare for, identify, respond to and attempt to control an influenza pandemic. Some of the topics addressed by the PIPRP include surveillance, emergency response, pharmaceutical delivery, communications, strategies to limit transmission, training and recovery operations. The plan also serves to make operational the Ohio Department of Health’s role in Emergency Support Function (ESF)-8 under the Ohio Emergency Operations Plan (EOP).

PLAN DEVELOPMENT

Plan development occurred through an assessment of the federal target capabilities that applied to an influenza pandemic. The target capabilities were then combined into functional areas within the plan. Additionally, the plan was organized by World Health Organization (WHO)

phases (see page 9), with preparedness activities identified for Phases 1 through 4 and response activities for Phases 5 and 6. Although WHO Phase 5 (large clusters but human-to-human spread still localized) is a pandemic alert phase and Phase 6 signifies the pandemic period, these two phases were both considered response phases for the Ohio Department of Health, as a designation of pandemic influenza Phase 5 would lead to response activities at the agency, including the initiation of an incident command structure. The matrix on page 3 illustrates the relationship between this plan and federal target capabilities.

A. RELATIONSHIP BETWEEN FEDERAL, STATE AND LOCAL RESPONSE

This PIPRP represents the ODH planning and response to an influenza pandemic. It makes operational the ODH roles and responsibilities of the State EOP, and serves to support local response plans. Pandemic response is primarily a function of local response. This plan supports local response effort, it does not replace it. Further, federal response cannot be guaranteed, as it usually can in other types of disaster response plans. State and local government must plan to respond to their own disaster, and expect minimal or no federal response.

B. RESPONSIBILITIES FOR PLAN

This PIPRP will be maintained by ODH, Division of Prevention, Bureau of Public Health Preparedness (BPHP), in cooperation with appropriate subject matter experts from other divisions and bureaus.

C. PLAN APPROVAL AND MAINTENANCE OF THE PLAN

The original plan will be approved by the director of ODH. Subsequent revisions, unless deemed significant, will be approved by the Division of Prevention. A significant revision is one that changes a concept of operations, results in a large shift in planning and response capabilities, or results in revising more than 30 percent of the plan in a single revision.

The plan will be reviewed annually by all affected ODH bureaus, primarily:

- Bureau of Public Health Preparedness (BPHP);
- Bureau of Infectious Disease Control (BIDC);
- Bureau of Health Surveillance, Information and Operational Support (BHSIOS); and
- Bureau of Public Health Laboratories.

After review, suggested changes will be submitted to BPHP. If considered appropriate, a revision will be prepared and approved.

PARTS OF ODH PANDEMIC INFLUENZA PREPAREDNESS AND RESPONSE PLAN

	A	B	C	D	E	F	G	H	I	J	K
	Command, Control & Mgmt	Communi-cation	Surveil-lance, Epi & Lab	Strategies to Limit Transmis-sion	Vaccination and Antiviral Drugs	Community Health Care	Health Care Facilities	Other Support	Worker Health & Safety	Recovery	Encourage & Enable Local Planning
Communications		X									
Risk Mgmt.											X
Community Preparedness & Participation				X							X
Information Sharing & Dissemination	X	X									
Epi Surveillance & Investigation			X								X
P.H. Lab & Testing			X								X
Animal Health/ Environmental ⁽¹⁾								X			X
EOC Mgmt.	X										
Critical Resource Logistics & Distribution	X								X		
Volunteer Mgmt. & Donations								X			X
Worker Safety & Health ⁽²⁾									X		
Public Safety & Security									X		X
Firefighting ⁽²⁾									X		X
Citizen Protection (Evacuation and In-Place) & Mass Care ⁽¹⁾				X				X			X
Isolation & Quarantine				X							X
Emergency Public Information & Warning				X							X
Triage and Pre-Hospital Treatment					X	X					
Medical Surge							X				X
Medical Supplies Mgmt. & Distrib.					X						X
Mass Prophylaxis				X	X						
Fatality Mgmt.								X			X
Econ & Community Recovery										X	X

(1) Revised and combined

(2) Adapted title for Pandemic Influenza

TARGET CAPABILITIES

RELATIONSHIP OF THIS PLAN TO STATE EMERGENCY OPERATIONS PLAN (EOP)

This Pandemic Influenza Preparedness and Response Plan (PIPRP) constitutes ODH's operational plan for preparing for and responding to an influenza pandemic. This plan makes operational the ODH responsibilities in its role as the primary agency for the public health function under Emergency Support Function (ESF)-8 of the Ohio EOP. This PIPRP consists of the core planning and response elements, divided in parts or sections, and is supported by its implementing procedures. The relationship of this PIPRP and supporting procedures to the Ohio EOP; ESF-8; and in ESF-8 Tab C: Human Infectious Disease Plan and its appendix, ESF-8 Tab C, Appendix 1: Ohio Pandemic Influenza Incident Response Plan is reflected in Figure 1.

The Ohio EOP describes how Ohio residents, their property and the environment will be protected in a disaster and/or emergency. The EOP details the responsibilities that have been assigned to, and have been agreed to be met by, specific state agencies and other support resource organizations, based on their capabilities. The parts of the EOP activated to guide response and recovery are emergency-specific and implemented only when triggered by emergencies for which response exceeds local abilities.

The Ohio EOP is based upon 15 emergency support functions (ESF) which are headed by lead agencies, in coordination with support agencies, selected based on their authorities, knowledge, resources and capabilities. The ESF is the primary mechanism through which state assistance to local governments is managed during emergencies under the direction/coordination of the executive director of the Ohio Emergency Management Agency, on behalf of the Department of Public Safety and the governor.

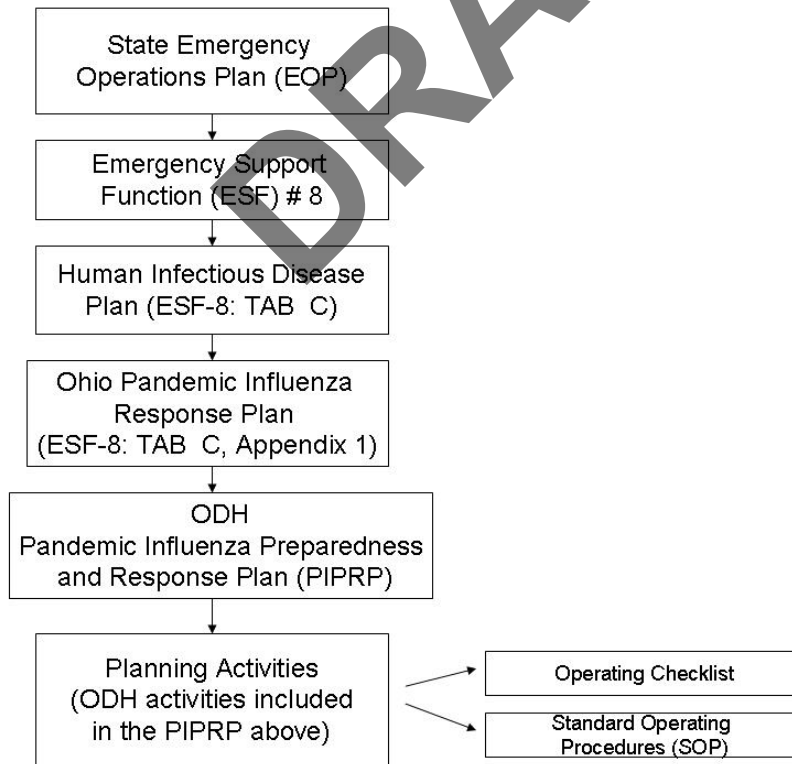


Figure 1: Relationship of State EOP to ODH Pandemic Influenza Preparedness & Response Plan

The ESFs describe how specific kinds of assistance common to all types of emergencies and all phases of emergencies, preparedness, response, recovery and mitigation will be provided and which agencies will provide these specific services. Ohio's ESFs correspond to those in the Federal Response Plan. The primary agency is responsible for coordinating the operations of their assigned ESF, including the activities and assignment of missions carried out by the support agencies. In addition, the EOP has support annexes (broad support) and incident annexes (germane to specific hazards/emergency events).

The Ohio EOP has three support annexes that provide guidance to ensure efficient coordination and application of the broad support categories of Donations and Volunteer Management, Financial Management and Public Affairs. Ohio EMA is the primary agency for all three support annexes. The ESF-8; ESF-8, Tab C, Human Infectious Disease Plan; and ESF-8, Tab C, Appendix 1: Pandemic Influenza Incident Response Plan, are most germane to the ODH response plan to an influenza pandemic. The latter document can be thought of as the strategic plan upon which the ODH PIPRP's description of how ODH will carry out its responsibilities is based.

UNDERSTANDING INFLUENZA

Influenza, commonly called "the flu," is caused by the influenza virus, which infects the respiratory tract (nose, throat, lungs). Influenza viruses cause annual epidemics as well as the rare pandemic because they have the ability to change genetically. Unlike many other viral respiratory infections, such as the common cold, the flu causes severe illness and life-threatening complications in many people. In the United States, the flu season usually occurs between October and April. Every year in the United States, on average, 5 percent to 20 percent of the population gets the flu, more than 200,000 people are hospitalized from flu complications and about 36,000 people die from flu.

The flu is easily spread through personal contact. People with impaired immune systems, chronic medical problems or those who are elderly are more susceptible to contracting the flu. Infection occurs through exposure to the upper respiratory fluids (droplets from coughing or sneezing, for example) of an infected person. Influenza is one of the most highly contagious of diseases that humans encounter today.

The single best way to prevent the flu is vaccination. In general, anyone who wants to reduce their chances of getting the flu can get vaccinated. However, certain people should get vaccinated each year: people who are at high risk of having serious flu complications or people who live with or care for those at high risk for serious complications. Some people should not be vaccinated without first consulting a physician (e.g., those allergic to chicken eggs, those with a history of a severe reaction to an influenza vaccination and those who developed Guillain-Barre syndrome after receiving an influenza vaccination). In addition, experts recommend people do the following to lower their risk of contracting the flu:

- Avoid close contact with people who are sick;
- If possible, stay home from work, school or errands when sick;
- Cover mouth and nose when coughing or sneezing;
- Clean hands often; and
- Avoid touching eyes, nose or mouth.

Influenza A virus is unique in that it can infect a variety of animals. Wild birds are the natural reservoir for influenza A. New influenza strains typically circle the globe within three to six months of emergence. New strains circulate each year, changing slightly from prior strains (called **antigenic drift**) so that healthy adults have partial immunity to new strains. Each year the virus, its genes in constant flux, typically makes healthy people sick, but is generally not deadly. Now and then, often several times in a century, the virus changes enough through reassortment (called **antigenic shift**) that there is no partial immunity in the population. This event, an influenza pandemic, results in severe illness and death, even in healthy people. The extent and severity of illness, and the disabling impact on healthy young people, could cause serious disruptions in services and social order.

By definition, a **pandemic** (Greek, for “of all the people”) is a global outbreak of disease. During the past century, three influenza pandemics caused excess sickness, death and societal burden throughout the world. The “Spanish influenza” pandemic of 1918 killed more than 500,000 people in the United States and perhaps 50 million worldwide. The 1918 pandemic was notorious for its predilection for healthy, young adults. In 1957, “Asian influenza” caused approximately 70,000 deaths in the United States. During the “Hong Kong pandemic” in 1968, deaths in the United States were estimated at 34,000, with 51 million Americans affected by influenza and a total economic burden of \$3.9 billion.

PLANNING ASSUMPTIONS

1. Illness and death can be minimized by having a comprehensive plan in place.
2. A pandemic will occur; the unknowns are time, extent, amount of warning and origin of the novel virus.
3. In our mobile society, multiple geographic areas may be affected simultaneously, incapacitating large numbers, including those responsible for both health and non-health related emergency services.
4. Shortages of essential resources will occur (e.g., pharmaceutical supplies for influenza as well as other chronic diseases, reagents for diagnostic services, life-saving equipment, hospital beds, decontamination and sterilization facilities and protective equipment, morgue sites and refrigerated storage for bodies and perishable resources).
5. Given the shortages of essential medical resources, changes in the usual standards of medical care will be required. Rather than doing everything possible to save every life, it will 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 trained personnel that are currently used in today’s pre-pandemic status.
6. Critical to this response and its effectiveness will be the cooperative and coordinated efforts of many people and organizations within the public and private sectors.
7. There are a number of assumptions regarding influenza vaccine during a pandemic:
 - a. It is unlikely an influenza vaccine specific to the pandemic strain will be available at the beginning of a pandemic, as the current production process for influenza vaccine takes several months and is dependent on a limited number of vendors. Once a novel virus is identified, it may take several months before vaccine is available for distribution.
 - b. If and when vaccine is available, it is expected individuals will need an initial priming dose followed by a second dose about 30 days later.
 - c. The first vaccine produced probably will be purchased by the federal government and distributed to state agencies to vaccinate priority groups.
 - d. With the assumption only a small percentage of the total vaccine need will initially be available to begin vaccination, not everyone will be able to receive vaccine when it first

- becomes available. ODH maintains a prioritization scheme for early vaccination in accordance with CDC recommendations.
- e. If and when vaccine first becomes available, it may take months for pharmaceutical companies to produce an adequate supply of vaccine for the entire U.S. population.
 - f. CDC will likely develop a standard vaccine information sheet (VIS) that details the risks and benefits of the disease and the vaccine.
 - g. Since prior influenza vaccination(s) may offer some protection (even against a novel influenza variant), the annual influenza vaccination program, supplemented by pneumococcal vaccination, when indicated, will remain a cornerstone of prevention.
8. The federal government will assume primary responsibility for: coordinating national and international disease surveillance and developing an adverse event surveillance system; assessing need for and scope of a vaccine liability program; developing a central information database; and providing information templates for state use and guidelines for curtailing transmission.
 9. Legal authority will be in place for addressing the variety of concerns precipitated by the pandemic itself and the Pandemic Influenza Preparedness and Response Plan (PIPRP).
 10. Continued Ohio Department of Health preparedness for an influenza pandemic will occur within usual agency structures while response activities to a pandemic will occur within an incident command structure.
 11. Local health districts must plan for a self-contained response with limited help from the state or federal government.

CONCEPT OF OPERATIONS

1. Command and control for the ODH PIPRP will be executed through the ODH Incident Command System (ICS). Internally, the ICS will oversee ODH response activities and department operations and manage priorities and business continuity/business resumption functions.
2. An Area Command approach will be employed by the State Emergency Operations Center (EOC) to manage multiple jurisdictions and coordinate activities of all state agencies. Senior ODH management staff will be part of this Area Command organization separate from this response plan and from the ODH ICS.
3. ODH will employ a department operations center, called the Public Health Command Center (PHCC) to conduct operations and control its public health responsibilities and activities.
4. The ODH ICS will be conducted in the ODH Command Post; this post is collocated with the PHCC to facilitate communications and coordination of activities.
5. The PHCC will be led by the ODH Incident Command (ICS) Operations section chief, who oversees the operation with a PHCC manager. The PHCC will coordinate ODH-specific activities and will remain in constant communication with the State EOC through ESF-8. The PHCC will act as the ODH liaison to the State EOC, through ESF-8, and will also direct the department activities of ODH as requested through ESF-8.
6. The EOC will assist ODH in leading the public health responsibilities of the state's response to an influenza pandemic. The PHCC will coordinate the activities of its public health support role and the support ODH needs from other state agencies through the State EOC.

7. Remediation efforts will span all World Health Organization (WHO) pandemic phases (please see the chart on page 9) and will require the continued coordination of public and private sector, medical and non-medical and volunteer organizations by the State. Interactions between state agencies will follow the procedures established in the Ohio Emergency Operations Plan (EOP), with additional coordinating relationships as delineated in ESF-8, ESF-8, Tab C: Human Infectious Disease Plan, and the ESF-8, Tab C, Appendix 1: Pandemic Influenza Incident Response Plan.
8. Pandemic influenza response activities are outlined by pandemic phase. Evolution of the pandemic will be identified and declared by the federal government as the phases described below.
9. Modified to meet the demands of each of these phases, the components of the PIPRP will function throughout the pandemic.

HOW TO USE THIS PLAN

This version of the PIPRP is a second draft that will be the basis for subsequent revisions based on experience and new information. The PIPRP is a living document that is intended to be used as a useful tool for subsequent revision.

The following examples of the tabular formats in which the activities are arrayed differ for Part II (Preparedness) and Part III (Response) to reflect anticipated differences in the operating environments.

PART II.J (PREPAREDNESS PLAN) FORMAT FOR ACTIVITIES

Activity		Responsible Program or Individual	Estimated Completion Date
1. Adapt the ODH DR/BR Plan (under development) for a pandemic influenza event.		SMG Audit Unit	Summer '06

PART III.J (RESPONSE PLAN) FORMAT FOR ACTIVITIES

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. Follow the ODH DR/BR Plan for an influenza pandemic (to be developed during interpandemic-pandemic alert period).		SMG	

Division and Bureau level programs identified as being responsible for a particular activity and completion dates in Part II may be revised by those with authority to do so, or filled in where there were no entries in this second draft.

