

ESF #8 Public Health and Medical Services

Emergency Support Function Annex State of Ohio Emergency Operations Plan



Ohio Emergency Management Agency
2855 West Dublin Granville Road
Columbus, Ohio 43235

Mission:

To coordinate activities to mitigate, prepare for, respond to, and recover from disasters.

Vision:

A safer future through effective partnerships committed to saving lives and reducing the impact of disasters.

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Agency Responsibilities

Coordinating Agency

Ohio Department of Health (ODH)

Supporting Agencies

Adjutant General's Department, Ohio National Guard (OHNG)

Ohio Emergency Management Agency (Ohio EMA)

The American Red Cross (ARC)

Ohio Department of Administrative Services (DAS)

Ohio Department of Aging and Office of the State Long-Term Care Ombudsman (ODAge)

Ohio Department of Agriculture (ODA)

Ohio Department of Commerce, Division of State Fire Marshal (SFM)

Ohio Department of Developmental Disabilities (DODD)

Ohio Department of Medicaid (ODM)

Ohio Department of Mental Health and Addiction Services (Ohio MHAS)

Ohio Department of Public Safety, Division of Emergency Medical Services (OEMS)

Ohio Environmental Protection Agency (OEPA)

Ohio Fire Chiefs' Association (OFCA)

Ohio Hospital Association (OHA)

Ohio Mortuary Operational Response Team (OMORT)



Purpose, Scope, Situation Overview, and Assumptions

Purpose

Emergency Support Function #8 Public Health and Medical Services is coordinated by the Ohio Department of Health and provides the mechanism for coordinated state assistance to supplement local resources in response to public health and medical care needs, to include veterinary and/or animal health issues when they impact human health. State-level ESF #8 resources can be activated through the State EOC upon request of an impacted county when local and regional resources have been exhausted.

Scope

ESF #8 facilitates planning and coordination between state and local public health entities, healthcare delivery facilities, and emergency response systems to minimize and/or prevent health emergencies from occurring, detect and characterize health incidents, provide medical care and human services to those affected, reduce the public health and human service effects on the community, and enhance community resiliency to respond to a disaster.

Public health and medical services (e.g., patient movement, patient care, and behavioral healthcare) and support to human services (e.g., addressing individuals with disabilities and others with access and functional needs) are delivered through surge capabilities that augment public health, medical, behavioral, and veterinary functions with health professionals and pharmaceuticals. These services include distribution and delivery of medical countermeasures, equipment, supplies, and technical assistance. These services are provided to mitigate the effects of acute and longer-term threats to the health of the population and maintain the health and safety of responders.

ESF #8 also disseminates public health information on protective actions related to exposure to health threats or environmental threats (e.g., potable water and food safety).

Situation Overview

There are one hundred eleven (111) local health jurisdictions within the State of Ohio; each with different levels of resources and capabilities to respond to all incidents related to public health. Local health departments (LHDs) have first-line responsibility for response to public health related emergencies.

For radiological incidents, ODH is designated as the radiation control agency and will lead response efforts in coordination with LHDs, ESF #10, and ESF #8 agencies.

There are eight (8) Regional Healthcare Coalitions (RHC) that support planning, response, and recovery efforts of healthcare entities and medical services within their regions. The robust healthcare system in Ohio provides diverse response capabilities. Currently in Ohio, there are thirty-nine (39) hospital systems consisting of two hundred sixty (260) free-standing hospitals. Of the free-standing hospitals, there are:

- Twelve (12) pediatric hospitals
- Twenty-seven (27) trauma centers
 - Sixteen (16) Level 1 trauma centers



- Fourteen (14) Level 2 trauma centers
- Eight (8) burn specialty hospitals
 - Each hospital retains different levels of resources and capabilities
- Forty-nine (49) free-standing emergency departments

Local emergency medical services (EMS) are provided by local fire departments and publicly operated EMS organizations. EMS units may also be privately owned or operated by other entities including law enforcement, hospitals, universities, and/or military organizations. Emergency medical units in Ohio are directed by fire chiefs when the units are attached to fire departments and by the owners/operators of private or government-owned entities when they are not. On-site incident commanders coordinate EMS response.

