

Richland County Emergency Operations Plan

ESF 8: PUBLIC HEALTH AND MEDICAL

Primary Agency: Richland County Public Health

Supporting Agencies: Richland County EMA
Shelby City Health Department
OhioHealth – Mansfield and Shelby Hospitals
OhioHealth Emergency Care – Ontario
Avita Ontario Hospital
Richland County Coroner
Richland County Mental Health and Recovery Services

1. PURPOSE

This ESF establishes guidelines for the management of public health and medical services during disasters or emergency situations. This plan outlines the coordination of services between agencies and levels of government to ensure the delivery of necessary services.

2. SITUATION AND ASSUMPTIONS

a. Situation

- i. Complications affecting the community's health can include diseases, sanitation issues, food/water contamination, or other issues resulting from emergencies.
- ii. The Richland Public Health (RPH) is a countywide public health agency and serves most communities in the county.
- iii. Shelby City Health Department (SCHD) is the primary public health agency for the city of Shelby.
- iv. Richland County has three hospitals: OhioHealth Mansfield Hospital, OhioHealth Shelby Hospital, and Avita Ontario Hospital. The county also has one stand-alone 24/7 emergency department, Ohio Health Emergency Care – Ontario.
- v. EMS service in Richland County is provided by fire departments and third-party EMS services.

- vi. There are approximately 15 funeral homes in Richland County.
- vii. Richland Mental Health and Recovery Services is the primary link to mental health services in the county.

b. Assumptions

- i. This plan applies primarily to large-scale disasters that would have a significant impact on the health of Richland County residents.
- ii. Although disasters can lead to an increase in health and medical issues, the local capacity to manage these incidents is significant. When necessary, support from state and federal agencies can be requested.
- iii. A widespread disaster or large-scale emergency can have a significant impact on the health of the affected community, resulting in increased demands on public health, hospitals, EMS, and other medical services.
- iv. Emergency measures to protect public health within the first 24-72 hours of an incident will depend primarily upon local resources.
- v. Hospitals, clinics, medical facilities, and health departments participate in statewide reporting activities for communicable diseases.
- vi. Hospitals prepare for a patient surge through extensive planning efforts. Internal agency plans include the identification of alternate resources to meet community medical needs under disaster conditions.
- vii. EMS agencies maintain plans to manage mass casualty incidents.
- viii. Public health agencies maintain a 24-hour emergency contact for activation in the event of a disaster or emergency.
- ix. The Richland County Coroner's Office is the primary resource for death cause determination. In an incident with multiple fatalities, outside assistance may be needed to support the county's limited resources.
- x. In major incidents, spontaneous volunteers may come forward to assist. These volunteers will include licensed medical professionals as well individuals with no medical training.

3. CONCEPT OF OPERATIONS

a. General Overview

- i. Richland Public Health is regulated by local, state, and federal laws. The Health Commissioner is appointed by the Board of Health.
- ii. The Health Commissioner (HC) or a designee serves as the ESF 8 Coordinator during a large-scale disaster or emergency.
- iii. Public health and medical emergency operations include five primary branches: public health, emergency medical services, healthcare, mass fatality operations, and mental health services. Each area will have a designated Group Leader appointed by the Operations Section Chief or Incident Commander.

iv. Public Health

1. Public health agencies provide the following services to Richland County residents:
 - a. Communicable and infectious disease identification, monitoring, and surveillance.
 - b. Medical countermeasure dispensing.
 - c. Environmental health inspections
 - d. Vital statistics
2. Richland County has two public health agencies. Richland Public Health serves the majority of the county while Shelby City Health Department provides service to residents of the city of Shelby.
3. In an emergency, RPH is the primary public health agency for the entire county, including the city of Shelby.
4. RPH maintains a public health emergency response plan to guide their response to public health emergencies.

v. Emergency Medical Services

1. Emergency medical services (EMS) are activated through the 9-1-1 system; crews are dispatched based on pre-incident jurisdictions.

EMS service is delivered by fire department personnel or third-party EMS services, depending on the jurisdiction.