Part III, which will take place in an ICS structure should be used by the Operations Chief and his or her designees as he or she deem appropriate.

WORLD HEALTH ORGANIZATION (WHO) PHASES OF INFLUENZA PANDEMIC

In 2005, the World Health Organization (WHO) Secretariat published updated guidance for an influenza pandemic and defined the phases of a pandemic. This schema provides guidance to those involved in public health, medical and emergency preparedness to respond to threats and the occurrence of an influenza pandemic. In addition, the guidance can assist governments in the development of national pandemic influenza preparedness plans. The new definitions place more emphasis on pre-pandemic phases when pandemic threats may exist in animals or when new influenza virus subtypes infect people but do not spread efficiently. In the United States, pandemic phases will be defined based on the global phase. During the pandemic phase (Phase 6), additional subdivisions may be defined based on the extent of disease. In addition, the distinction between the various phases of an influenza pandemic may be blurred or occur in a matter of hours, again underscoring the need for flexibility. The WHO phases of pandemic follows:

NEW PHASES	OVERARCHING PUBLIC HEALTH GOALS
<p>Interpandemic period</p> <p><i>Phase 1.</i> No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk^a of human infection or disease is considered to be low.</p> <p><i>Phase 2.</i> No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk^a of human disease.</p>	<p>Strengthen influenza pandemic preparedness at the global, regional, national and subnational levels.</p> <p>Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.</p>
<p>Pandemic alert period</p> <p><i>Phase 3.</i> Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.^b</p> <p><i>Phase 4.</i> Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.^b</p> <p><i>Phase 5.</i> Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<p>Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.</p> <p>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.</p> <p>Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement pandemic response measures.</p>
<p>Pandemic period</p> <p><i>Phase 6.</i> Pandemic: increased and sustained transmission in general population.^b</p>	<p>Minimize the impact of the pandemic.</p>

^a The distinction between *phase 1* and *phase 2* is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, and/or other scientific parameters.

^b The distinction between *phase 3*, *phase 4* and *phase 5* is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and/or other scientific parameters.

WHO Global Pandemic Phases (WHO Global Influenza Preparedness Plan, 2005)

TERMS AND ACRONYMS

AAP	American Academy of Pediatrics	EOC	Emergency Operations Center
ACEP	American College of Emergency Physicians	EOP	Emergency Operations Center
ACF	Alternate Care Facility	ESF	Essential Security Function
ACIP	Advisory Committee on Immunization Practices	FDA	(US) Food and Drug Administration
BEH	ODH, Division of Prevention, Bureau of Environmental Health	FDMAOH	Funeral Directors and Morticians Association of Ohio
BIDC	ODH, Division of Prevention, Bureau of Infection Disease Control	GETS	Government Emergency Telecommunications Service
BPHL	ODH, Bureau of Public Health Laboratory	GIS	Global Information System
BPHP	ODH, Division of Prevention, Bureau of Public Health Preparedness	HAN	Health Alert Network (Ohio)
BSL	Biosecurity Level	HR	Office of Human Resources (ODH)
CDC	U.S. Centers for Disease Control and Prevention	ICS	Incident Command System
CMS	Centers for Medicare and Medicaid Services (USDHHS)	ILI	Influenza-like Illness
DAS	Ohio Department of Administrative Services	IND	Investigational New Drug
DHHS	(U.S.) Department of Health and Human Services	JIC	Joint Information Center
DMORT	Disaster Mortuary Operations Response Team (regional)	LHD	Local Health District
EAP	ODH, Employee Assistance Program	LTCF	Long Term Care Facility
EDRS	Electronic Death Registry System	MARCS	Multi-Agency Radio Communication System
EMA	Emergency Management Agency	MRT	Mortuary Response Team (Ohio)
EMS	Emergency Medical Services	NDMS	National Disaster Medical System
		OAC	Ohio Administrative Code
		OCC	Ohio Citizen Corps
		OCSC	Ohio Community Service Council
		ODA	Ohio Department of Agriculture
		ODH	Ohio Department of Health

ODHL	Ohio Department of Health Laboratory	IMPACT	
		SIIS	Immunization Registry
ODNR	Ohio Department of Natural Resources	SITREP	Situation Report (EOC)
ODPS	Ohio Department of Public Safety	SMG	Strategic Management Group (ODH)
OEMA	Ohio Emergency Management Agency	SNS	Strategic National Stockpile
OEPA	Ohio Environmental Protection Agency	SOP	Standard Operating Procedure
OHA	Ohio Hospital Association	SOSTF	State of Ohio Security Task Force
OLRNS	Ohio Laboratory Response Network System	USDA	U.S. Department of Agriculture
ONA	Ohio Nurses Association	USPHS	United States Public Health Service
OPHCS	Ohio Public Health Communication System	VAERS	Vaccine Adverse Events Reporting System
ORC	Ohio Revised Code	WHO	World Health Organization
OSMA	Ohio State Medical Association	WPS	Wireless Priority Service
PHCC	Public Health Command Center		
PHP&R	Public Health Preparedness and Response		
PHRST	Public Health Regional Surveillance Team		
PHT	Public Health Team		
PICC	Pandemic Influenza Coordinating Committee (of the SOSTF)		
PIO	Public Information Officer		
PIPRP	Public Health Preparedness and Response Plan (ODH)		
POD	Point of Dispensing Site		
PPE	Personal Protective Equipment		
RODS	Real-time Outbreak Disease Surveillance		
RSS	Receipt, Store, and Stage		

PART II

PREPAREDNESS

The plan is organized according to World Health Organization (WHO) phases. Section II is the preparedness plan, consisting of activities to be accomplished during WHO Phases 1-4. If the influenza virus currently of worldwide concern (H5N1) is the source of the next pandemic, we are now in Phase 3. If, however, another virus causes the next influenza pandemic, we are in Phase 1. This uncertainty makes it impossible to link most activities with a specific WHO Phase.

The preparedness plan will be executed through normal ODH structure (e.g., Divisions, Bureaus) rather than through Incident Command Structure (ICS).

Although WHO phase 5 (“large clusters but human to human spread still localized”) is a pandemic alert phase and phase 6 signifies the pandemic period, these two phases were both considered response phases for ODH, since a designation of pandemic influenza phase 5 would lead to response activities at the agency, including the initiation of an incident command structure.

Part II.A: Command, Control and Management

Target Capabilities: EOC Management; Critical Resources Logistics; Information Sharing
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INTRODUCTION

The ODH Incident Command System has two essential roles in response to an influenza pandemic:

- ODH-specific operational role; and
- Overall State strategic role.

ODH authority is determined by whether the objective is purely an ODH public health role, or if it is a statewide strategic role.

This Pandemic Influenza Preparedness and Response Plan (PIPRP) principally describes ODH's operational role in ODH-specific response. The statewide strategic response is detailed in the Ohio Emergency Operations Plan (EOP), Emergency Support Function (ESF)-8; and in ESF-8, Tab C, Human Infectious Disease Plan and its appendix, ESF-8, Tab C, Appendix 1: Ohio Pandemic Influenza Incident Response Plan. A portion of the present ODH-specific PIPRP operationalizes ODH's role at the State EOC, to include staffing and management of communications with ESF-8 at the EOC.

CONCEPT OF OPERATIONS

1. Command and control for the ODH PIPRP will be executed through the ODH Incident Command System (ICS). Internally, the ICS will oversee ODH response activities and department operations and manage priorities and business continuity/business resumption functions.
2. An Area Command approach will be employed by the State Emergency Operations Center (EOC) to manage multiple jurisdictions and coordinate activities of all state agencies. Senior ODH management staff will be part of this Area Command organization separate from this response plan and from the ODH ICS.
3. ODH will employ a department operations center, called the Public Health Command Center (PHCC) to conduct operations and manage its public health responsibilities and activities.
4. The ODH ICS will be conducted in the ODH Command Post; this post is collocated with the PHCC to facilitate communications and coordination of activities.
5. ODH Incident Command (ICS) will be led by the Operations section chief, who oversees the operation with a PHCC manager. The PHCC will coordinate ODH specific activities and will remain in constant communication with the Ohio EOC through ESF-8. The PHCC will act as the ODH liaison to the State EOC, through ESF-8, and will also direct the department activities of ODH as requested through ESF-8.
6. The State EOC will assist ODH in leading the public health responsibilities of the State's response to an influenza pandemic. The PHCC will coordinate the activities of its public health support role and provide the support needs of other state agencies as requested through the State EOC.
7. Interactions between state agencies will follow the procedures established in the State EOP.

STATUTORY AUTHORITY

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 Diseases Plan (formerly the Human Infectious Disease Annex).

COMMAND AND CONTROL (INCIDENT COMMAND)

The ODH ICS will be organized according to the ICS Table of Organization found in Appendix A.1: ODH Incident Command Structure Table of Organization for Pandemic Influenza Response. These roles may be expanded or contracted as determined by the Incident Commander. Incident Command Organization and functions are discussed in Section III.A of this plan.

<u>ACTIVITIES</u>		Responsible Program or Individual	Estimated Completion Date
1. Develop the Pandemic Incident Action Plan (Appendix A.2).		BPHP	Done

EOC MANAGEMENT

ODH leads state activities and responsibilities under ESF-8, Part 1, Public Health, in accordance with the State EOP. The ODH staff assigned to the EOC under ESF-8 will remain in constant communications with the PHCC, and will carry out the primary role of two-way communication and coordination of ODH activities between the EOC and the PHCC.

Upon the request of the Ohio Emergency Management Agency (Ohio EMA), ODH will provide a representative to the State EOC to serve as a subject matter expert to help the EOC respond effectively. Such a request may occur well in advance of an actual pandemic outbreak. Otherwise, prior to Pandemic Phase 6, the ODH ICS will largely determine ODH staffing of the EOC. After a confirmed human-to-human transfer of a novel influenza virus anywhere in the world (Pandemic Alert Phase 5), ODH will staff ESF-8 at the State EOC when it is activated. The director and the ODH ICS will decide whether or not the director or his designee will be present in the Executive Group of the State EOC at particular points during the pandemic.

<u>ACTIVITY</u>		Responsible Program or Individual	Estimated Completion Date
1. Develop the PHCC.		BPHP	Summer '06
2. Develop an information sharing plan that will identify what information (e.g., requests, intelligence, analyses that provide shared situational awareness, technical and situational) will be shared, in what format, through what means, how often, and by/to whom. (Also in Part II.B.)		BPHP	Summer '06

PHCC AND ESF-8 COMMUNICATIONS

ODH will maintain constant communications between the ESF-8 at the State EOC and the PHCC. The following communications methods will be employed:

- State EOC *Operations Center* software to monitor and contribute to messages and mission tracking;
- Telephone voice communications for more urgent matters between the EOC and PHCC;
- Fax or electronic mail communications for updates and daily situation reporting (SITREP); and
- Any available electronic display sharing for vital information between the EOC and PHCC (e.g., shared display of status of missions, shared display of real time disease reporting and tracking)

BUSINESS CONTINUITY

The same issues that will affect the general population, business community and public services in an influenza pandemic will impact ODH. Therefore, a pandemic's human toll in terms of sickness and death are likely to greatly reduce staff available to conduct ODH activities, those related to the pandemic event as well as non-event public health activities. Furthermore, reassignment to event-specific duties will diminish staff available for non-event duties. Given the same issues that affect ODH in this regard will affect all state agencies, we assume some of the business continuity decisions (e.g., working from home) will come through the Ohio Department of Administrative Services (DAS).

<u>ACTIVITY</u>		Responsible Program or Individual	Estimated Completion Date
1. Building on work already in progress for the ODH Business Resumption/Disaster Recovery Plan (Appendix A.3), develop an ODH pandemic influenza event business continuity plan that: <ul style="list-style-type: none"> a. Prioritizes agency activities; b. Determines the order in which specific activities will be suspended or curtailed in accordance with the extent of depleted human resources; and c. Determines the order in which specific activities will be restored in accordance with the extent of depleted human resources. 		SMG	Fall '06

CONTINUITY OF OPERATIONS (LOSS OF FACILITY, ETC.)

The loss of utilities (e.g., power, water) may render ODH headquarters unusable, comparable to the loss of infrastructure in a natural or man-made disaster. The ODH Business Resumption/Disaster Recovery Plan (under development) will address similar issues.

<u>ACTIVITY</u>		Responsible Program or Individual	Estimated Completion Date
1. Building on work already in progress for the ODH Disaster Recovery/Business Resumption Plan (BR/DRP) (Appendix A.3), develop an ODH pandemic influenza event continuity of operations plan that provides for: <ul style="list-style-type: none"> • Contingency operations; and • An alternate PHCC location 		Internal Audit	Fall '06

ON-SITE INCIDENT MANAGEMENT

On-site incident management is a local responsibility. Therefore, ODH does not anticipate playing a major role in this. Under the conditions of an influenza pandemic, however, one or more local health departments may be unable to carry out their responsibilities. ODH may have a support role to play in such cases.

<u>ACTIVITY</u>		Responsible Program or Individual	Estimated Completion Date
1. Develop a local health department assistance plan which includes: <ul style="list-style-type: none"> • Identification of local health departments that are unable to meet their obligations due to an influenza pandemic; and • Policies and procedures for deployment and recovery of State assets. 		Director's Office of Policy and Leadership Legal	Fall '06

CRITICAL RESOURCES MANAGEMENT

Provisions must be made for adequate resources to support the needs of ODH staff who, in the event of a pandemic, may be on-site in ODH headquarters for extended hours.

<u>ACTIVITY</u>		Responsible Program or Individual	Estimated Completion Date
1. Purchase and maintain PPE (see Appendix B.1: Critical Resources Checklist), train staff on proper PPE use, and establish a method to stockpile and replenish PPE.		BPHP	Spring '06
2. Purchase and maintain necessary general materials (see Appendix B.1: Critical Resources Checklist) necessary to support ODH staff working extended hours (e.g., office supplies and equipment, food, water) and establish a method to replenish these materials.		BPHP	Spring '06
3. Develop a list of vendors and after hours contact information on their availability on a 24/7 basis. This activity must be continually updated as vendors may be unable to provide materials due to their own emergencies.		BPHP	Spring '06
4. Develop staffing rosters and procedures for work rules (e.g., length of shifts) under conditions of pandemic response.		HR	Ongoing

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

Part II.B: Communications

Target Capabilities: Interoperable Communication; Information Sharing

INTRODUCTION

Communication between ODH and all affected parties throughout the course of an influenza pandemic event is critical to the response effort. This is accomplished through a combination of communications systems and devices.

The primary communications systems are:

1. Multi-Agency Radio Communications System (MARCS)
 - MARCS is an 800 MHz radio communications system maintained by the department of Administrative Service (DAS) and Ohio Emergency Management Agency (Ohio EMA).
2. The Ohio Public Health Communication System (OPHCS), which is an integral part of Ohio's Health Alert Network (HAN).
 - OPHCS is a secure Web-based system that allows for rapid communication with first responders and essential health officials throughout the state via telephone, e-mail, fax, alphanumeric pagers, and sharing of information on the OPHCS Web portal. ODH is responsible for the hardware and technical support. Moreover, ODH is responsible for using OPHCS to launch health alert messages which may affect the health and well-being of Ohioans.

Other communication systems used by key ODH personnel include:

- Government Emergency Telecommunications Service (GETS) cards;
- Cell phones;
- Pagers;
- ODH land lines;
- Conferencing ability;
- Satellite phones (when available); and
- Wireless Priority Service (WPS) for cell phones (when available).

Another communications issue is the sharing of critical information between the PHCC and the EOC.

Educational communication with the public and targeted audiences is addressed in Part D: Strategies to Limit Transmission.

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. All LHDs have access to MARCS, OPHCS, ODH e-mail, high speed Internet and Voice-over IP (VoIP), as well as any other necessary telecommunications equipment which may become available.
2. Technical support is available for all communication devices.

ACTIVITIES

A. COMMUNICATION SYSTEMS AND DEVICES

Activity		Responsible Program or Individual	Estimated Completion Date
1. Ensure MARCS knowledge and compliance (via radio checks and training).		BPHP (Communication Staff)	Done
2. Create a one-page guide for MARCS radio operations.		BPHP (Communication Staff)	Spring '06
3. Ensure OPHCS knowledge and compliance (via alert testing, usage verification and training).		BPHP (Communication Staff)	Done
4. Complete training of essential staff (once identified).		BPHP (Communication Staff)	Summer '06
5. OPHCS development and support [ODH ICS & LHD pandemic influenza planning support (role structure, user accounts, collaboration space, alerting templates)].		BPHP (Communication Staff)	Done
6. Identify key personnel and provide communications equipment and support.		BPHP (Communication Staff)	Summer '06
7. Update all communications SOPs and checklists (e.g., MARCS, OPHCS) related to the ODH PIPRP to reflect changing environments.		BPHP (Communication Staff)	Spring '06
8. Maintain current and accurate contact information (HAN lists) and make available for all LHD emergency contacts (state agency and other/partners).		BPHP (Communication Staff)	Ongoing
9. Pending approval, order WPS for cell phones of key personnel when service becomes available.		BPHP (Communication Staff)	Summer '06

B. INFORMATION SHARING

Activity		Responsible Program or Individual	Estimated Completion Date
1. Develop an information sharing plan to identify what information (e.g., requests, intelligence, analyses that provide shared situational awareness, technical and situational) is shared, in what format, through what means, how often, and by/to whom? (Also in Part II.A.)		Prevention	Spring '06
2. Following enhancement of the Real-time Outbreak Disease Surveillance (RODS) system for daily tracking of the pandemic (see Part II.C.), develop a GIS-based system for tracking and displaying the status of the spread of pandemic influenza in Ohio. Coordinate information sharing and display between the PHCC and the State EOC.		Div. of Prevention, (Infectious Disease Surveillance Unit)	Fall '06

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

DRAFT

Part II.C: Surveillance

Target Capabilities: Epidemiological Surveillance and Investigation; Public Health Laboratory Testing

INTRODUCTION

ODH has a central role in detecting the introduction of a novel influenza virus strain(s) in Ohio and tracking the course of a pandemic by ensuring epidemiologic investigations are conducted rapidly and specimens are rapidly analyzed. This part consists of activities required for exposure and disease detection, tracking and reporting (*Health Surveillance and Epidemiological Investigation*); and laboratory confirmation (*Public Health Laboratory: Laboratory testing and analysis*).