Additional assistance beyond the capabilities of the local jurisdiction will be requested via local mutual aid. When a local jurisdiction's resources (from within the jurisdiction and through local mutual aid agreements) have been exhausted, they may request that the Emergency Response System (ERS) be activated to provide additional assistance.

When any jurisdictional/local public health or medical service becomes overwhelmed, emergency management systems may be activated. Local requests for state assistance will be routed through the county EOC to the State Emergency Operations Center (State EOC) and directed to the appropriate agency.

Assumptions

1. Any incident that has the capacity to negatively affect public health or medical services directly or through cascading impacts will require an ESF #8 response.
2. Communities will become overwhelmed addressing the health and medical needs of emergency survivors, responders, and victims.
3. Local health departments (LHDs) and hospitals, in coordination with Regional Healthcare Coordinators (RHCCs), will request and coordinate health and medical resource needs for support through county EOCs to the State EOC.
4. Disruption of sanitation services and facilities, loss of power, and massing of people in shelters will increase the potential for disease and injury.
5. Incidents may require the relocation or evacuation of health, hospital, and medical facilities (public and/or private) and the establishment of temporary facilities.
6. Incidents will disproportionately affect individuals with disabilities and access and functional needs (AFN). With the accelerating scale and severity of incidents and changes in demographic trends making the effects of disasters more complex to manage, it is critical to ensure that local planning assumptions are inclusive of the whole community.

Planning and Response Principles

Whole Community Integration

This section describes how ESF #8 relates to other elements of the whole community. "Whole community" preparedness not only represents the community, but also involves the community and engages the full capacity of the private and non-profit sectors, including businesses, faith-based and advocacy organizations, and the general public in conjunction with government partners.



Access and Functional Needs

A critical component of “whole community” is the inclusion of community members with access and functional needs (AFN) and disabilities in planning efforts. While the term “access and functional needs” may include people with disabilities, it also includes people with limited English language proficiency, diverse cultures, children and the elderly, and those who rely on others for transportation (including those who cannot self-evacuate), among others.

Establishing partnerships with community organizations who represent and/or serve populations with AFN ensures proper representation throughout all aspects of any public health and medical emergency. Such partnerships at the local, state, and federal level ensure that the needs of populations with AFN are being accurately identified and supported in the following operational areas, among others:

- Accurate data and situational overviews of communities with AFN
- Developing and disseminating accessible public health information
- Inclusive countermeasure and mitigation delivery strategies
- Equitable surge management strategies

Local-Level Government

Local public health officials retain primary responsibility for meeting public health and medical needs. In a major public health or medical emergency, demand for public health and medical resources may exceed local area capability.

Local mutual aid and assistance networks facilitate the sharing of resources to support response activities. Local authorities are responsible for obtaining required waivers and clearances related to ESF #8 support and are responsible for requesting state support through the jurisdiction’s public health and emergency management agencies when an incident exceeds local capabilities.

Responsibility for situation assessment and determination of resource needs are ascertained primarily through the local incident management system. Resource shortages are adjudicated at the lowest jurisdictional level. Local law enforcement offices coordinate with the local or on-site Incident Commander within the disaster area to determine evacuation areas, roadblocks, and access control points.

State-Level Government

State departments and agencies will work within their statutory authorities to assist local jurisdictions when local capabilities are overwhelmed by a disaster. The State EOC serves as the primary information sharing network for coordinating state, local, tribal, and federal resources. The State EOC provides multiagency coordination of information and resources to support health and medical response activities. State resources will supplement, not supplant, local resources. When activated to respond to an incident, ODH and support agencies will develop work priorities in cooperation with local governments in coordination with the State EOC.

If the governor has declared an emergency, resources may be requested through the Emergency Management Assistance Compact (EMAC), the nation’s state-to-state mutual aid system that is processed through the State EOC.



Federal-Level Government

State of Ohio ESF #8 agencies maintain operational communications with their federal support agency counterparts throughout emergency response and recovery operations to ensure that emergency health and medical needs are identified, assessed, prioritized, and addressed.