All specimens received at the Ohio Department of Health Laboratory (ODHL) from clinical laboratories or local health districts in the State of Ohio are covered in this part of the plan. The entire population of the State of Ohio is covered by the public health epidemiologic investigation activity and includes the following partners:

- Local health districts;
- Health care providers;
- Schools;
- Hospitals; and
- Laboratories

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. ODHL will become overwhelmed with testing requests.
2. Shortages of testing supplies will occur.
3. Upon identification of a novel influenza virus in a given health district, routine testing for its presence may stop.
4. Testing at ODHL will occur under Biosafety Level (BSL) 3 conditions until the novel influenza virus becomes widespread, then testing will occur under BSL 2 conditions.

ACTIVITIES

A. HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION

Activity		Responsible Program or Individual	Estimated Completion Date
Pandemic Phase 1			
1. Update and regularly review protocols for disease surveillance and reporting, epidemiological investigation and laboratory response (see Appendix B.2).		BIDC BHSIOS BPHL	Ongoing

Activity		Responsible Program or Individual	Estimated Completion Date
2. Coordinate and provide efficient surveillance and information systems to facilitate early detection and mitigation of influenza and influenza-like illness (ILI) seen in Ohio (e.g., Real-time Outbreak Disease Surveillance [RODS]).		BHSIOS	Ongoing
3. Ensure ODH is available 24/7/365 to receive reports of suspect cases from local health districts (LHD).		BIDC	Ongoing
4. Assist LHDs with investigation of influenza-related deaths, especially in children and young adults.		BIDC BHSIOS	Ongoing
5. Provide guidance to LHDs and laboratories participating in the Laboratory Response Network (LRN) regarding the need for timely and complete surveillance data, protocols to use for screening of cases and appropriate specimen submissions (see Appendix A.4).		BIDC BPHL	Done
6. Educate health care providers on the importance of influenza testing and reporting.		State Epi BHSIOS BIDC	Done
7. Work with LHDs to identify new sentinel sites for year-round influenza surveillance and additional sentinel sites for seasonal influenza to ensure adequate coverage.		State Epi BHSIOS BIDC (Immunization Program)	Ongoing
8. Assist LHDs to enroll schools/school districts in a surveillance program where schools/school districts report absences from ILI.		BHSIOS BIDC (Immunization Program)	Ongoing
9. Collaborate with the Ohio Department of Agriculture (ODA) to monitor animal influenza virus subtypes (i.e., highly pathogenic avian influenza in poultry, swine, waterfowl) so baseline data for interpreting information gathered during a pandemic will be available.		BHSIOS BIDC (Zoonoses Program)	Ongoing
10. Maintain relationships with adjoining states to ensure effective communication during a public health emergency.		State Epi	Done
11. Ensure staff is familiar with protocols for appropriate specimen collection/submission guidance (see Appendix C.1).		Lab	Ongoing
12. Enhance the RODS system for daily tracking.		BHSIOS	Fall '06
13. Develop or enhance an existing system to obtain and track information daily during a pandemic on the numbers and location of newly hospitalized cases, newly quarantined persons, and number of hospitals with pandemic influenza cases.		BHSIOS	Summer '07
Pandemic Phase 2			
14. Continue Phase 1 activities.			

Activity		Responsible Program or Individual	Estimated Completion Date
15. In accordance with the Investigation Worksheet (see Appendix A.4), direct/conduct public health epidemiologic investigations.		BIDC	Ongoing
Pandemic Phases 3 & 4			
16. Continue Phase 2 activities.			
17. Expand the capability of IMPACT SIIS to track adverse events from vaccine and antiviral drugs.		BIDC	8/31/06

B. PUBLIC HEALTH LABORATORY: LABORATORY TESTING AND ANALYSIS

Activity		Responsible Program or Individual	Estimated Completion Date
Pandemic Phase 1			
1. Maintain and disseminate protocols for appropriate specimen collection/submission guidance (see Appendix C.1).		Lab	Done
2. Develop and maintain SOP on culture and molecular methods to test for influenza.		Lab	Done
3. Maintain MOU with state agency partners (e.g., OEPA, ODA) to ensure surge capacity needs for scaled-up diagnostic activity are met by cross-training personnel and keeping sufficient lab supplies on-hand (see Appendix D.1).		Lab	Done
4. Provide 24/7/365 testing capability.		Lab	Ongoing
5. Institute surveillance for ILI among laboratory personnel according to lab protocols.		Lab	Ongoing
6. Enhance laboratory-based monitoring of seasonal influenza virus subtypes through year-round surveillance.		Lab	
Pandemic Phase 2			
7. Instruct health care providers and clinical laboratories to submit specimens to ODHL for viral culture and typing.		BIDC Lab	Done
Pandemic Phases 3 & 4			
8. Continue Phase 2 activities.			
9. Send notification through the Ohio Laboratory Response Network System of novel virus identification to clinical laboratories.		Lab	Ongoing

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

MOU with state agency partners (see Appendix D.1)

Part II.D: Strategies to Limit Transmission

Target Capabilities: Community Preparedness and Participation; Emergency Public Information and Warning; Isolation and Quarantine; Mass Prophylaxis

INTRODUCTION

There are three categories of strategies to limit transmission of the influenza virus in a pandemic:

1. Educational communication and emergency public information;
2. Limitation on movement:
 - a. Social distancing;
 - b. Isolation and quarantine; and
3. Vaccination and antiviral drugs (see Parts II.E and III.E).

It will be difficult to substantially slow the spread of pandemic influenza through containment strategies because of the short incubation period for influenza, the large proportion of asymptomatic infections and the nonspecific nature of clinical illness from influenza infection. These challenges may lead to difficulty in identifying infected persons, in quarantining contacts of infected persons prior to the development of illness and in marshalling the substantial resources needed to initiate and monitor the use of isolation and quarantine. Nonetheless, use of containment measures, especially early on, may help slow the spread of a pandemic influenza virus and allow additional time for the development and use of a vaccine and the production and use of antiviral medications.

The two main strategies for the prevention of transmission involve decreasing both contact between infected and uninfected persons and the probability that contact will result in infection. The availability of vaccine and the ability to immunize populations at risk will play a significant role in determining the extent of the recommendations for limiting movement.

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. ODH will provide the public, the health care system, response agencies and elected leaders with continuous updates on the status of the pandemic outbreak, including steps response partners and the public can take to protect themselves. Information to address a number of possible scenarios will need to be prepared in advance for release timed to the status of the pandemic.
2. Subject matter experts (e.g., BIDC) and Office of Public Affairs staff will collaborate on the development of appropriate messages and products (e.g., fact sheets, FAQs, PowerPoint presentations). Public Affairs will work with external partners, including other entities and the media, to distribute the messages to the intended audiences.
3. Social distancing strategies aimed at reducing the spread of infection such as closing schools, community centers and other public gathering points and canceling public events will be implemented during a pandemic.
4. Effective isolation and quarantine will be dependent on good communication and personal behavior.
5. Quarantine will only have an effect prior to the disease being widespread.

6. Communication about the pandemic (including educational) will be coordinated with the Joint Information Center (JIC) beginning at Phase 5 but will largely emanate from ODH's PHCC(See Part II.A).

ACTIVITIES

A. EDUCATIONAL COMMUNICATION AND EMERGENCY PUBLIC INFORMATION

Activity		Responsible Program or Individual	Estimated Completion Date
<p>1. Public Affairs, in collaboration with BIDC, will develop the ODH Pandemic Influenza Communications Plan. The plan will:</p> <ul style="list-style-type: none"> a) Provide audience-specific messages timed to pandemic phases; b) Specify the messages to be developed or secured and the frequency and manner by which the list of messages and materials will be updated; c) Specify the appropriate communication vehicles (e.g., infoline, media [television, radio, Internet, print]) and how/when they will be used); d) Be responsive to populations with special communication needs (e.g., homeless, elderly, nonEnglish speaking/refugees/immigrants, deaf, blind and visually impaired, physically and mentally handicapped and individuals receiving care in staffed facilities); e) Describe how ODH pandemic influenza communications will operate in the response phase, in accordance with ESF-15 (e.g., roles of JIC and field JIC) and the ODH Pandemic Influenza Communications Plan; f) Identify ODH's internal crisis communication team and their respective responsibilities in Phases 5 and 6; g) Contain a briefing book that includes news releases, fact sheets, public service announcements, talking points, PowerPoint files/printed handouts; and h) Include template media materials and contact lists. 		Public Affairs	Spring '06
<p>2. Establish communication with PIO partners at appropriate levels (federal, state or local).</p> <ul style="list-style-type: none"> a. Share risk communication plan and discuss protocols for communicating during pandemic phase. 		Public Affairs	Ongoing

Activity		Responsible Program or Individual	Estimated Completion Date
3. Ensure resources needed for communications and PIO activities (including space, personnel and equipment) identified for various locations including Emergency Operations Center; Joint Information Center; Receipt, Store and Stage (RSS) Warehouse site and point of dispensing (POD) sites. (This is also addressed in Part II.A of this plan.)		Public Affairs	Spring '06
4. Ensure ODH spokespeople receive annual refresher training and are prepared to respond to a crisis event, including coaching on key messages, interview techniques and probable Questions and Answers.		Public Affairs	Ongoing
5. ODH Public Affairs will use the ODH Pandemic Influenza Communications Plan (see Appendix A.5) by disseminating information to increase awareness among all Ohio residents and other target groups.		Public Affairs	Spring '06

B. LIMITATION ON MOVEMENT (Social Distancing)

Activity		Responsible Program or Individual	Estimated Completion Date
1. Research whether recommendations can be made in advance of a pandemic regarding when schools and day care centers will be closed and when large gatherings will be canceled.		BIDC	Summer '06

C. LIMITATION ON MOVEMENT (Isolation and Quarantine)

Activity		Responsible Program or Individual	Estimated Completion Date
1. Develop sample orders for LHDs use when carrying out isolation and quarantine.		Legal BIDC	Spring '06
2. BIDC, in coordination with Public Affairs, will share concepts and impacts of isolation and quarantine with partners (e.g., elected officials, schools, churches, retail businesses, workplaces).		BIDC Public Affairs	Summer '06
3. BIDC will assist LHDs in developing sufficient isolation and quarantine plans, as well as social distancing practices, contained in the Limitation on Movement and Infection Control Practices document (see Appendix A.6).		BIDC	Summer '06

D. VACCINATION AND ANTIVIRAL DRUGS

This means of limiting transmission of disease is covered in Part II.E of this plan.

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

ODH Crisis Communications Plan (see Appendix D.2)
SNS Communication Guidance (see Appendix D.3)
Infoline Procedures (see Appendix D.4)
Pandemic Influenza Briefing Book (see Appendix D.5)
Ohio Homeland Security Communications Plan (see Appendix D.15)
Joint Information Center operations guidance (see Appendix D.15)
Ohio EMA Public Affairs Support Annex (ESF-15) (see Appendix D.15)

DRAFT

Part II.E: Vaccination and Antiviral Drugs

Target Capabilities: Mass Prophylaxis; Medical Supplies Management and Distribution

INTRODUCTION

This part addresses the public health roles and responsibilities relating to vaccine and antiviral medication distribution as part of response activities to an influenza pandemic. While LHDs have the essential task of distributing supplies to the appropriate individuals within their jurisdiction, ODH has different responsibilities. ODH will request necessary medical supplies both from the federal government (i.e., CDC Strategic National Stockpile [SNS]) and local suppliers (in collaboration with its state agency partners), and ODH will distribute these supplies to local distribution sites (e.g., local health jurisdiction point of dispensing sites [PODS], hospitals) and to ODH staff. ODH will provide guidance regarding who should receive the supplies, especially prioritized vaccine and/or antiviral medication.

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. In an influenza pandemic, the mass distribution of vaccines and/or medications, if available, will be necessary.
2. LHDs have procedures/protocols for dispensing vaccines in mass clinics.
3. It is unlikely an influenza vaccine specific to the pandemic strain will be available at the beginning of the pandemic, as the current production process takes several months and is dependent on a limited number of manufacturers. Once a novel virus is identified, it may be months before vaccine is available for distribution.
4. If and when vaccine is available, it is expected individuals will need an initial priming dose followed by a second dose about 30 days later.
5. When the SNS is initiated, the Governor has declared a state of emergency.
6. Antivirals for prophylaxis will not be available in sufficient quantity to distribute.
7. Distribution of antivirals for treatment will be necessary and not appropriate for mass dispensing clinics.

ACTIVITIES

A. VACCINE AND/OR PHARMACEUTICAL DELIVERY

Activity		Responsible Program or Individual	Estimated Completion Date
1. Follow ESF-8, Tab A, Strategic National Stockpile Plan for vaccine and pharmaceutical receipt, storage and delivery (see Appendix A.7.		BIDC	Done

B. MASS VACCINATION/PROPHYLAXIS

Activity		Responsible Program or Individual	Estimated Completion Date
Interpandemic Phase			
1. In accordance with the ODH Pandemic Influenza Communications Plan (See Part II.D of this plan), disseminate information to appropriate audiences (e.g., health care providers, police, firefighters, state and local public health workers, the public) to educate them about the prioritization of vaccine and antiviral medications.		Public Affairs	Spring '06
2. Remind health care providers and LHD partners about the importance of appropriate pneumococcal vaccination, which might protect some individuals from developing a secondary bacterial pneumonia after infection with influenza.		BIDC	Ongoing
Pandemic Alert Phases			
3. Develop a plan for the distribution of antiviral drugs when treating Ohio residents (i.e., stockpiling for 25 percent of the population).		BIDC	Spring '06
4. Maintain a prioritization scheme for early vaccination, in accordance with CDC recommendations.		BIDC	Spring '06
5. Review modifications, if any, to interim recommendations on antiviral use in selected groups or circumstances (i.e., if CDC recommendations include different groups or if there are changes to treatment versus prophylaxis guidance).		BIDC	Spring '06
6. Following completion of activity II.K.15 by the Mass Care Strike Team, add appropriate activities to this plan regarding the specific needs of various special populations with regard to vaccination and/or prophylaxis.		BIDC	Summer '06

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

SNS Ohio Mass Dispensing and Vaccination Statewide Guidance for Local Health Jurisdictions (see Appendix D.6)

HHS Pandemic Influenza plan (see Appendix D.15)

Vaccine Adverse Event Reporting System (VAERS) procedures (see Appendix D.15)

Part II.F: Community Health Care Response

Target Capabilities: Pre-hospital Treatment and Triage; Medical Supplies Management and Distribution

INTRODUCTION

Community health care response means the response of the non-hospital medical community, including: Emergency Medical Services (EMS), primary care providers, home care agencies, long term care and other health professionals not directly affiliated with hospitals.

Part F considers both the assessment and treatment of physical and mental health issues in the community. Physical treatment services are provided primarily by EMS and primary care providers prior to hospitalization (for hospitals, see Part II.G). ODH's role is primarily as a support agency under ESF-8.

Mental health services relate not only to the illness, but to the effect the pandemic has on society. In this regard, ODH's interest primarily lies with the mental health issues of its own employees, which are addressed in Part II.I and III.I of this plan (Worker Health and Safety).

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. Emergency Medical and Other Responses: Nonstandard dispatch and triage criteria will need to be applied due to tremendous demands on limited health care resources.
2. Emergency Medical and Other Responses: Response to the increased demand for emergency medical services will require an altered approach to treatment and transport of injured or ill patients.
3. Medical Supplies Management and Distribution: ODH will not stockpile general medical supplies for use by the community during a pandemic, but ODH may stock limited supplies for internal use.