The U.S. Department of Health and Human Services (HHS) coordinates federal ESF #8 activities and facilitates federal public health and medical assistance in support of state and jurisdictional response efforts.

Non-Governmental Organizations and Entities

The majority of public health activities, medical activities, and associated services are provided by the private healthcare sector. ESF #8 augments the support provided by the private healthcare sector when requested by local authorities.

ESF #8 organizations will work closely with the private sector (e.g., regulated industries, academic institutions, trade organizations, and advocacy groups), volunteer organizations (e.g., faith-based and neighborhood partnerships), local, and state agencies to coordinate ESF #8 response resources. ESF #8 organizations recognize that leveraging resources from these organizations and individuals with shared interests allows ESF #8 to accomplish its mission in ways that are the least burdensome and most beneficial to Ohioans.

Many nongovernmental organizations are included in Ohio's eight Regional Health Care Coalitions. Non-governmental organizations, including community-based organizations, are an important partner in recruiting and supporting health professional volunteers (i.e., Medical Reserve Corps) and providing medical and counseling services to survivors and their families.



Core Capabilities

This plan directly supports a variety of core capabilities, as identified in the National Preparedness Goal. Core capabilities highlighted in gray are directly applicable to the focused efforts of this plan.

CORE CAPABILITIES	PREVENTION	PROTECTION	MITIGATION	RESPONSE	RECOVERY
	PLANNING				
	PUBLIC INFORMATION AND WARNING				
	OPERATIONAL COORDINATION				
	INTELLIGENCE AND INFORMATION SHARING		COMMUNITY RESILIENCE	INFRASTRUCTURE SYSTEMS	
	INTERDICTION AND DISRUPTION		LONG TERM VULNERABILITY REDUCTION	CRITICAL TRANSPORTATION	ECONOMIC RECOVERY
	SCREENING, SEARCH, AND DETECTION		RISK AND DISASTER RESILIENCE ASSESSMENT	ENVIRONMENTAL RESPONSE/ HEALTH AND SAFETY	HEALTH AND SOCIAL SERVICES
	FORENSICS AND ATTRIBUTION	ACCESS CONTROL AND IDENTITY VERIFICATION	THREATS AND HAZARDS IDENTIFICATION	FATALITY MANAGEMENT SERVICES	HOUSING
		CYBERSECURITY		FIRE MANAGEMENT AND SUPPRESSION	NATURAL AND CULTURAL RESOURCES
		PHYSICAL PROTECTIVE MEASURES		LOGISTICS AND SUPPLY CHAIN MANAGEMENT	
		RISK MANAGEMENT FOR PROTECTION PROGRAMS AND ACTIVITIES		MASS CARE SERVICES	
		SUPPLY CHAIN INTEGRITY AND SECURITY		MASS SEARCH AND RESCUE OPERATIONS	
				ON-SCENE SECURITY, PROTECTION, AND LAW ENFORCEMENT	
				OPERATIONAL COMMUNICATIONS	
				PUBLIC HEALTH, HEALTHCARE, AND EMERGENCY MEDICAL SERVICES	
				SITUATIONAL ASSESSMENT	



Community Lifelines



Community lifelines are services that enable the continuous operation of critical government and business functions and are essential to human health and safety or economic security. Community lifelines are implemented within the State EOP to assist the State EOC in measuring lifeline progression to stability following an event.

ESF #8 contributes to the stabilization of the Health and Medical Lifeline and provides medical care, public health, patient movement, medical supply chain support, and fatality management to the community.

FEMA defines the Health and Medical Lifeline Stabilization Targets as:

All survivors, their pets, and service animals have access to required medical and veterinary care. Emergency medical systems are capable of managing patient movement requirement. Public health services are accessible to all survivors. Sufficient temporary fatality management support is in place to meet processing demand. Medical supply chain capable of adequately resupplying medical care providers.



Concept of Operations

Overview

Public Health and Medical Services Operational Tasks

1. The Ohio Emergency Management Agency (Ohio EMA) will notify the ESF #8 coordinating agency when they are required to staff the State EOC.
2. ODH will deploy response staff from its headquarters when the ESF #8 desk at the State EOC is activated by Ohio EMA. ODH will ensure 24/7 staffing of the ESF #8 desk, as needed.



3. ODH personnel will be available to work at the State EOC, coordinate with LHDs, Regional Public Health Coordinators (RPHC), and RHCs in the regions impacted and work with ESF-based response organizations in the State EOC to meet the needs of impacted communities. These operational elements may include:
 - a. Providing situational awareness to the extent possible in various forms (i.e., hospital available bed tracking, electricity dependent medical devices in an affected area, etc.) to inform and support partner and stakeholder response actions.
 - b. Coordinating medical logistics support when supply chain shortfalls are identified.
 - c. Coordinating the supply and restocking of health, medical, mortuary, and veterinary related resources.
 - d. Coordinating behavioral and mental health assistance to disaster survivors and responders.
 - e. Assisting in the development of medical-related information releases and health recommendations to the public.
 - f. Coordinating federal, state, regional, and local assets assigned to the site of an emergency.
 - g. Coordinating veterinary support and assisting in the assessment of zoonotic-related illnesses.
 - h. Coordinating and supporting mass fatality incident responses.
 - i. Assisting with the coordination of isolation and quarantine for effected populations.
 - j. Assisting with the coordination of equitable population mass prophylaxis and the coordination of population mass vaccination operations.
 - k. Recognizing jurisdictional health disparities and providing immediate resources and subject matter experts to overcome the health inequities of groups who are marginalized.
4. The ESF #8 desk will be responsible for assigning WebEOC-based missions that have been assigned to ESF #8 to the appropriate support agencies.
5. Available regional and state health and medical resources will be pooled and distributed in a timely and effective manner. If emergency medical resources within the State of Ohio have been exhausted, additional resources will be requested through various mechanisms including the Emergency Management Assistance Compact (EMAC), the Strategic National Stockpile (SNS), and the National Disaster Medical System (NDMS).

Assignments of Responsibility

ESF #8 agencies will be activated through the State EOC. ESF #8 support agencies will coordinate with each other to ensure the most effective use of personnel and equipment, avoid redundant activities, and cooperate on emergency response missions. The following assignments of responsibility will be carried out based on the availability of resources:

Ohio Department of Health (Coordinating Agency)

1. Conduct assessments and monitor health conditions in the communities affected by the emergency, and where possible, determine where health problems could potentially occur, and provide information on health effects and ways to reduce exposures.
2. Maintain ongoing epidemiological surveillance and investigation of affected communities to rapidly identify and address health-related emergencies.



3. Provide consultation/technical assistance for sewage treatment systems, housing sanitation, food safety, private water systems, vector control, indoor environments, health nuisances, and any other environmental health-related impacts.
4. In collaboration with the State EOC, coordinate state emergency response to health and medical problems.
5. In collaboration with LHDs and RHCs, coordinate equitable access to health and medical care for the affected population and responders.
6. Coordinate with LHDs in their emergency inspection programs.
7. Support the continued delivery of health care programs throughout the emergency.
8. Assist with meeting the health needs of long-term care facilities, nursing homes, and other similarly affected communities with access and functional needs.
9. Provide AFN subject matter expertise to ensure response and recovery operations are equitable.
10. Conduct and/or assist partner agencies with tracking long-term exposures and population health monitoring.
11. Support access to pharmaceuticals, medical equipment, and supplies.
12. Provide accessible health and medical advisories, news releases, and accessible health and medical-related information to the public.
13. Coordinate and support community containment, isolation, and quarantine strategies.
14. Provide support for local mass fatality management operations.
15. Coordinate the receipt and distribution of federally-allocated medical resources to support local health and medical response and services, as feasible.
16. Perform laboratory and confirmatory testing in accordance with the services listed in the ODH Laboratory Client Services Manual on the ODH website.
17. Support the inclusive provision of mass prophylaxis.
18. Coordinate and support vital statistics need within the state.