ACTIVITIES

A. EMERGENCY MEDICAL AND OTHER RESPONSES

Activity		Responsible Program or Individual	Estimated Completion Date
1. Provide LHDs with a checklist of important planning guidance and revise, as needed. (See Part II.K of this plan).		BIDC	Done
2. Develop a form/script/decision chart for use by ODH for screening telephone/e-mail inquiries from concerned Ohioans who call about possible novel influenza infection (to be Appendix A.8).		BIDC	Spring '06

Activity		Responsible Program or Individual	Estimated Completion Date
3. Share the form developed in activity 2 with LHDs and make available to others (e.g., EMS, Ohio Association of Community Health Centers and Long Term Care Facilities), and post on OPHCS (see Part II.D.A).		BIDC Public Affairs	Done

B. MEDICAL SUPPLIES MANAGEMENT AND DISTRIBUTION

Activity		Responsible Program or Individual	Estimated Completion Date
1. Using available grant funds, build a stock of critical resources.		BIDC BPHP	Summer '06
2. (Pandemic Alert Phase 4) When directed, distribute the limited medical supplies available from state stock or SNS.		BIDC	Done/ Ongoing

C. MENTAL HEALTH

Community mental health care is addressed under ESF-8 by Ohio Department of Mental Health. ODH employee mental health and psychosocial considerations are addressed in Part II.I of this plan (Worker Health and Safety).

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

Local Health Department Checklist (see Appendix D.7)

Part II.G: Preparedness in Health Care Facilities

Target Capability: Medical Surge

INTRODUCTION

For the purpose of this plan, the term “health care facilities” is limited to hospitals. Non-hospital segments of the health care system are addressed in Part F (Community Health Care Response). For hospitals, the primary issue is preparation for the surge of patients who will need care in an influenza pandemic.

ODH does not have regulatory authority over hospitals but does have a clear interest in their successful planning for likely medical surge in the event of an influenza pandemic. At this time, the Pandemic Influenza Coordinating Committee (PICC) of the State of Ohio Security Task Force (SOSTF) will task a workgroup to develop a concept of operations for medical surge. The workgroup will include representatives of state agencies, institutions (e.g., OHA) and providers (e.g., Ohio State Medical Association, Ohio Nurses Association, American College of Emergency Physicians, American Academy of Pediatrics). The products and discussions of the workgroup will better define the scope of ODH’s role in assisting in planning for, and possibly the response to, a medical surge in an influenza pandemic. This draft of the ODH PIPRP distinguishes activities to be conducted under the current limited scope scenario and additional activities for consideration under a broader scope scenario if dictated by the SOSTF-PICC medical surge workgroup deliberations.

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. There will be critical shortages of resources (e.g., staffed beds, mechanical ventilation means, morgue facilities and areas for the receipt, screening, triaging, and processing of patients) in individual hospitals and/or regions.
2. The capacity and capability of individual hospitals and regions of the state to provide continuity of critical hospital services other than for the treatment of influenza will be greatly compromised.
3. Health care workers may be at a higher risk of exposure to the novel virus and subsequent illness than the general population.
4. Surge need in a given hospital or community may require a nonstandard approach to the use of hospital resources, possibly including the use of all space and equipment available; relaxation of qualifications and credentials; consideration of off-campus placement of patients; and expanded mortuary services capacity.

ACTIVITIES

A. SCENARIO ONE: LIMITED ODH INVOLVEMENT IN HOSPITAL PREPAREDNESS

Activity		Responsible Program or Individual	Estimated Completion Date
1. Participate in strategic planning on critical issues, including: <ul style="list-style-type: none"> a. Alternative care sites; b. Altered standard of care; c. Stockpiling of supplies; and d. Other gaps (e.g., insurance plan changes to permit individuals taking medications for chronic diseases to receive supply for additional months ahead of schedule). 		SOSTF-PICC (Medical Surge Workgroup)	Fall '06
2. Encourage individual hospitals to plan for operating in an influenza pandemic and to participate in local planning (including fatality management), as well.		State Epi BPHP HRSA Coordinator	Ongoing
3. Distribute a planning checklist to hospitals.		BIDC BPHP HRSA Coordinator	Done
4. Assure hospitals are aware of the need to address special patient populations in their influenza pandemic plans.			Ongoing
5. Share with OHA and individual hospitals information about ODH policies and procedures that hospitals will need to understand in an influenza pandemic, including: <ul style="list-style-type: none"> a. Delivery of state stocks and SNS for potentially limited quantities of antivirals and vaccine (See Part II.E. or III.E.) b. ODH distribution of vaccine/antivirals to health care workers, including those in hospitals. c. Requesting volunteer assistance through the Medical Reserve Corps (See Parts II.H. and III.H.) d. Respective roles of ODHL, LHD and hospital laboratories in testing potential influenza virus samples during an influenza pandemic. (See Part III.C) e. Use of Impact SIIS to track vaccinations. (See Part III.C) f. ODH Information Sharing Plan (e.g., coordinating/delineating roles, schedules) (See Part II.B of this plan.) g. Guidance for distinguishing pandemic influenza from other respiratory diseases. 		BIDC Public Affairs	Spring '06

B. SCENARIO TWO: EXPANDED ODH INVOLVEMENT IN HOSPITAL PREPAREDNESS

Activities to be Considered		Responsible Program or Individual	Estimated Completion Date
1. Assist hospitals in the development of their pandemic influenza plans.		BPHP HRSA Coordinator	Ongoing
2. Following completion of Activity II.K.15 by the Mass Care Strike Team, add appropriate activities to this plan regarding the specific needs of various special populations of concern to hospitals.		BPHP HRSA Coordinator	Fall '06
3. Collaborate with the OHA to develop plans that can be used by individual hospitals to provide for real-time situational awareness of patient visits, hospital bed and intensive care needs, medical supply needs, and medical staffing needs during a pandemic.		BPHP HRSA Coordinator	Fall '06
4. Coordinate with OHA and Regional Medical Response Systems to develop resource database(s) including non-hospital health care facilities, health care workers, specialized equipment and outpatient service providers. Develop capability to serve as a resource for possible non-hospital medical surge assets for use in assisting in or alleviating shortages of bed capacity, equipment and staff.		BPHP HRSA Coordinator	Fall '06
5. Based on the guidance of the SOSTF-PICC process described in II.G.A.1 and the introduction to this part, conduct activities consistent with ODH's role in issues such as alternative care sites, altered standard of care, stockpiling of supplies and other critical gap issues.		Division of Prevention	Fall '06

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

Part II.H: Other Support Operations

Target Capabilities: Fatality Management; Volunteer Management and Donations; Animal Health Emergency Support; Environmental Health; Citizen Protection and Mass Care

INTRODUCTION

ODH will provide support to a variety of state and local entities during an influenza pandemic, specifically:

1. **Local registrars** -- Certify the cause and manner of death and the proper and timely completion of death registrations;
2. **Ohio Citizen Corps and Medical Reserve Corps** - Collaborate with partners to design and operate a flexible system to maximize the availability and utility of volunteer resources (both lay and health professional) and donations in response to an influenza pandemic;
3. **Local Health Districts (LHDs)** -- Assemble and distribute general information, guidelines and recommendations concerning the risks of infection from animals and contaminated environments, and how to safely dispose of dead animals and decontaminate environmental areas; and
4. **County Coroners** -- Collaborate with partner agencies, organizations and local jurisdictions to define roles and responsibilities for fatality management.

With regard to fatality management, ODH will take a leadership role in integration with ESF-8 and coordinating activities with the operational agencies and other partners in local health and relevant associations.

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. The Electronic Death Registration System (EDRS) will be overwhelmed. ODH will act to streamline the process during a pandemic.
2. Entities or persons responsible for people with special needs will continue to be responsible for planning and providing resources for these individuals during an influenza pandemic and will need guidance about how to prepare.
3. Unknown numbers of individuals will volunteer to assist in a pandemic. Credentialing is required to assure appropriate skills, training and licensure status. It will be best to have pre-identified, pre-credentialed and trained volunteers to respond to an influenza pandemic.
4. Large quantities of material donations, both solicited and unsolicited, will be contributed and will need to be processed during an influenza pandemic.
5. ODH will receive questions and requests for information and/or recommendations from state and local agencies, the public and special interest groups concerning the risks of infection from animals and potentially contaminated environments to humans.
6. Surveillance data from federal and state agencies (e.g., U.S. Department of Agriculture [USDA], CDC, ODA, ODNR) may be an important early warning of avian influenza activity as it relates to the risk of human cases occurring.

7. The exact roles and responsibilities of the coroner in a mass fatality event have not been widely defined. Personal physicians and health care facility (acute and long term care) physicians will all be involved, at least in some stages, with death registrations in a mass fatality event. Other physicians who might also be involved in a mass fatality event include the local health commissioner (or medical director) as well as the medical director for Ohio EMA.
8. There may be large numbers of deaths occurring both within health care facilities and in residences.
9. In addition to death registration, local jurisdictions must have the capability to effectively perform all aspects of fatality management, of which there are many (e.g., scene documentation; complete collection and recovery of the death victim's personal effects and items of evidence; decontamination of remains and personal effects).

ACTIVITIES

A. FATALITY MANAGEMENT: MASS VICTIM IDENTIFICATION/MORTUARY SERVICES

Activity		Responsible Program or Individual	Estimated Completion Date
1. Complete the ODH Pandemic Influenza Mass Aftermath Casualty Plan to provide for death registration in a mass fatality event.		Vital Stats	Done (draft); Final-Spring '06
2. Provide training to create a reserve of sub-registrars who can use the EDRS at the local level. (See Appendix A.9)		Vital Stats	Spring '07
3. Following full implementation of EDRS, maintain the current paper death registration system as a backup in the event the Internet or the ODH EDRS are not available.		Vital Stats	EDRS completion scheduled for Jan 07
4. Encourage LHDs to work with local partners to develop plans for storing bodies as needed until identification, enumeration and disposition, and MOU's to document their agreements.		BPHP Vital Stats	Ongoing
5. Research statute and draft changes to processes for death certificates and burial permits to allow for alternative expedited processing in the event of an influenza pandemic.		Legal	Spring '06
6. With approval of ODH senior management, proceed with legislation to implement the draft statutory changes.		Legal Gov't Affairs	Summer '06
7. Research the need for statutory/regulatory changes required to develop a uniform classification for deaths caused by pandemic influenza.		Legal	Summer '06
8. Pending the outcome of the preceding research (Activity 7), draft and disseminate guidance for county coroners.		Legal Vital Stats	Fall '06

Activity		Responsible Program or Individual	Estimated Completion Date
9. Assist the Board of Funeral Home Directors in developing guidance for funeral directors on the handling of bodies and burial regulations that would be activated/applicable in a mass fatality event. a. This guidance needs to be coordinated with local EOPs and include the use of Ohio Mortuary Response Team (MRT) or the regional Disaster Mortuary Operations Response Team (DMORT).		Prevention OEMA team	Summer '06
10. Partner with the Ohio Funeral Directors Association and the Ohio State Coroners Association to conduct surveys to identify the statewide capacities for mass fatality documentation, transportation, storage, processing (including autopsy if needed) and burial.		Prevention OEMA team	Spring '06
11. Partner with Ohio Emergency Management Agency to align the ODH Vital Statistics Pandemic Influenza Mass Aftermath Casualty Plan (see Appendix A.9) with the existing plans, including the development of a coroner checklist (see Appendix D.8).		Prevention OEMA team	Summer '06
12. Provide training for LHDs, first responders, funeral directors and coroners on fatality management.		BPHP OEMA team	Summer '06
13. Collaborate with partner agencies and the Ohio Funeral Directors Association to develop strategic functions to be performed by coroners during an influenza pandemic.		Prevention OEMA team	Summer '06

B. Volunteer Management and Donations

Activity		Responsible Program or Individual	Estimated Completion Date
1. ODH will participate with its partners, through meetings and other activities, to develop a volunteer and donations management system.		Prevention	Ongoing
2. Maintain an ongoing contractual relationship with Ohio Community Service Council (OCSC) coordinator of the Ohio Citizen Corps (OCC).		Prevention	Ongoing
3. Actively participate with the Ohio Emergency Management Agency (OEMA) in the implementation of the Donations and Volunteer Management (DVM) Annex to the Ohio EOP.		Prevention	Ongoing
4. Maintain a contractual agreement for ongoing offerings of Basic Disaster Life Support and Advanced Disaster Life Support courses for volunteer medical professionals.		Prevention	Ongoing

C. MASS CARE

Activity		Responsible Program or Individual	Estimated Completion Date
1. Provide planning guidance to LHDs for identifying and employing resources including food, water, medical supplies and pet supplies.		BPHP	Done
2. Encourage LHDs and community partners such as businesses and schools to have plans, policies and procedures in place that will manage and assist Ohioans with sheltering. (See to Part II.K)		Prevention	Done

D. ENVIRONMENTAL HEALTH

Activity		Responsible Program or Individual	Estimated Completion Date
1. ODH, especially Bureau of Environmental Health staff, will serve as consultants for state (e.g., ODA, ODNR) and local agencies, the public and special interest groups and will assemble and distribute general information and specific guidelines and recommendations concerning the risks of infection from contaminated environments and how to safely decontaminate.		BEH	Done

E. ANIMAL HEALTH EMERGENCY SUPPORT

Activity		Responsible Program or Individual	Estimated Completion Date
1. ODH will serve as consultants for state and local agencies, the public and special interest groups (e.g., veterinarians, zoos, wildlife rehabilitators, wildlife officers animal control officers) and distribute general information and specific guidelines and recommendations concerning the risks of infection from animals and how to safely dispose of dead animals.		BIDC (Zoonoses)	Done
2. ODH will serve as a liaison with federal and state agencies and will establish lines of communications and information sharing concerning animals.		BIDC (Zoonoses)	Spring '06

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

National Disaster Medical System (NDMS) Disaster Mortuary Operational Response Team (DMORT) Plan (see Appendix D.15)

Ohio EMA Mass Fatality Plan (see Appendix D.15)

Ohio Funeral Directors Association Mortuary Response Team Response Plan (see Appendix D.15)

MOU for information sharing in II.H.E.2 (see Appendix D.9)

DRAFT

Part II.I: Worker Health and Safety

Target Capabilities: Worker Health and Safety; Firefighting; Public Safety and Security; Critical Resource Logistics and Distribution

INTRODUCTION

ODH will train its employees and facilitate the training of groups of non-ODH responders for operating during an influenza pandemic. ODH worker safety is interpreted broadly to incorporate worker resilience, therefore issues address emotional health as well as physical health and safety.

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. Many first responders place undue confidence in personal protective equipment (PPE) when in contact with potentially infected populations.
2. First response organizations, particularly EMS and law enforcement, will be quickly overwhelmed by calls for assistance shortly after widespread influenza disease occurs in their respective jurisdictions.
3. A proactive workforce education and health and safety protection program employed by response organizations will reduce the strain and help better prepare employees for the realities they will face when an influenza pandemic occurs.
4. In the event of a pandemic, employees may be working outside current job descriptions.
5. There will be limited availability of PPE, antiviral medications and vaccines.
6. The nature of an influenza pandemic will require planning, intervention and ongoing assessment of employees to maximize their resiliency.
7. Masks may not be effective in preventing spread of the disease once a full outbreak has occurred.

ACTIVITIES

A. ODH WORKER HEALTH AND SAFETY

Activity		Responsible Program or Individual	Estimated Completion Date
1. Follow the Incident Health and Safety Plan (see Appendix A.10).		Injury staff	Spring '06
2. (Phase 4) Train all ODH staff on proper use of PPE.		Injury staff	Summer '06
3. Make the ODH Pandemic Influenza Workforce Resilience Plan available to all ODH employees and their families (see Appendix A.10)		Prevention/EAP	Spring '06
4. Assure that ODH supervisors are aware of the need to contact the Employee Assistance Program (EAP) about employees for whom they have concern or refer the employee directly to EAP.		Prevention/EAP	Done

Activity		Responsible Program or Individual	Estimated Completion Date
<p>5. Train supervisors and employees on the following:</p> <ul style="list-style-type: none"> • stressors related to pandemic influenza; • signs of distress; • traumatic grief; • psychosocial aspects related to the management of mass fatalities; • stress management and coping strategies; • strategies for building and sustaining personal resilience; • behavioral and psychological support resources; • strategies for helping children and families in times of crisis; and • critical incident stress debriefings. 		EAP BPHP United Behavioral Health staff	Summer '06

B. RESPONDER OPERATIONS SUPPORT

Activity		Responsible Program or Individual	Estimated Completion Date
<p>1. Provide information about an influenza pandemic, and issues that will develop in a pandemic (e.g., staffing, responder health and safety, PPE) to statewide firefighting, EMS and law enforcement organizations for dissemination to local counterparts for the purpose of planning. Include information on impact on families and preparedness for families, including prophylaxis, if available. (See templates in Appendix A.11)</p>		BIDC Speakers Bureau	Summer '06
<p>2. Develop and/or disseminate existing training materials for the following target audiences:</p> <ul style="list-style-type: none"> • law enforcement (awareness level); • firefighting/EMS (awareness level); and • EMS (operations level). 		BPHP Training Section	Summer '06
<p>3. Coordinate with Ohio Police Officer's Training Academy, Ohio State Patrol Academy, Buckeye State Sheriff's Association, the Ohio Association of Chiefs of Police, State Fire Academy and State Fire Marshal to disseminate training material.</p>		BPHP Training Section	Summer '06
<p>4. Maintain liaison with fire, EMS and law enforcement to assist with response to training.</p>		BPHP Training Section	Ongoing

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

Part II.J: Recovery Operations

Target Capabilities: Economic and Community Recovery
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INTRODUCTION

The same issues that will affect the population, business community and public services in a pandemic will impact ODH. The department is in the midst of planning for disaster recovery/business resumption (DR/BRP) under the scenario of a physical disaster that affects infrastructure (e.g., ODH headquarters buildings) and staffing. ODH recovery operations from an influenza pandemic will grow out of other processes that are under development. Therefore, this portion of the ODH Pandemic Influenza Preparedness and Response Plan will be populated in subsequent revisions.

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. ODH's DR/BRP plans will address the issues of short-term and long-term business resumption and serve as a basis for a pandemic influenza event-specific recovery plan.
2. Given that the same issues that affect ODH in this regard will affect all state agencies, we assume many of the recovery decisions will come through DAS.

ACTIVITIES

Activity		Responsible Program or Individual	Estimated Completion Date
1. Adapt the ODH DR/BR Plan (under development) for a pandemic influenza event.		SMG	Summer '06

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

ODH DR/BR Plan (see Appendix A.3)

ESF-14 of Ohio Emergency Operations Plan (see Appendix D.13)

Part II.K: Encourage and Enable Local Planning for Pandemic Influenza

Target Capabilities: Animal Health Emergency Support; Citizen Protection; Community Preparedness and Participation; Economic and Community Recovery; Emergency Public Information and Warning; Environmental Health; Epidemiological Surveillance and Investigation; Fatality Management; Firefighting; Isolation and Quarantine; Mass Care; Medical Surge; Medical Supplies and Distribution; Planning; Public Health Laboratory Testing; Public Safety and Security; Risk Management; Volunteer Management and Donations

INTRODUCTION

Although ODH has some primary responsibilities (e.g., surveillance and public health laboratory), response to pandemic is primarily a function of local response. In addition to the other services and support it provides to local health districts, ODH will encourage and enable local planning for an influenza pandemic. ODH developed a local checklist prior to the preparation of this Plan. The checklist was accompanied by supporting documents that were made available on the OPHCS. In addition to providing information, consultation and technical assistance, ODH administers the distribution of pandemic influenza preparedness planning funding. Most of the activities in this part of the plan also are mentioned in others.

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. Response to an influenza pandemic is primarily a function of local response.
2. ODH has expertise and other resources that can be shared to assist local planning for pandemic influenza preparedness and response.

ACTIVITIES

Activity		Responsible Program or Individual	Estimated Completion Date
1. Review and revise the local checklist first issued in January, 2006. (See Appendix D.7)		BIDC	Spring '06
2. Continue to post pertinent pandemic influenza planning resources on OPHCS.		BIDC BPHP (Communication Section)	Ongoing
3. Establish communication with PIO partners at appropriate levels (federal, state, or local). Share risk communication plan and discuss protocols for communicating during pandemic phase.		Public Affairs	Ongoing

Activity		Responsible Program or Individual	Estimated Completion Date
4. Assist LHDs in developing sufficient isolation and quarantine plans, as well as social distancing practices, contained in Infection Control and Limitations on Movement document (See Appendix A.6).		BIDC	Summer '06
5. Encourage local planning to provide for alternate care facilities (including staffing and equipment) to meet medical surge demands. These planning efforts should be made locally with collaborative input from multiple stakeholders (e.g. ODH, Ohio EMA, OHA, professional medical, nursing organizations, home care agencies, volunteer groups and local government).		BPHP	Ongoing
6. Encourage LHDs and their planning partners (e.g., hospitals, County Departments of Job and Family Services (JFS), Family and Children First Councils) to include health care delivery networks (including Mental Retardation/Developmental Disabilities [MR/DD] facilities and LTCFs) in their planning processes and to address the special needs of vulnerable and hard-to-reach patients.		Prevention	Spring '06
7. Provide hospitals with information on how to request and obtain volunteer staff augmentation in clinical and non-clinical areas of need. (See Part H-Volunteer & Donation Management).		Prevention	Spring '06
8. Act as liaison to Centers for Medicare and Medicaid Services (CMS) in resolving matters related to use of exempted Medicare-reimbursed beds, relief from certain Medicare Program Conditions of Participation and/or Coverage, and deviation from the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA).		Division of Quality	Ongoing
9. Encourage LHDs to work with local partners to develop plans for storing bodies as needed until identification, enumeration and disposition.		Prevention/OEMA	Ongoing
10. Provide planning guidance to LHDs for identifying and employing resources including food, water, pharmacy, medical supplies and pet supplies for responders and the ill.		BIDC BPHP	Ongoing
11. Provide information about pandemic influenza, and issues that will develop in a pandemic (e.g., staffing, responder health and safety) to statewide firefighting, EMS and law enforcement organizations for dissemination to local counterparts for the purpose of planning. (See Templates in Appendix A.11)		BPHP	Summer '06

Activity		Responsible Program or Individual	Estimated Completion Date
12. ODH, especially Bureau of Environmental Health staff, will serve as consultants for state (e.g., ODA, ODNR) and local agencies, the public and special interest groups and will assemble and distribute general information and specific guidelines and recommendations concerning the risks of infection from contaminated environments and how to safely decontaminate.		BEH BPHP	Ongoing
13. Consult with local agencies and distribute general information and specific guidelines and recommendations concerning the risks of infection from animals and how to safely dispose of dead animals.		BIDC Zoonoses Program	Ongoing
14. Provide guidance to LHDs to place persons who are positive for A.6).		BIDC	Summer '06
15. Develop a description of the term <i>special needs populations</i> that is specific to the respective issues in planning for an influenza pandemic (e.g., social distancing/in-home sheltering, vaccination and prophylaxis, educational communication) and agreement on ODH's role in seeing that those needs are addressed.		Mass Care Strike Team	Summer '06
16. Following completion of the preceding activity, add appropriate activities to this plan.		Prevention	Ongoing

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

PART III

RESPONSE

The plan is organized according to World Health Organization (WHO) phases. Section III is the response plan, consisting of activities to be accomplished during WHO Phases 5-6.

Although WHO phase 5 (“large clusters but human to human spread still localized”) is a pandemic alert phase and phase 6 signifies the pandemic period, these two phases were both considered response phases for the Ohio Department of Health, since a designation of pandemic influenza phase 5 would lead to response activities at the agency, including the initiation of an Incident Command Structure.

Part III.A: Command, Control and Management

Target Capabilities: EOC Management; Critical Resources Logistics; Information Sharing
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INTRODUCTION

The ODH Incident Command has two essential roles in response to an influenza pandemic:

1. ODH-specific operational role, and
2. Overall State strategic role.

ODH authority is determined by whether the objective is purely an ODH public health role, or if it is a statewide strategic role.

This Pandemic Influenza Preparedness and Response Plan (PIPRP) principally describes ODH's operational role in ODH-specific response. The statewide strategic response is detailed in the Ohio Emergency Operations Plan (EOP), Emergency Support Function (ESF)-8; and in ESF-8, Tab C, Human Infectious Disease Plan and its appendix, ESF-8, Tab C, Appendix 1: Ohio Pandemic Influenza Incident Response Plan. A portion of the present ODH-specific PIPRP operationalizes ODH's role at the State EOC, to include staffing and management of communications with ESF-8 at the EOC.

CONCEPT OF OPERATIONS

1. Command and control for the ODH PIPRP will be executed through the ODH ICS. Internally, the ICS will oversee ODH response activities and department operations, and manage priorities and business continuity/business resumption functions.
2. An Area Command approach will be employed by the State Emergency Operations Center (EOC) to manage multiple jurisdictions and coordinate activities of all state agencies. Senior ODH management staff will be part of this Area Command organization separate from this response plan and from the ODH ICS.
3. ODH will employ a department operations center, called the Public Health Command Center (PHCC) to conduct operations and manage its public health responsibilities and activities.
4. The ODH ICS will be conducted in the ODH Command Post; this post is collocated with the PHCC to facilitate communications and coordination of activities.
5. ODH Incident Command (ICS) will be led by the Operations section chief, who oversees the operation with a PHCC manager. The PHCC will coordinate ODH specific activities and will remain in constant communication with the Ohio EOC through ESF-8. The PHCC will act as the ODH liaison to the State EOC, through ESF-8, and will also direct the department activities of ODH as requested through ESF-8.
6. The State EOC will assist ODH in leading the public health responsibilities of the State's response to an influenza pandemic. The PHCC will coordinate the activities of its public health support role, and it will also provide the support needs from other state agencies as requested through the State EOC. All of the department activities will be directed through the PHCC.
7. Interactions between state agencies will follow the procedures established in the State EOP.

STATUTORY AUTHORITY

Ohio Revised Code (ORC) Chapters 3701, 3707 and 3709 and Ohio Administrative Code (OAC) Chapter 3701-3 provide authority to ODH and LHDs with respect to human infectious diseases. ORC 3701 deals with the authority of ODH, and ORC 3707 and 3709 deal with the authority of local health boards and districts, respectively. The authority of ODH and local health jurisdiction is outlined in greater detail in ESF-8, Tab C: Human Infectious Diseases Plan (formerly the Human Infectious Disease Annex).

COMMAND AND CONTROL (INCIDENT COMMAND)

ODH ICS will be organized according to the ICS Table of Organization found in Appendix A.1: ODH Incident Command Structure Table of Organization for Pandemic Influenza Response. These roles may be expanded or contracted as determined by the incident commander and by the specific phase of the pandemic. At Phase 5 anywhere in the world except Ohio, it is expected the ODH ICS will stand up at minimum staffing with an incident commander, command staff, the four section chiefs (finance, logistic, operations and planning) and the PHCC manager. At this point, the ICS staff will determine additional staffing to carry out ODH and state activities. At Phase 6, or at Phase 5 with Ohio cases, the ODH ICS will stand up to full staffing and will begin its duty rotation for 24 hour per day operations of the PHCC. ICS will task all affected bureaus and the department to accomplish this staffing and rotation.

<u>ACTIVITIES</u>		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. Activate the ODH ICS (Pandemic Phase 5).			
2. Implement the Pandemic Incident Action Plan in Appendix A.2.		BPHP	

The incident commander has overall responsibility for the ODH response to pandemic, and reports directly to the director.

The ODH incident commander is responsible for both ODH-specific responsibilities, and for ODH responsibilities with the State response to pandemic. The incident commander has full decision making authority for ODH-specific operational issues and activities. The incident commander does not have final decision making authority for strategic or policy issues affecting the state, or activities of other agencies normally coordinated by the Ohio EOC; these are reserved for the Area Command established at the State EOC, and ODH will be a representative in this Area Command staff outside of the internal ICS.

The Operations section chief is responsible for operation of the PHCC, and will be the lead decision maker for purely ODH-specific operational missions that are outlined within the ODH PIPRP. Decisions that are strategic in nature or effect policy are under the role of the incident commander or the State EOC, respectively.

PHCC OPERATIONS

The PHCC will be staffed and operated in accordance with the PHCC Standard Operations Procedures (Appendix C.2), which also describes the organization and reporting relationship of the PHCC to ODH Incident Command and to the State EOC.

The PHCC will be operated under the Operations section chief and managed by the PHCC manager (a separately assigned individual who is not the incident commander or the operations section chief, and who reports to the Operations section chief). The PHCC manager will determine the staffing needs of the PHCC as the emergency develops, and will coordinate staffing positions outlined in the PHCC Operating Procedure, as necessary to meet the responsibilities of the department operations center.

<u>ACTIVITIES</u>		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. Activate the PHCC according to the PHCC Standard Operations Procedures (Appendix C.2).		Director of Health	
2. Coordinate ODH activities in response to an influenza pandemic for target capabilities identified in the ODH PIPRP		ICS Team	
3. Make public health-related decisions and coordinate in accordance with ICS.		Incident Commander	
4. Coordinate information with local, state and federal public health agencies and health care providers regarding guidelines, policies and disease control efforts through ODH designated liaisons with input provided from appropriate target capabilities from the Operations section.		Incident Commander	
5. Coordinate and communicate with EOC, via ODH EOC representatives, and its activated ESF agencies regarding support required.		Incident Commander	
6. Operate the field JIC (See Part III.D.).		Public Affairs	

EOC MANAGEMENT

ODH leads state activities and responsibilities under ESF-8, Public Health and Medical Services, in accordance with the State EOP. The ESF-8 will remain in constant communications with the PHCC, and will carry out the primary role of two-way communication and coordination of ODH activities between the EOC and the PHCC.

Upon the request of Ohio EMA, ODH will provide a representative to the State EOC to serve as a subject matter expert to help the EOC respond effectively. Such a request may occur well in advance of an actual pandemic outbreak. Otherwise, prior to Pandemic Phase 6, the ODH ICS will largely determine ODH staffing of the EOC. After a confirmed human-to-human transfer of a novel influenza virus anywhere in the world (Pandemic Alert Phase 5), ODH will staff the State EOC ESF-8 once it has been activated. The director and the ODH incident commander will decide whether or not the director or his designee will be present in the Executive Group of the State EOC at particular points during the pandemic.

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. Conduct lead agency activities and coordinate requests for support agency assistance.		BPHP BIDC ICS	
2. Provide the following staff: a. EOC Operations Room liaison (lead for ESF-8) to assist in addressing the state assessment room functional needs regarding public health, related medical services and emergency management concerns; b. Director's representative to the Executive Group; c. EOC Assessment Room subject matter expert (which may include staff at the ODH-EOC desk) d. EOC Executive Room liaison e. EOC JIC public information officer (PIO) representative		ICS	
3. Assist in state decision making regarding state coordinated activities.		Incident Commander	
4. Assist in the creation of daily situation reports (SITREPS).		ICS Planning Chief	
5. Conduct regular briefings.		Incident Commander	
6. Maintain ongoing communication with ODH PHCC and assist in clarification of information and/or requests between PHCC and agencies represented at the EOC.		Incident Commander	

PHCC AND ESF-8 COMMUNICATIONS

ODH will maintain constant communications between ESF-8 at the State EOC and the PHCC. The following communication methods will be employed:

- State EOC *Operations Center* software to monitor and contribute to messages and mission tracking;
- Telephone voice communications for more urgent matters between the EOC and PHCC;
- Fax or electronic mail communications for updates and SITREP reporting; and
- Any available electronic display sharing for vital information between the EOC and PHCC (e.g., shared display of status of missions, shared display of real-time disease reporting and tracking).

BUSINESS CONTINUITY

The same issues that will affect the general population, business community and public services in a pandemic will impact ODH. Therefore, a pandemic’s human toll in terms of sickness and deaths are likely to greatly reduce staff available to conduct ODH activities, those related to the pandemic event as well as non-event public health activities. Furthermore, reassignment to event-specific duties will diminish staff available for non-event duties. Given the same issues that affect ODH in this regard will affect all state agencies, we assume some of the business continuity decisions (e.g., working from home) will come through DAS.

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. Implement the ODH business continuity plan developed in Part II.A. , once it has been completed.		SMG	

CONTINUITY OF OPERATIONS (LOSS OF FACILITY, ETC.)

The loss of utilities (e.g., power, water) may render ODH headquarters unusable, comparable to the loss of infrastructure in a natural or man-made disaster. The ODH Business Resumption/Disaster Recovery Plan (under development) will address similar issues.

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. Implement the ODH business continuity plan developed in Part II.A. , once it has been completed.		SMG	

ON-SITE INCIDENT MANAGEMENT

On-site incident management is a local responsibility. Therefore, ODH does not anticipate playing a major role in this. Under the conditions of an influenza pandemic, however, one or more LHDs may be unable to carry out their responsibilities. ODH may have a support role to play in such cases.

<u>ACTIVITY</u>		Responsible Program or Individual	FOR ICS USE: Assigned/Completed (✓)
1. Implement the LHD assistance plan which includes: <ul style="list-style-type: none"> • Identification of LHDs that are unable to meet their obligations due to an influenza pandemic; and • Policies and procedures for deployment and recovery of state assets. 		BPHP	

SAFETY AND SECURITY

Safety and security of ODH facilities will be in accordance with the *Safety and Security Procedures for ODH Employees* (See Appendix D.10), maintained by ODH and DAS.

DAS will provide physical security for ODH facilities. In the event DAS cannot carry out this function, or the security of ODH facilities is degraded due to such instances as mass public gathering, the ODH ICS may request additional security from the Ohio State Highway Patrol through the State EOC. This request may be promulgated by the PHCC manager with authorization by the Operations section chief.

CRITICAL RESOURCES MANAGEMENT

Provisions must be made for adequate resources to support the needs of ODH staff who, in the event of a pandemic, may be on-site in ODH headquarters for extended hours.