Adjutant General's Department, Ohio National Guard (Support Agency)

1. A governor's declaration allows the Ohio National Guard to respond with general and unique services.
2. Coordinate with the U.S. Department of Defense and the National Guard Bureau.
3. Facilitate the delivery and limited storage of medical supplies.
4. Assist with patient movement

The American Red Cross (Support Agency)

1. Coordinate with state agencies regarding health and mental health issues in shelters, service centers, outreach teams, emergency assistance teams (EAS), and integrated care teams (ICT).
2. Provide emergency first aid and preventative health services to people affected by disasters in shelters, service centers, outreach teams, ITCs, and emergency aid centers in designated safe zones, in descending order of priority and subject to staff availability.
3. Observe persons in Red Cross managed and supported shelters for signs/symptoms of possible exposure to any known contaminants during a hazardous material or weapons of mass destruction (WMD) event and ensure they receive proper medical care. If invited and staff availability permits, conduct same activities in independent shelters as well.
4. Distribute public health information to persons affected by disasters.
5. Ensure the provision of blood and blood products to persons affected by disasters.



6. Provide health services and mental health support at family reception centers and respite centers in designated safe zones.
7. Assist people affected by disasters by facilitating connections with public health, medical, and mental health agencies to coordinate services in ARC shelters, service centers, emergency aid stations, and on outreach teams.

Ohio Department of Administrative Services (Support Agency)

1. Assist with the procurement of health care supplies and equipment for affected communities as required and permissible.
2. Assist with locating alternate storage sites for health care supplies and equipment.
3. Assist with locating alternate transportation services for transporting health care supplies and equipment.
4. Assist with identifying alternate staffing sources from the State of Ohio employee pool or third-party vendor.

Ohio Department of Aging and Office of the State Long-Term Care Ombudsman (Support Agency)

1. Coordinate with regional Area Agencies on Aging (AAA) and other county and local community-based partners (e.g. – contracted service providers, senior centers) in providing direction, technical guidance, and assistance to older Ohioans and those receiving home and community-based services and supports, and responders.
2. Coordinate with regional Long-Term Care Ombudsmen in advocating for the rights and needs of consumers of long-term services and supports impacted by disasters.
3. Identify strategies and resources available to meet unmet needs and support delivery of long-term care supports and services.
4. Examine possible provision or redeployment of staff to support management and delivery of long-term care supports and services in the disaster area.

Ohio Department of Agriculture (Support Agency)

1. Coordinate the inspection of retail food establishments with local health districts.
2. Ensure the safety and efficacy of regulated foods, and conduct inspections of food processing establishments (e.g., food, dairy, and meat) and distributors during emergencies.
3. Coordinate and collect food samples.
4. Arrange for and oversee embargo, removal, disposal and/or destruction of contaminated products.
5. Conduct sample analysis at the Consumer Analytical Laboratory and/or the Animal Disease Diagnostic Laboratory and provide laboratory support.
6. Conduct inspections, investigations, and surveillance in the event of zoonotic diseases.

Ohio Department of Commerce, Division of State Fire Marshal (Support Agency)

1. Coordinate with the activation of the Ohio Fire Chiefs' Association Emergency Response System.
2. Coordinate in providing resources to local fire-based EMS.



Ohio Department of Developmental Disabilities (Support Agency)

1. Provide direction and support to assist local organizations in providing for the emergency needs of the developmentally disabled population.
2. Provide services and address the needs of persons with developmental disabilities who reside in state operated developmental centers.
3. Assist in coordinating resources for unmet needs among the developmental disability population.

Ohio Department of Medicaid (Support Agency)

1. Provide medical coverage and verification of medical coverage in any event to assure verification of payment and validate eligibility.
2. Provide pharmacy benefits and access to data to relay real-time medication needs for individuals impacted by disasters.
3. Respond to individuals who have in-home care needs. This includes an acuity-based model for contact and intervention.
4. Coordinate with Medicaid managed care plans to ensure continued access to services.
5. Work with nursing homes when they inform ODM of activation of their emergency resident relocation plan.
6. ODM will maintain partnerships with various stakeholder networks, including home-health agency providers, and will quickly and effectively deploy updates and information to these networks.
7. ODM will initiate a request, when appropriate, for a waiver under Section 1135 of the Social Security Act to ensure sufficient health care items and services are available for consumers of the Medicaid/Children's Health Insurance Program (CHIP) programs.