Activities		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. Utilize staffing rosters and procedures for work rules (e.g., length of shifts) under conditions of pandemic response (to be Appendix A.12).		HR	
2. Conduct periodic inventory and order replacement material.		BPHP	
3. Purchase and maintain necessary PPE (see Appendix B.1: Critical Resources Checklist), train staff on proper PPE use, and establish a method to stockpile and replenish PPE.		BPHP	
4. Purchase and maintain necessary general materials (see Appendix B.1: Critical Resources Checklist) necessary to support ODH staff working extended hours (e.g., disinfectant, food, water), and establish a method to replenish these materials.		BPHP	

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

DRAFT

Part III.B: Communications

Target Capabilities: Interoperable Communication; Information Sharing

INTRODUCTION

Communication between ODH and all affected parties throughout the course of an influenza pandemic is critical to its response effort. This is accomplished through a combination of communications systems and devices.

The primary communications systems are:

1. Multi-Agency Radio Communications System (MARCS)
 - MARCS is an 800 MHz radio communications system maintained by DAS and Ohio EMA.
2. OPHCS, which is an integral part of Ohio's Health Alert Network (HAN).
 - OPHCS is a secure Web-based system that allows for rapid communication with first responders and essential health officials throughout the state via telephone, e-mail, fax, alphanumeric pagers and sharing of information on the OPHCS Web portal. ODH is responsible for the hardware and technical support which keeps OPHCS running properly. Moreover, ODH is responsible for using OPHCS to launch health alert messages which may affect the health and well-being of Ohioans.

Other communication systems used by key ODH personnel include:

- Government Emergency Telecommunications Service (GETS) cards;
- Cell phones;
- Pagers;
- ODH land lines;
- Conferencing ability;
- Satellite phones (when available); and
- Wireless Priority Service (WPS) for cell phones (when available)

Another communications issue is the sharing of critical information between the PHCC and the EOC.

Educational communication with the public and targeted audiences is address in Part D: Strategies to Limit Transmission.

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. All LHDs have access to MARCS, OPHCS, ODH e-mail, high speed Internet and Voice-over IP (VoIP), as well as any other necessary telecommunications equipment which may become available.
2. Technical support is available for all communication devices.

ACTIVITIES

A. COMMUNICATION SYSTEMS AND DEVICES

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. Issue radio equipment to ICS staff.		BPHP (Communication Staff)	
2. Assign common talkgroups for radios for ICS.		BPHP (Communication Staff)	
3. Provide just-in-time training , including one-page guide to influenza, for ICS staff.		BPHP (Communication Staff)	
4. Monitor ODH and LHD communications regarding pandemic influenza outbreak and provide technical assistance.		BPHP (Communication Staff)	
5. Launch HAN messages on OPHCS.		BPHP (Communication Staff)	
6. Provide OPHCS support, as necessary.		BPHP (Communication Staff)	

B. INFORMATION SHARING

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. Use the GIS-based system for tracking and displaying the status of the spread of pandemic influenza in Ohio (developed in II.B.) to coordinate information sharing and display between the PHCC and the state EOC.		OMIS	

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

Part III.C: Surveillance

Target Capabilities: Epidemiological Surveillance and Investigation; Public Health Laboratory Testing

INTRODUCTION

ODH has a central role in detecting the introduction of a novel influenza virus strain(s) in Ohio and tracking the course of a pandemic by ensuring epidemiologic investigations are conducted rapidly and specimens are rapidly analyzed. This part consists of activities required for exposure and disease detection, tracking and reporting (*Health Surveillance and Epidemiological Investigation*); and laboratory confirmation (*Public Health Laboratory: Laboratory testing and analysis*).

All specimens received at the Ohio Department of Health Laboratory (ODHL) from clinical laboratories or local health districts in the State of Ohio are covered by this activity. The entire population of the State of Ohio is covered by the public health epidemiologic investigation activity and includes the following partners:

- Local health districts;
- Health care providers;
- Schools;
- Hospitals; and
- Laboratories.

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. ODHL will become overwhelmed with testing requests.
2. Shortages of testing supplies will occur.
3. Upon identification of novel influenza virus in a given health district, routine testing for its presence may stop.
4. Testing at ODHL will occur under Biosafety Level (BSL) 3 conditions until the novel influenza virus becomes widespread, then testing will occur under BSL 2 conditions.

ACTIVITIES

A. HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION/DISEASE REPORTING AND TRACKING

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
Pandemic Alert Phase 5			
1. Broaden enhanced passive surveillance to include day care centers, LTCFs and occupational sites.		BHSIOS	
2. Investigate unexplained deaths; encourage influenza testing of these deaths by the coroner's office.		BIDC	
3. Communicate to all partners the heightened need for timely and complete surveillance data.		BHSIOS	
4. Send Health Alert Network (HAN) message(s) as needed, to alert health care providers and hospitals about the pandemic alert and continue encouraging testing and reporting of influenza and ILI (See Part B of this plan: Communication).		BPHP (Communications Section)	
5. Participate in CDC/federally initiated pandemic related studies as appropriate (follow guidance from CDC and other federal agencies).		BIDC BHSIOS	
6. Evaluate effectiveness of control measures implemented as specified in Part III.D of this plan.		BIDC	
7. Evaluate and refine all aspects of surveillance.		BHSIOS	
8. Coordinate with local partners to begin active surveillance.		BHSIOS	
Pandemic Phase 6			
9. Implement enhanced surveillance for detection of the first cases of pandemic influenza in Ohio.		BHSIOS	
10. Initiate syndromic surveillance appropriate to the clinical signs and symptoms of the pandemic influenza-infected patients to maximize detection and identification of new cases.		BHSIOS	
11. Continue participation in CDC-directed surveillance programs.		BHSIOS	
12. Monitor national and international pandemic trends (including World Health Organization [WHO] updates).		BIDC	
13. Remind all partners of the need for timely and complete surveillance data.		BHSIOS	
14. Request sentinel surveillance sites use the ILI (sentinel and RODS) and enhanced surveillance reporting systems to report outbreak information (See Appendix B.3).		BHSIOS	

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
15. As number of cases becomes overwhelming, limit completion of outbreak reports to priority groups (e.g., vaccine failures, deaths).		BHSIOS	
16. Recommend the use of rapid antigen tests for the diagnosis of influenza.		BIDC BPHL	
17. Revise surveillance activities as indicated.		BHSIOS	
18. Use IMPACT SIIS to track adverse events from vaccine and antiviral administration.		BIDC	
19. Collaborate with the federal VAERS program to share information regarding Ohio cases of adverse vaccine events and to evaluate vaccine-related response activities during and after the pandemic.		BIDC	
20. Implement the system to obtain and track information daily coordinating with epidemiologic and medical personnel on the numbers and location of newly hospitalized cases, newly quarantined persons, and hospitals with pandemic influenza cases.		BIDC BHSIOS	
21. Use tracking system data to evaluate effectiveness of control measures implemented as specified in Strategies to Limit Transmission as described in Part D of the plan.		BIDC	
22. Use the reports to determine priorities among community outreach and education efforts.		BIDC BHSIOS	

B. PUBLIC HEALTH LABORATORY: LABORATORY TESTING AND ANALYSIS

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
Pandemic Alert Phase 5			
1. Coordinate additional testing as requested by CDC.		BPHL	
2. Remain in contact with CDC and/or other federal agencies and communicate information back to LHDs.		BIDC	
Pandemic Phase 6			
3. Continue Phase 5 activities			
4. Continue monitoring for novel influenza virus through the receipt of clinical specimens or viral isolates (look for indications of antigenic drift variants).		BPHL	
5. As supplies and staff are available, continue to provide 24/7 testing.		BPHL	
6. Recommend the use of rapid antigen tests for the diagnosis of influenza.		BIDC BPHL	

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

DRAFT

Part III.D: Strategies to Limit Transmission

Target Capabilities: Community Preparedness and Participation; Emergency Public Information and Warning; Isolation and Quarantine; Mass Prophylaxis

INTRODUCTION

There are three categories of strategies to limit transmission of the influenza virus in a pandemic:

1. Educational communication and emergency public information;
2. Limitation on movement
 - a. Social distancing;
 - b. Isolation and quarantine; and
3. Vaccination and antiviral drugs (see Parts II.E and III.E).

It will be difficult to substantially slow the spread of pandemic influenza through containment strategies because of the short incubation period for influenza, the large proportion of asymptomatic infections and the nonspecific nature of clinical illness from influenza infection. These challenges may lead to difficulty in identifying infected persons, in quarantining contacts of infected persons prior to the development of illness and in marshalling the substantial resources needed to initiate and monitor the use of isolation and quarantine. Nonetheless, use of containment measures, especially early on, may help slow the spread of a pandemic influenza virus and allow additional time for the development and use of a vaccine and the production and use of antiviral medications.

The two main strategies for the prevention of transmission involve decreasing both contact between infected and uninfected persons and the probability that contact will result in infection. The availability of vaccine and the ability to immunize populations at risk will play a significant role in determining the extent of the recommendations for limiting movement.

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. ODH will provide the public, the health care system, response agencies and elected leaders with continuous updates on the status of the pandemic outbreak, including steps response partners and the public can take to protect themselves. Information to address a number of possible scenarios will need to be prepared in advance for release timed to the status of the pandemic.
2. Subject matter experts (e.g., BIDC) and Office of Public Affairs staff will collaborate on the development of appropriate messages and products (e.g., fact sheets, FAQs, PowerPoint presentations). Public Affairs will work with external partners, including other entities and the media, to distribute the messages to the intended audiences.
3. Social distancing strategies aimed at reducing the spread of infection such as closing schools, community centers and other public gathering points and canceling public events will be implemented during a pandemic.
4. Effective isolation and quarantine will be dependent on good communication and personal behavior.
5. Quarantine will only have an effect prior to the disease being widespread.
6. Communication about the pandemic (including educational) will be coordinated with the JIC beginning at Phase 5 but will largely emanate from ODH's PHCC (see Part III.A).

ACTIVITIES

A. EDUCATIONAL COMMUNICATION AND EMERGENCY PUBLIC INFORMATION

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. Implement ODH Pandemic Influenza Communications Plan (see Appendix A.5) to provide information about the event, public health's response, information specific to an influenza pandemic and what the public can do to protect themselves and others.		Public Affairs	
2. Operate the Field Joint Information Center (JIC) in accordance with ESF-15 and the Ohio Pandemic Influenza Communications Plan (see Appendix A.5).		Public Affairs	

B. LIMITATION ON MOVEMENT (Social Distancing)

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. In accordance with the Limitation on Movement and Infection Control Practices document, use the Protective Action Recommendations Form (Appendix A.6), to recommend to LHD officials the cancellation of large gatherings in affected region(s), in a manner appropriate for the level of person-to-person transmission.		<u>BIDC</u>	
2. In accordance with the Infection Control and Limitations on Movement document, use the Protective Action Recommendations Form (Appendix A.6), to recommend to LHD officials the closure of schools in the affected region(s), in a manner appropriate for the level of person-to-person transmission.		<u>BIDC</u>	

C. LIMITATION ON MOVEMENT (Isolation and Quarantine)

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. Provide guidance to LHDs to place persons who are positive for influenza A in isolation. (See Infection Control and Limitations on Movement document (Appendix A.6).		BIDC	
2. Initiate containment measures as outlined in Infection Control and Limitations on Movement document (Appendix A.6).		BIDC	
3. If an individual returns to Ohio from an area outside the United States where human-to-human transmission of novel influenza virus has been detected, follow actions outlined in Part C (Surveillance) of this document and in the Infection Control and Limitations on Movement document (Appendix A.6).		BIDC	
4. Provide LHDs with sample orders to carry out isolation and quarantine if needed (see Appendix A.6).		BIDC	
5. Support any federal advisory limiting travel to the affected region.		BIDC State Epi	
6. Upon request, consult with LHDs on their screening of travelers returning from the affected region for illness compatible with influenza.		BIDC State Epi	
7. Issue advisories to potentially exposed travelers. (See ODH Pandemic Influenza Communications Plan, Appendix A.5).		BIDC Public Affairs	

D. VACCINATION AND ANTIVIRAL DRUGS

This means of limiting transmission of disease is covered in Part III.E of this plan.

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

- ODH Crisis Communications Plan (see Appendix D.2)
- SNS Communication Guidance (see Appendix D.3)
- Infoline Procedures (see Appendix D.4)
- Pandemic Influenza Briefing Book (see Appendix D.5)
- Ohio Homeland Security Communications Plan (see Appendix D.15)
- Joint Information Center operations guidance (see Appendix D.15)
- Ohio EMA Public Affairs Support Annex (ESF-15) (see Appendix D.15)

Part III.E: Vaccination and Antiviral Drugs

Target Capabilities: Mass Prophylaxis; Medical Supplies Management and Distribution

This part addresses the public health roles and responsibilities with regard to vaccine and antiviral medication distribution as part of response activities to an influenza pandemic. While LHDs have the essential task of distributing supplies to the appropriate individuals within their jurisdiction, ODH has different responsibilities. ODH will request necessary medical supplies both from the federal government (i.e., CDC Strategic National Stockpile [SNS]) and local suppliers (in collaboration with its state agency partners), and ODH will distribute these supplies to local distribution sites (e.g., LHD point of dispensing sites [PODS], hospitals, clinics, pharmacies) and to ODH staff. ODH will provide guidance regarding who should receive the supplies, especially with regard to the receipt of prioritized vaccine and/or antiviral medication.

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. In an influenza pandemic situation, the mass distribution of vaccines and/or medications, if available, will be necessary.
2. LHDs have procedures/protocols for dispensing vaccines in mass clinics.
3. It is unlikely an influenza vaccine specific to the pandemic strain will be available at the beginning of the pandemic, as the current production process takes several months and is dependent on a limited number of manufacturers. Once a novel virus is identified, it may be months before vaccine is available for distribution.
4. If and when vaccine is available, it is expected individuals will need an initial priming dose followed by a second dose about 30 days later.
5. When the SNS is initiated, the governor will have already declared a state of emergency.
6. Antivirals for prophylaxis will not be available in sufficient quantity to distribute.
7. Distribution of antivirals for treatment will be necessary and not appropriate for mass dispensing clinics.

ACTIVITIES

A. VACCINE AND/OR PHARMACEUTICAL DELIVERY

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. In accordance with ESF-8, Tab A, Strategic National Stockpile Plan (Appendix A.7), distribute and deliver stockpiled supplies of vaccine, if and when available for prophylaxis. (See Appendices C.3-C.7 for SOPs)		BIDC (SNS)	
2. Deliver antiviral medications where people are being treated or can obtain drugs to enable them to stay at home.		ICS	

B. MASS VACCINATION/ANTIVIRAL DRUGS

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. Adapt the respective prioritization schemes (based on CDC recommendations and in response to the epidemiology of the pandemic influenza virus) for: a. Vaccines; and b. antiviral medications.		BIDC State Epi Medical Committee	
2. Obtain SOSTF approval of adapted prioritization schemes.		ICS	
3. Collaborate with LHDs and the federal VAERS program to share information regarding Ohio cases of adverse vaccine events and to evaluate vaccine-related response activities during and after the pandemic (See Part III.C of this plan).		BIDC (Immunization)	
4. Use expanded IMPACT SIIS to track adverse events from vaccine and antiviral administration. (See Part III.C of this plan).		BIDC (Immunization)	

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

Adverse events for vaccines are to be monitoring through using the Vaccine Adverse Event Reporting System (VAERS) procedures. Because VAERS does not track adverse events for other types of medications, IMPACT SIIS will need to be adapted to track adverse events for antiviral medications. (See Appendix D.15)

Part III.F: Community Health Care Response

Target Capabilities: Pre-hospital Treatment and Triage; Medical Supplies Management and Distribution

INTRODUCTION

Community health care response means the response of the non-hospital medical community, including: EMS, primary care providers, home care agencies, long term care and other health professionals not directly affiliated with hospitals.

Part F considers both the assessment and treatment of physical and mental health issues in the community. Physical treatment services are provided primarily by EMS and primary care providers prior to hospitalization (for hospitals, see Part III.G). ODH's role is primarily as a support agency under ESF-8.

Mental health services relate not only to the illness, but to the effect the pandemic has on society. In this regard, ODH's interest primarily lies with the mental health issues of its own employees, which are addressed in Part II.I and III.I of this plan (Worker Health and Safety).

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. Emergency Medical and Other Responses: Non-standard dispatch and triage criteria will need to be applied due to tremendous demands on limited health care resources.
2. Emergency Medical and Other Responses: Response to the increased demand for emergency medical services will require an altered approach to treatment and transport of injured or ill patients.
3. Medical Supplies Management and Distribution: ODH will not stockpile general medical supplies for use by the community during a pandemic, but ODH may stock limited supplies for internal use.

ACTIVITIES

A. EMERGENCY MEDICAL AND OTHER RESPONSES

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/Completed (✓)
1. Provide support agency role under ESF-8: Medical Services (see Appendix D.11).		ICS	

B. MEDICAL SUPPLIES MANAGEMENT AND DISTRIBUTION

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/Completed (✓)
1. (Pandemic Alert) When directed, distribute the limited medical supplies available from state stock or SNS.			

C. MENTAL HEALTH

Community mental health care is addressed under ESF-8 by Ohio Department of Mental Health. ODH employee mental health and psychosocial considerations are addressed in Part III.I of this plan (Worker Health and Safety).