Ohio Department of Mental Health and Addiction Services (Support Agency)

1. Coordinate state behavioral health authority response, resource allocation, and assistance to counties impacted by emergency and disaster events.
2. Identify assistance needed and provide behavioral health resources as available and determined appropriate to assist in the response and recovery from disaster and or emergency event.
3. Provide agency representative(s) to State EOC to assist in coordination of behavioral health response and recovery services to impacted mental health and/or joint Alcohol, Drug Addiction and Mental Health Services board (ADAMHS) area.
4. Coordinate and monitor the state behavioral health activities with collaborative state agency, community, and emergency partners.
5. Provide appropriate level behavioral health clinical consultation, intervention, or recommendation services to State EOC staff in collaboration with local boards and community providers.
6. Provide technical assistance and support to county ADAMHS boards and community behavioral health providers in providing appropriate level behavioral health services and treatment to persons or communities impacted by disaster.

Ohio Department of Public Safety, Division of Emergency Medical Services (Support Agency)

1. In cooperation with the Ohio Fire Chiefs' Emergency Response System, coordinate local requests for EMS assistance during emergencies.



2. Provide information on availability of private medical transportation resources including advanced life support (ALS) and basic life support (BLS) ambulances, mobile intensive care units, air medical, and ambulettes.
3. In cooperation with the Ohio Fire Chiefs' Emergency Response System, coordinate with FEMA ESF #8 when federal medical assistance is activated for Ohio.
4. In cooperation with the Ohio Fire Chiefs' Emergency Response System, coordinate with NDMS when activated in Ohio.
5. Provide briefing information in the State EOC on statewide emergency medical activities.
6. Provide assessments of emergency medical needs in the affected communities.
7. Provide emergency medical-related information to the public.
8. Provide research and consultation on emergency medical problems.
9. Assist in the identification, purchase, and delivery of needed medicines, medical supplies, and services during emergencies.
10. Provide guidance on personal protective equipment for EMS providers when requested.
11. Provide guidance to local EMS providers on decontamination of EMS personnel, vehicles, and equipment.
12. Provide assistance and guidance in the event of an EMS or hospital CHEMPACK request or deployment.
13. Provide certification verification information when requested for Ohio EMS providers including emergency medical responders (EMRs), emergency medical technicians (EMTs), advanced emergency medical technicians (AEMTs), and paramedics responding to requests for assistance.

Ohio Environmental Protection Agency (Support Agency)

1. Coordinate with drinking water and wastewater treatment plants.
2. Provide technical assistance to health care providers, governmental agencies, and the general public to determine the applicability of the infectious waste regulations and waste management options.
3. Share information with local health districts and ODH.
4. Provide environmental inspection support to local health districts when district resources are reallocated to public health response.
5. Provide a listing of laboratories offering microbiological, organic, and inorganic analysis.

Ohio Fire Chief's Association (Support Agency)

1. Provide information on the availability of emergency medical service resources on a statewide or area basis.
2. Manage the typing and tracking of emergency response resources in and via the ERS.
3. Coordinate and facilitate the dissemination of information with ESF #8's coordinating agency through the State EOC.
4. Coordinate and facilitate the dissemination of information to local response organizations regarding resource requests through regional and county ERS coordinators.
5. Provide data, information, and feedback to the State EOC for the purposes of generating status reports and after-action reports.
6. During emergency operations, acquire reports pertaining to casualties, injuries, damages, and evacuations from fire and rescue organizations and provide them to the State EOC.



Ohio Hospital Association (Support Agency)

1. Assist in communication and coordination with Ohio hospitals and health systems.
2. Assist in dissemination of resources, best practices, and education to Ohio hospitals and health systems.
3. Leverage healthcare expertise from membership to guide clinical and strategic coordination and planning.
4. Provide data support, collection, and utilization for hospitals and appropriate partners.

Ohio Mortuary Operational Response Team (Support Agency)

1. Provide state level mass fatality response when called to support management of a mass fatality incident.
2. Support local authorities with the capability to scientifically identify and return remains of disaster victims.
3. Provide augmentation to local authority's morgue operations, supporting decedent identification and data management.