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

SNS Plan (see Appendix D.12)

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Part III.G: Preparedness in Health Care Facilities

Target Capability: Medical Surge

INTRODUCTION

For the purpose of this plan, the term “health care facilities” is limited to hospitals. Non-hospital segments of the health care system are addressed in Part F (Community Health Care Response). For hospitals, the primary issue is preparation for the surge of patients who will need care in a pandemic.

ODH does not have regulatory authority over hospitals but does have a clear interest in their successful planning for likely medical surge in the event of an influenza pandemic. At this time, the PICC of the State of Ohio Security Task Force (SOSTF) will task a workgroup to develop a concept of operations for medical surge. The workgroup will include representatives of state agencies, institutions (e.g., OHA) and providers (e.g., Ohio State Medical Association, Ohio Nurses Association, American College of Emergency Physicians, American Academy of Pediatrics). The deliberations of the workgroup will better define the scope of the department’s role, if any, in assisting in the response to, a medical surge in an influenza pandemic. Future revisions of this plan will reflect any role that ODH may have in medical surge response as a result of the concept workgroup discussions.

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. There will be critical shortages of resources (e.g., staffed beds, mechanical ventilation means, morgue facilities and areas for the receipt, screening, triaging and processing of patients) in individual hospitals and/or regions.
2. The capacity and capability of individual hospitals and regions of the state to provide continuity of critical hospital services other than for the treatment of influenza will be greatly compromised.
3. Health care workers may be at a higher risk of exposure to the novel virus and subsequent illness than the population.
4. Surge need in a given hospital or community may require a nonstandard approach to the use of hospital resources, possibly including the use of all space and equipment available; relaxation of qualifications and credentials; consideration of off-campus placement of patients; and expanded mortuary services capacity.

ACTIVITIES

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/Completed (✓)
1. Provide hospitals with information on how to request and obtain volunteer staff augmentation in clinical and non-clinical areas of need. (See Part II.H of this plan).		Logistics	
2. Act as liaison to CMS in resolving matters related to use of exempted Medicare-reimbursed beds, relief from certain Medicare Program Conditions of Participation and/or Coverage, and deviation from the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA).		DQA	

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

DRAFT

Part III.H: Other Support Operations

Target Capabilities: Fatality Management; Volunteer Management and Donations; Animal Health Emergency Support; Environmental Health; Citizen Protection and Mass Care

INTRODUCTION

ODH will provide support to a variety of state and local entities during an influenza pandemic, specifically:

1. **Local registrars** - Certify the cause and manner of death and the proper and timely completion of death registrations.
2. **Ohio Citizen Corps and Medical Reserve Corps** - Collaborate with partners to design and operate a flexible system to maximize the availability and utility of volunteer resources (both lay and health professional) and donations in an influenza pandemic.
3. **Local Health Districts** - Assemble and distribute general information, guidelines and recommendations concerning the risks of infection from animals and contaminated environments, and how to safely dispose of dead animals and decontaminate environmental areas.
4. **County Coroners** – Collaborate with partner agencies, organizations and local jurisdictions to define roles and responsibilities for fatality management. [Pending ODH decision on its role]

With regard to fatality management, ODH will take a leadership role in integration with ESF-8 and coordinating activities with the operational agencies and other partners in local health and relevant associations.

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. The EDRS will be overwhelmed. ODH will act to streamline the process during a pandemic.
2. Entities or persons responsible for people with special needs will continue to be responsible for planning and providing resources for these individuals during an influenza pandemic and will need guidance in how to prepare.
3. Unknown numbers of individuals will volunteer to assist in a pandemic. Credentialing is required to assure appropriate skills, training and licensure status. It will be best to have pre-identified, pre-credentialed and trained volunteers to respond to an influenza pandemic.
4. Large quantities of material donations, both solicited and unsolicited, will be contributed and will need to be processed during an influenza pandemic.
5. ODH will receive questions and requests for information and/or recommendations from state and local agencies, the public and special interest groups concerning the risks of infection from animals and potentially contaminated environments to humans.
6. Surveillance data from federal and state agencies (e.g., USDA, CDC, ODA, ODNR) may be an important early warning of avian influenza activity as it relates to the risk of human cases occurring.

7. The exact roles and responsibilities of the coroner in a mass fatality event have not been widely defined. Personal physicians and health care facility (acute and long term care) physicians will all be involved, at least in some stages, with death registrations in a mass fatality event. Other physicians who might also be involved in a mass fatality event include the local health commissioner (or medical director) as well as the medical director for Ohio EMA.
8. There may be large numbers of deaths occurring both within health care facilities and in residences.
9. In addition to death registration, local jurisdictions must have the capability to effectively perform all aspects of fatality management, of which there are many (e.g., scene documentation; complete collection and recovery of the death victim's personal effects and items of evidence; decontamination of remains and personal effects).

ACTIVITIES

A. FATALITY MANAGEMENT: MASS VICTIM IDENTIFICATION/MORTUARY SERVICES

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. Implement the Vital Statistics Pandemic Influenza Mass Aftermath Casualty Plan (see Appendix A.9) to assure that registration of death and fetal death certificates will occur and all reported deaths are registered within a reasonable time after death.		Vital Statistics	

B. VOLUNTEER MANAGEMENT AND DONATIONS

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. Participate in processing requests for volunteer staff.		ICS Logistics	

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

- National Disaster Medical System (NDMS) Disaster Mortuary Operational Response Team (DMORT) Plan (see Appendix D.15)
- Ohio EMA Mass Fatality Plan (see Appendix D.15)
- Ohio Funeral Directors Association Mortuary Response Team Response Plan (see Appendix D.15)
- Ohio EOP Donations and Volunteer Management Support Annex (see Appendix D.15)

Part III.I: Worker Health and Safety

Target Capabilities: Worker Health and Safety; Firefighting; Public Safety and Security;
Critical Resource Logistics and Distribution

INTRODUCTION

ODH will train its employees and facilitate the training of groups of non-ODH responders for operating during an influenza pandemic. ODH worker safety is interpreted broadly to incorporate worker resiliency, therefore issues address emotional health as well as physical health and safety.

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. Many first responders place undue confidence in PPE when in contact with potentially infected populations.
2. First response organizations, particularly EMS and law enforcement, will be quickly overwhelmed by calls for assistance shortly after widespread influenza disease occurs in their respective jurisdictions.
3. A proactive workforce education and health and safety protection program employed by response organizations will reduce the strain and help better prepare employees for the realities they will face when an influenza pandemic occurs.
4. In the event of a pandemic, employees may be working outside current job descriptions.
5. There will be limited availability of PPE.
6. The nature of an influenza pandemic will require planning, intervention and ongoing assessment of employees to maximize their resiliency.
7. Masks may not be effective in preventing spread of the disease once a full outbreak has occurred.

ACTIVITIES

A. ODH WORKER HEALTH AND SAFETY

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. In accordance with the Worker Counseling and Behavioral Support Plan (see Appendix A.10), provide for ODH worker crisis counseling and mental health and substance abuse behavioral support.		EAP Injury Staff	
2. In accordance with the ODH Pandemic Influenza Workforce Resilience Program Plan (see Appendix A.10), provide comprehensive stress management strategies, programs and crisis response teams for ODH employees. This includes workforce resilience programs.		EAP	
3. Follow the Incident Health and Safety Plan (see Appendix A.10).		Employee Health	
4. In accordance with the Critical Personnel, Equipment, Training and Other Resources Checklist, (see Appendix B.4), identify critical personnel, equipment, training (include behavioral health expertise in messages and training) and other resources needed to ensure the protection of ODH employees.		BPHP EPA	
5. Train all ODH staff on proper use of PPE.		Injury Prevention	

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RESPONDER OPERATIONS SUPPORT

Public Safety and Security

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/ Completed (✓)
1. Provide information about an influenza pandemic, and issues that will develop in a pandemic (e.g., staffing, responder health and safety) to statewide firefighting, EMS and law enforcement organizations for dissemination to local counterparts for the purpose of planning. Include information on impact on families and preparedness for families, including prophylaxis, if available. (See templates in Appendix A.11)		BPHP Training	
2. Develop and/or disseminate existing training materials for the following target audiences: <ul style="list-style-type: none"> • law enforcement (awareness level); • firefighting/EMS (awareness level); and • EMS (operations level). 		BPHP Training	
3. Coordinate with Ohio Police Officer's Training Academy State Patrol Academy, Buckeye State Sheriff's Association, the Ohio Association of Chiefs of Police, State Fire Academy and State Fire Marshal to disseminate training material.		BPHP Training	
4. Maintain liaison with fire, EMS and law enforcement to assist with response to training.		BPHP Training	

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

Part III.J: Recovery Operations

Target Capability: Economic and Community Recovery

INTRODUCTION

The same issues that will affect the general population, business community and public services in a pandemic will impact ODH. The department is in the midst of planning for disaster recovery/business resumption (DR/BRP) under the scenario of a physical disaster that affects infrastructure (e.g., ODH headquarters buildings) and staffing. ODH recovery operations from an influenza pandemic will grow out of other processes that are under development. Therefore, this portion of the ODH PIPRP will be populated in subsequent revisions.

ASSUMPTIONS THAT INFLUENCE ODH ACTIVITIES

1. ODH's DR/BRP plans will address the issues of short-term and long-term business resumption and serve as a basis for a pandemic influenza event-specific recovery plan.
2. Given that the same issues that affect ODH in this regard will affect all state agencies, we assume many of the recovery decisions will come through DAS.

ACTIVITIES

Activity		Responsible Program or Individual	FOR ICS USE: Assigned/Completed (✓)
1. Follow the ODH DR/BR Plan for an influenza pandemic (to be Appendix A.3).		SMG	
2. Follow the Statewide Recovery Operations of the EOP (see Appendix D.13: ESF-14).		BPHP	
3. Conduct a post-event after-action review and integrate significant findings into this plan to resolve future issues.		Incident Commander	

IV.A: Training Needs

IV.B: Support Agencies/Organizations Worksheet

References

PART IV
BUILDING ODH CAPACITY

IV.A: Training

Many of the activities listed in Part II and Part III of this plan will require ODH to provide guidance, technical assistance or training to its partners. Therefore, this training section describes only training required *for* ODH staff.

Part of Plan	Target Capability or Topic	Description of Training Needed	Audience	Deadline/ Timeline	Group Responsible
A: Command, control and Mgmt	PHCC operations:	Orientation Practice during exercises Observation during activation of PHCC Additional training identified via exercise Annual refresher	All ODH staff who <i>potentially</i> have role within PHCC, including back-ups		BPHP
A: Command, control and Mgmt	EOC operations:	Orientation Practice during exercises Observation during activation of PHCC Additional training identified via exercise Annual refresher	All ODH staff who <i>potentially</i> have role within EOC, including back-ups		BPHP
B: Communication	MARCS	Just-in-time Training on basic radio usage and talkgroup designations Interagency communications	ODH ICS Staff ODH and LHD staff		BPHP
B: Communication	OPHCS	license level training	All ODHers with access to OPHCS		BPHP
B: Communication		Telecommunications [item-specific?]	-personnel who have -personnel who may borrow -users w/"pocket guide" instructions		BPHP
C: Surveillance	Epi/Lab	Surveillance activities and familiar with surveillance protocols	Staff members		BIDC/ BHSIOS
C: Surveillance	Epi/Lab	Epidemiology activities; how to conduct epi investigations rapidly, familiar with investigation protocols	Identified staff members		BHSIOS
C: Surveillance	Epi/Lab	Intermediate Epidemiology			BHSIOS
C: Surveillance	Lab	ODH Lab protocols	Lab staff		BPHL
C: Surveillance	Risk Mgmt	Basic biostatistics			BHSIOS
C: Surveillance	Risk Mgmt	Introductory risk analysis			BHSIOS
D: Limit transmission	CPP:	Writing crisis communications	Public Affairs		PIO
D: Limit transmission	CPP:	JIC operations	Public Affairs		PIO
H: Other support Ops	V&DM:	ICS, Field Operations, and large scale personnel management training	ODH Staff		IC

Part of Plan	Target Capability or Topic	Description of Training Needed	Audience	Deadline/Timeline	Group Responsible
I: Worker Health & Safety	"General" education on pandemic flu includes:	<ul style="list-style-type: none"> • What is difference from annual flu; significance of pandemic • Signs and symptoms • Transmission • Prevention • Use of PEE • Work practice controls – who needs masks and why • More extensive training for at-risk employees <p>Training should include:</p> <ul style="list-style-type: none"> • Intranet • Print • Orientation of any new employees • Updates and reviews/refreshers 	ODH staff DAS staff, security, housekeeping, maintenance Roger's Café staff Temporary or agency employees Contract employees		Safety Officer
V. Exercising the Plan		Identify staff roles and target training accordingly: ICS 100 ICS 200 ICS 300 ICS 400 State EOP ESF National Response Plan	Key staff in: ICS EOC PHCC		BPHP
V. Exercising the plan		Training on the PIPRP	All ODH Staff		BPHP
V. Exercising the plan		Cross-training to provide back-up for employees involved in executing PIPRP activities.			BPHP

IV.B. Support Agencies/Organizations Worksheet

Support Agency or Partner	Contact Name	Contact Information (phone, e-mail, address)	Part of Plan	Target Capability or Topic	ODH Liaison
American College of Emergency Physicians, Ohio Chapter			G	Triage & Pre-Hospital Treatment	
			H	Volunteer & Donation Management	
American College of Physicians, Ohio Chapter			G	Triage & Pre-Hospital Treatment	
American Red Cross			G	Triage & Pre-Hospital Treatment	
			H	Fatality Management	
			H	Citizen Protection and Mass Care	
			H	Volunteer & Donation Management	
American Red Cross, Greater Columbus Chapter			I	Worker Health & Safety	
Association of Independent Colleges and Universities of Ohio (Private Colleges/Universities)			H	Citizen Protection and Mass Care	
Association of Ohio Health Commissioners			H	Fatality Management	
			H	Volunteer & Donation Management	
Association of Ohio Philanthropic Homes, Housing & Services for the Aging			G	Triage & Pre-Hospital Treatment	
AT&T (formerly SBC)			B	Telecommunications	
Attorney General of Ohio, Bureau of Criminal Identification and Investigation			H	Fatality Management	
Board of Embalmers and Funeral Directors			H	Fatality Management	
Buckeye Sheriff's Association			I	Responder Safety	
County Boards of Mental Retardation and Developmental Disabilities			H	Citizen Protection and Mass Care	
County Commissioners Association of Ohio			G	Triage & Pre-Hospital Treatment	
Drug Store Association			H	Citizen Protection and Mass Care	
Emergency Nurses Association			H	Volunteer & Donation Management	
FirstLink			I	Worker Health & Safety	
Global Secure Systems			B	OPHCS	
Group Home Facilitites			H	Citizen Protection and Mass Care	
Humane society			H	Citizen Protection and Mass Care	
Infectious Diseases Society of Ohio			G	Triage & Pre-Hospital Treatment	
			H	Volunteer & Donation Management	
Local Health Districts			B	MARCS	
			B	OPHCS	
Local Kennels			H	Citizen Protection and Mass Care	
Local Service Organizations			H	Citizen Protection and Mass Care	
Meals on Wheels			H	Citizen Protection and Mass Care	
Medical Reserve Corp, Region V			H	Volunteer & Donation Management	
Mental Health Association of Franklin County			I	Worker Health & Safety	
Metropolitan Medical Response System, U.S. Department of Homeland Security; Office for Domestic Preparedness			G	Triage & Pre-Hospital Treatment	

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IV.B. Support Agencies/Organizations Worksheet

Support Agency or Partner	Contact Name	Contact Information (phone, e-mail, address)	Part of Plan	Target Capability or Topic	ODH Liaison
Northeast Ohio Medical Association			H	Volunteer & Donation Management	
Nursing Homes			H	Citizen Protection and Mass Care	
Ohio Academy of Nursing Homes			G	Triage & Pre-Hospital Treatment	
Ohio Association of Ambulatory Surgery Centers			G	Medical Surge	
Ohio Association of America's Second Harvest Food Banks			H	Citizen Protection and Mass Care	
Ohio Association of Chiefs of Police			I	Responder Safety	
Ohio Association of Community Health Centers (formerly Ohio Primary Care Association)			G	Triage & Pre-Hospital Treatment	
Ohio Association of Emergency Medical Services			G	Triage & Pre-Hospital Treatment	
Ohio Association of Family Practitioners			G	Triage & Pre-Hospital Treatment	
Ohio Association of Rehabilitation Facilities			G	Medical Surge	
Ohio Attorney General, Ohio Peace Officer Training Academy			I	Responder Safety	
Ohio Board of Nursing			G	Triage & Pre-Hospital Treatment	
Ohio Board of Regents			H	Volunteer & Donation Management	
Ohio Board of Regents			H	Citizen Protection and Mass Care	
Ohio Child Care Resource & Referral Association			G	Triage & Pre-Hospital Treatment	
Ohio Children's Hospital Association			G	Triage & Pre-Hospital Treatment	
Ohio Children's Hospital Association			G	Medical Surge	
Ohio Community Service Council, Ohio Citizen Corps (including Medical Reserve Corps)			H	Citizen Protection and Mass Care	
Ohio Community Service Council, Ohio Citizen Corps (including Medical Reserve Corps)			H	Volunteer & Donation Management	
Ohio Community Service Council, Ohio Citizen Corps (including Medical Reserve Corps), Medical Reserve Corps, Ohio local registered volunteers			H	Citizen Protection and Mass Care	
Ohio Community Service Council, Ohio Citizen Corps (including Medical Reserve Corps), Medical Reserve Corps, Ohio local registered volunteers			H	Volunteer & Donation Management	
Ohio Council for Home Care			G	Triage & Pre-Hospital Treatment	
Ohio Council for Home Care			G	Medical Surge	
Ohio Council of Churches			H	Citizen Protection and Mass Care	
Ohio Dental Association			H	Volunteer & Donation Management	
Ohio Department of Administrative Services			B	MARCS	
Ohio Department of Administrative Services			B	Telecommunications	
Ohio Department of Administrative Services			B	Information Sharing & Display	
Ohio Department of Administrative Services			F	Community Health Care Response	
Ohio Department of Administrative Services			H	Fatality Management	
Ohio Department of Administrative Services			H	Volunteer & Donation Management	
Ohio Department of Aging			G	Triage & Pre-Hospital Treatment	
Ohio Department of Aging			G	Medical Surge	
Ohio Department of Aging			H	Citizen Protection and Mass Care	