Plan Development and Maintenance

This plan will be reviewed subsequent to incident or exercise use, at the request of coordinating or support agencies, but no less often than every four years. Such requests are to be directed to the planner as assigned by the Ohio EMA. Reviews will be conducted by partner representatives with reference to after action reports, exercise data, federal doctrine, and other appropriate laws or regulations. Revisions will be sent through the chain of command for approval and documented in the record of changes table located within this plan. The Ohio EMA planning supervisor and Ohio EMA EOC manager are authorized to approve and notify partners of changes.

Record of Changes				
#	Date	Section	Author	Description
001	2016	ESF-8 – Public Health and Medical Services	Ohio EMA Planning Section	A significant number of changes were made to this plan to account for the addition of the Coordinating Agency role, and to align the plan's assignments of responsibilities to the plan's support agencies' capabilities.
002	2015, 2017	ESF-8, Tab A – Ohio Medical Countermeasure Management and Dispensing Plan	Ohio EMA Planning Section	Major changes were made to this plan to reflect changes in how Ohio addresses the receipt, storage and distribution of federal-level and in-state medical caches in response to localized and wide-spread medical emergencies
003	2015	ESF-8, Tab B – CHEMPACK Plan.	Ohio EMA Planning Section	Minor wording changes were made to this plan.



004	2014	ESF-8, Tab C – Human Infectious Disease Incident Plan	Ohio EMA Planning Section	Minor changes were made to this plan to account for changes in the roles of the plan's support agencies.
005	2016, 2017	ESF-8, Tab D – Acute Mass Fatalities Incident Response Plan	Ohio EMA Planning Section	An “administrative update” of this plan was initiated by the Ohio Department of Health to account for changes in the capabilities of the State to respond to mass fatality incidents, and to prepare the plan for a mass fatality incident response exercise in 2017.
006	2016, 2018	ESF-8, Tab E – Non-Acute Mass Fatalities Incident Response Plan	Ohio EMA Planning Section	An “administrative update” of this plan was initiated by the Ohio Department of Health to account for changes in the capabilities of the State to respond to mass fatality incidents, and to prepare the plan for a mass fatality incident response exercise in 2017.
007	2016	ESF-8, Tab F – Mass Casualties/Medical Surge Incident Response Plan	Ohio EMA Planning Section	A moderate number of changes were made to this plan to account for changes in the capabilities of support agencies to respond to and address mass casualty incidents.
008	2022 – 2024	All	Christen Swayer-Cunningham	Reformat and revision of all plan elements of the Ohio EOP

Authorities and References

The Director of the Ohio Department of Health (Director) is the State authority for response to public health and medical incidents.

1. Subject to review by the General Assembly, the Director has broad authority to do what is necessary to prevent and control the outbreak of infectious diseases (ORC 3701.13). The Director can require reports and make inspections and investigations that are necessary to carry out his or her duties and take such actions as are necessary [ORC 3701.04(A)(1) and ORC 3701.14; see ORC 3701.146 (tuberculosis)].
2. The Director, or their designee, may “enter, examine, and survey all grounds, vehicles, apartments, buildings, and places in furtherance of any duty laid upon the director or department of health or where the director has reason to believe there exists a violation of any health law or rule.” (ORC 3701.06).
3. Subject to review by the General Assembly, ODH may make special, standing orders, and/or rules for: A) Preventing the spread of contagious or infectious disease; B) Governing the receipt and conveyance of remains of the deceased; and C) Other such sanitary matters best controlled by general rule (ORC 3701.13). ODH shall have ultimate authority on all matters of quarantine, which ODH may declare and enforce, modify, relax, or abolish (ORC 3701.13).
4. ORC Section 3701.23: Reporting contagious or infectious diseases, illnesses, health conditions, or unusual infectious agents or biological toxins.



5. OAC 3701-3-02: Diseases listed in this rule are declared to be dangerous to public health and are to be reported.
6. Ohio Department of Health Infectious Disease Control Manual

Associated Plans

Medical Countermeasure Management and Dispensing Incident/CHEMPACK Incident Plan

Human Infectious Disease Incident Plan

Mass Fatalities Incident Plan

Medical Surge Support Plan

Mass Casualties Incident Plan