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IV.B. Support Agencies/Organizations Worksheet

Support Agency or Partner	Contact Name	Contact Information (phone, e-mail, address)	Part of Plan	Target Capability or Topic	ODH Liaison
Ohio Department of Agriculture			C	Epi/Lab	
			D	Emergency Public Information & Warning	
			H	Citizen Protection and Mass Care	
			H	Volunteer & Donation Management	
Ohio Department of Alcohol and Drug Addiction Services			H	Fatality Management	
Ohio Department of Commerce, State Fire Marshal Division			H	Fatality Management	
Ohio Department of Development			C	Risk Management	
Ohio Department of Education			G	Triage & Pre-Hospital Treatment	
			H	Citizen Protection and Mass Care	
Ohio Department of Job and Family Services			C	Risk Management	
			G	Medical Surge	
			H	Citizen Protection and Mass Care	
Ohio Department of Mental Health			H	Fatality Management	
			H	Citizen Protection and Mass Care	
			H	Citizen Protection and Mass Care	
			H	Volunteer & Donation Management	
Ohio Department of Mental Retardation and Developmental Disabilities			G	Triage & Pre-Hospital Treatment	
			H	Citizen Protection and Mass Care	
Ohio Department of Public Safety			B	Information Sharing & Display	
			D	Emergency Public Information & Warning	
			G	Triage & Pre-Hospital Treatment	
			H	Citizen Protection and Mass Care	
Ohio Department of Public Safety, Division of Emergency Medical Services			H	Volunteer & Donation Management	
Ohio Department of Public Safety, Division of Homeland Security			H	Volunteer & Donation Management	
			H	Citizen Protection and Mass Care	
Ohio Department of Rehabilitation and Correction			F	Community Health Care Response	
			G	Triage & Pre-Hospital Treatment	
			H	Fatality Management	
Ohio Department of Transportation			F	Community Health Care Response	
			H	Citizen Protection and Mass Care	
Ohio Department of Youth Services			H	Citizen Protection and Mass Care	
Ohio Developmental Disabilities Council			H	Citizen Protection and Mass Care	

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IV.B. Support Agencies/Organizations Worksheet

Support Agency or Partner	Contact Name	Contact Information (phone, e-mail, address)	Part of Plan	Target Capability or Topic	ODH Liaison
Ohio Emergency Management Agency Division of the Ohio Department of Public Safety			B	MARCS	
			B	Information Sharing & Display	
			C	Epi/Lab	
			D	Emergency Public Information & Warning	
			F	Community Health Care Response	
			H	Fatality Management	
			H	Citizen Protection and Mass Care	
			H	Volunteer & Donation Management	
			H	Volunteer & Donation Management	
Ohio Farm Bureau Federation			H	Fatality Management	
Ohio Funeral Directors Association			H	Citizen Protection and Mass Care	
			C	Risk Management	
			H	Fatality Management	
Ohio Government agencies listed in ESF-8			A	State Emergency Operations Center	
			A	MARCS	
Ohio Grocers Association			H	Citizen Protection and Mass Care	
Ohio Health Care Association			H	Citizen Protection and Mass Care	
Ohio Hospice and Palliative Care Organization			G	Medical Surge	
Ohio Hospital Association			C	Risk Management	
			G	Triage & Pre-Hospital Treatment	
			G	Medical Surge	
			H	Fatality Management	
Ohio Hotel & Lodging Association			H	Volunteer & Donation Management	
Ohio Legal Rights Service (Client Assistance Program and Protection and Advocacy Services)			H	Citizen Protection and Mass Care	
Ohio Medical Transportation Board (Ambulance Board)			H	Citizen Protection and Mass Care	
Ohio National Guard			D	Emergency Public Information & Warning	
			F	Community Health Care Response	
			H	Fatality Management	
			H	Citizen Protection and Mass Care	
Ohio National Guard - University ROTC			H	Citizen Protection and Mass Care	
Ohio Nurses Association			H	Volunteer & Donation Management	
Ohio Osteopathic Association			G	Triage & Pre-Hospital Treatment	
			H	Volunteer & Donation Management	
Ohio Petroleum Marketers and Convenience Store Association			H	Citizen Protection and Mass Care	
Ohio Petroleum Retail & Repair Association			H	Citizen Protection and Mass Care	

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IV.B. Support Agencies/Organizations Worksheet

Support Agency or Partner	Contact Name	Contact Information (phone, e-mail, address)	Part of Plan	Target Capability or Topic	ODH Liaison
Ohio Pharmacists Association			H	Volunteer & Donation Management	
Ohio Psychiatric Association			H	Volunteer & Donation Management	
Ohio State Board of Pharmacy			G	Triage & Pre-Hospital Treatment	
Ohio State Coroners Association			H	Fatality Management	
			C	Risk Management	
Ohio State Dental Board			H	Volunteer & Donation Management	
Ohio State Highway Patrol			F	Community Health Care Response	
			H	Fatality Management	
			I	Responder Safety	
Ohio State Medical Association			H	Volunteer & Donation Management	
Ohio Statewide Independent Living Council			H	Citizen Protection and Mass Care	
Ohio Veterinary Medical Licensing Board			H	Volunteer & Donation Management	
Qwest Communications			B	Telecommunications	
Salvation Army (Eastern Territory office or local offices?)			H	Fatality Management	
			H	Citizen Protection and Mass Care	
State of Ohio Medical Board			G	Triage & Pre-Hospital Treatment	
			H	Volunteer & Donation Management	
State Universities & Colleges			H	Citizen Protection and Mass Care	
USDHS, National Disaster Medical System			H	Fatality Management	
USDHHS, CMS, Chicago Regional Office			G	Medical Surge	
USDHHS, Office of the Surgeon General			H	Volunteer & Donation Management	
USDHS, Federal Emergency Management Agency, Region V			H	Citizen Protection and Mass Care	
Verizon			B	Telecommunications	
Visiting Nurse Association			H	Citizen Protection and Mass Care	

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PART V
EXERCISING THE PLAN

Part V: Exercising the Plan

The goal of this document is to describe the ODH Exercise Program for Pandemic Influenza. The exercises ODH will participate in will build upon one another to meet the specific operational goals for pandemic influenza. The aim of ODH's exercise efforts is to provide competence in all pandemic influenza emergency response functions.

The exercises will be focused practice activities that place ODH staff in a simulated situation requiring them to function in the capacity that would be expected of them in pandemic influenza response. The purpose of the exercises is to promote preparedness by testing ODH policies and plans and training ODH personnel. The pandemic influenza exercises will be conducted to evaluate ODH's capability to execute one or more portions of the PIPRP.

There are two main benefits for ODH participating in exercises: 1) Individual training which will enable ODH staff to practice their roles and gain experience in those roles; and 2) System improvement which will improve ODH's system and plan for responding to an influenza pandemic.

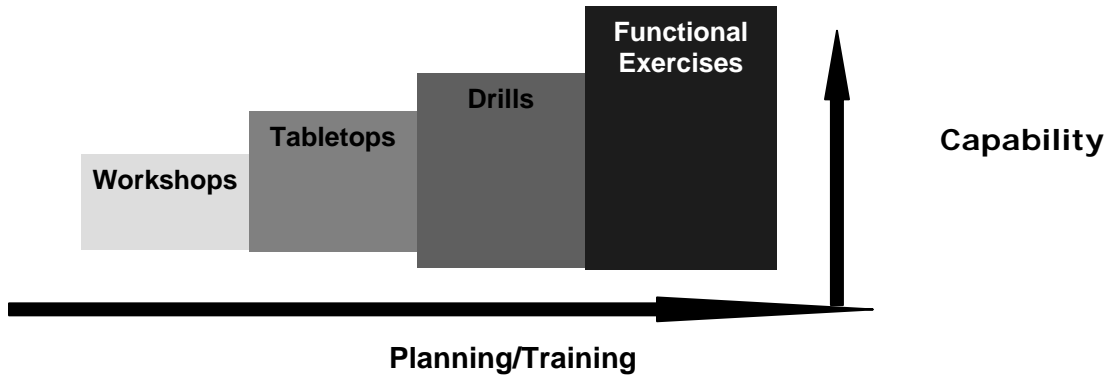
It is critical that the exercises be evaluated through After Action Reports (AAR) and Corrective Action Plans (CAP). It is imperative that the PIPRP be updated to incorporate the lessons learned through the AARs and CAPs.

Through the pandemic influenza exercises, ODH will accomplish the following:

- Test and evaluate the Pandemic Influenza plans, policies, and procedures;
- Reveal Pandemic Influenza Plan weaknesses;
- Reveal gaps in resources needed to respond to Pandemic Influenza;
- Improve ODH coordination and communications;
- Clarify roles and responsibilities in responding to Pandemic Influenza;
- Train ODH personnel in their roles and responsibilities in responding to Pandemic Influenza; and
- Improve individual performance.

The focus of the pandemic influenza exercises will be on locating and eliminating problems *before* the actual event occurs.

The ODH Pandemic Influenza Exercise Building Block Approach



Workshops A workshop is a formal discussion-based exercise led by a facilitator or presenter. Workshops will be held to review the plans and orient and train ODH staff on the different Pandemic Influenza Plan components.

Tabletop Exercises A tabletop exercise (TTX) is an informal group discussion among key personnel centered on Pandemic Influenza scenario. A TTX will be used to identify strengths and shortfalls and understand new concepts about the Pandemic Influenza Plan. The Tabletop Exercises will include an in-depth discussion and slow-paced problem solving.

Drills A drill is a supervised activity meant to test a single, specific operation or function of a single agency. Drills will be used to provide training on equipment, test new procedures, practice and maintain current skills, and prepare for more complex exercises. The Drills will include immediate feedback and be conducted in a realistic but isolated environment.

Functional Exercises A functional exercise (FE) is a single or multi-agency activity designed to evaluate capabilities and multiple functions using a simulated response. FEs are typically used to evaluate management of Emergency Operations Centers, command posts, and headquarters, and assess adequacy of response plans and resources. The FE is characterized by a simulated deployment of resources and personnel, rapid problem solving, and a highly stressful environment.

ODH Pandemic Influenza Exercise Plan

Date	Exercise	Exercise Scope & Purpose
March 20-31, 2006	Workshops	<p>A series of workshops will be held to provide ODH staff with an orientation to the Pandemic Influenza Response Plan and the following specific parts of the plan. All staff who are expected to play a role in the response will be expected to attend the workshops. The workshops will be conducted by the subject matter experts who were primarily responsible for the plan's development.</p> <ul style="list-style-type: none"> • Command, Control, and Management • Communications • Surveillance • Immunization and Antiviral • Medical Response • Healthcare facilities • Other Support Functions • Training • Recovery Operations <p><i>The Plan will be revised and updated based on feedback and lessons learned from the workshops</i></p>
May, 2006	ODH Leadership Tabletop	<ul style="list-style-type: none"> • Senior ODH staff and leadership will participate in a tabletop exercise on identified Pandemic Flu response operations facilitated by Garvin Consulting <p><i>The Plan will be revised and updated based on the lessons learned, AAR, and CAP.</i></p>
June, 2006	Multi-State Leadership Tabletop	<ul style="list-style-type: none"> • Senior ODH staff and leadership will participate in a Multi-State tabletop exercise on identified Pandemic Flu response operations facilitated by Garvin Consulting <p><i>The Plan will be revised and updated based on the lessons learned, AAR, and CAP</i></p>
May – Sept, 2006	Drills	<p>All staff who are expected to play a role in the response will be expected to play in the following drills:</p> <ul style="list-style-type: none"> • Command and Control • Communications • Surveillance <p><i>The Plan will be revised and updated based on the lessons learned, AAR, and CAP.</i></p>
May 2006	Functional	<p>ODH key staff will participate in NW Regional Functional Exercise event through the SimCell</p> <p><i>The Plan will be revised and updated based on the lessons learned, AAR, and CAP.</i></p>
August 2006 - February 2007	Functional	<p>ODH key staff will participate in six Regional Functional Exercise events through the SimCell</p> <p><i>The Plan will be revised and updated based on the lessons learned, AAR, and CAP.</i></p>

An exercise design team will be needed for the following activities in planning the exercises. The team will need to be composed of subject matter experts who are extremely familiar with the PIPRP.

- Define objectives of the Exercises;
- Compose a narrative;
- Write major and detailed events (Master Scenario Events List - MSEL);
- List expected actions;
- Prepare messages for the Exercise event;
- Assist in controlling Exercise events;
- Evaluate how well the Exercise objectives were achieved; and
- Assist in facilitating the AAR and the development of the CAP.

A planning team will be needed for the following activities to update the PIPRP:

- Participate in the development of the AAR and CAP;
- Incorporate changes and updates needed in the Pandemic Influenza Plan; AND
- Communicate plan changes so that design team can build the testing of improvements into the next exercise.

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The Ohio Department of Health Pandemic Influenza Tabletop Exercises (TTX) Plan

Purpose:

The tabletop exercises (TTX) will be conducted to provide an opportunity for the Ohio Department of Health and its partners to exercise the completion of the ODH Pandemic Flu ICS Planning processes. The tabletops will include an informal group in-depth discussion among key ODH leadership centered on a Pandemic Influenza scenario. A TTX will be used to identify strengths and shortfalls in ODH's Pandemic Influenza Plan. The ODH Pandemic Influenza Plan will be updated and revised based on the TTX After-Action Report and Corrective Action Plan.

Project Overview:

- Two Tabletop Exercises will be done: 1) ODH Leadership TTX ; 2) Multi-state TTX for Ohio, Michigan, Indiana, and Kentucky.
- The ODH Leadership TTX will take place in May 2006
- The Multi-state TTX will take place in June 2006
- The scenario will be naturally occurring Pandemic Influenza – it will not be affiliated with terrorist activities.
- The TTX scenario will be based on clinical standards and will be approved by the ODH TTX Planning Committee. The ODH TTX Planning Committee will be closely involved with Garvin Consulting in the development of the scenario and injects.
- The contract with Garvin Consulting was approved 11/17/05. The contract currently expires March 31, 2006. The ODH will amend the contract to extend the contract time period so that the TTX can be completed and all AAR related activities can be completed.

1. ODH Leadership Tabletop Exercise (TTX):

- May 2006
- Approximately 4 hours long
- Scenario will take place in Ohio
- Scenario will be realistic and science based (e.g. traveler from SE Asia, symptoms occur after large indoor public event, involved lab analysis, and realistic high mortality -12,000 dead in a few days)

2. Multi-State Tabletop Exercise (TTX):

- June 2006
- Includes Michigan, Indiana, and Ohio Department of Health
- ODH will work towards having Kentucky also involved in the TTX
- Takes place after the Ohio Leadership TTX

Exercise Participants for both Tabletop Exercises

TTX Planning Committee

Rebecca Serpette (Garvin Liaison) and Marian Rodgers (Clinical Subject Matter Expert)
Adriana Pust (Overall PanFlu Exercise Coordination)

TTX Players

ICS Command Staff: Incident Commander, Liaison Officer, PIO, Safety, PanFlu SME, Operations Section Chief, Planning Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Chief and other general staff identified in the ODH Pandemic Flu ICS structure.

TTX ODH Observers

If not identified as a player: Forrest Smith, Mary Diorio, Barb Bradley, Will Mchugh, Karen Hughes, Director Baird, Debbie Arms, Becky Maust, Tammy Bannerman, Sietske de Fijter, Anne Harnish, Jim Pearsol, Tony Payton, Maureen Murphy, Elizabeth Koch, Jay Carey, Lynne Bratka, William Becker, Joe Bronowski, Rosemary Duffy, Legal, and Government Affairs.

TTX Outside Observers

OEMA, Medical Reserve Corps, OHA, EMS, Law Enforcement, National Guard, Local Regional Representatives, ODH Legal, ODH Government Affairs,

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