2. Mutual aid agreements are in place for resource assignment in the event of multiple calls for service in one jurisdiction or mass casualty incidents.
3. EMS units follow their own standard operating procedures and have standing medical protocols. They operate under the delegated medical authority of the agency's medical director.
4. EMS units communicate with receiving hospitals and dispatch centers primarily via radio and cell phone.
5. Victims and patients will be transported to the nearest appropriate hospital in accordance with the Ohio Revised Code.
6. EMS will collaborate with hospitals to establish alternate disaster-based transport procedures if hospital emergency departments reach their maximum patient capacity.

vi. Healthcare

1. Hospitals develop and maintain internal emergency response plans that will be implemented in the event of an emergency incident affecting their facility.
2. Hospitals may designate a liaison that functions in the EOC and facilitates communication between the EOC and the facility. Each facility can designate a liaison or the hospitals can collectively identify a liaison that works on behalf of all hospitals in the county.
3. Healthcare organizations should coordinate public information with the ESF 8 coordinator and Public Information Officer.
4. Hospitals will determine the need, if any, to evacuate their facility and implement the activation in accordance with the facility's evacuation plan.
5. The ESF 8 coordinator will provide resource support for the evacuation as needed and requested by the facility.

6. Long-term care facilities are expected to maintain an evacuation plan that identifies potential evacuation locations and transportation services that can provide assistance. In a large incident, these pre-identified resources may not be available due to overwhelming need.
7. Healthcare facilities, such as long-term care centers, clinics, physician offices, and specialty medical centers, may or may not have emergency operations plans in place. The ESF 8 Coordinator or designee will work with affected facilities to identify and prioritize needs in an incident.

vii. Mass Fatality Operations

1. Mass fatality situations may require recovery, identification, transportation, tracking, and storage of human remains. The Richland County Coroner is in charge of mass fatality operations.
2. Family services, such as Family Assistance Centers, victim identification, ante-mortem data collection, and grief counseling services should be coordinated through community partners.
3. If necessary, a temporary morgue location may be designated by the Coroner to manage mass fatality operations.
4. Coordination with local funeral homes will be necessary to manage transportation of remains that have been released by the Coroner. If needed, temporary storage units and other mass fatality resources can be requested through the EOC from state partners.

viii. Mental Health Services

1. Richland County Mental Health and Recovery Services is the primary local government agency that provides mental health and addiction recovery services for the Richland County community. The agency serves as a link to other services and organizations in the community.
2. After a disaster, people who were previously receiving mental health and recovery services will need to continue to receive those services.

3. People affected by a disaster may need mental health support in the aftermath of the incident.
4. Mental health services will be provided by Richland County agencies. Support from agencies outside the county will be requested as needed and individuals may be referred to or linked with a service from an adjacent county if an appropriate service is not available locally.

b. Relationship Between Levels of Government

- i. RPH works closely with county and jurisdiction-level agencies and departments to manage public health emergencies.
- ii. RPH collaborates with the Ohio Department of Health (ODH), Environmental Protection Agency (EPA), Department of Agriculture (ODA), and other state agencies

c. Phases of Emergency Management

i. Mitigation

1. Provide immunizations to protect county residents against diseases.
2. Provide ongoing environmental health and sanitary inspections and enforcement of associated regulations.
3. Prevent and detect communicable diseases.
4. Provide health education and public awareness programs.

ii. Preparedness

1. Develop and update ESF 8 as part of the Richland County Emergency Operations Plan.
2. Develop and update the RPH emergency response plan and department policies and procedures.
3. Conduct training and exercises to evaluate the effectiveness of plans and procedures.

4. Identify alternate suppliers and systems for core public health responsibilities to ensure continual delivery of these services.

iii. Response

1. Provide emergency notification of a public health emergency to staff, volunteers, and community partners.
2. Provide public information regarding public health and medical issues related to the incident.
3. Initiate disease control operations and information dissemination.
4. Maintain environmental health activities and shelter inspections.

iv. Recovery

1. Compile health reports as required by local, state, and federal agencies.
2. Inspect de-activated shelters for environmental health issues.
3. Participate in after action meetings and reports to improve future responses.

4. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITY

a. Richland Public Health

- i. Serve as the primary agency for public health issues in an emergency or disaster.
- ii. Provide an individual to serve as ESF 8 Coordinator in the EOC.
- iii. Assess public health risks associated with the incident and recommend appropriate corrective and/or preventive measures.
- iv. Conduct environmental health inspections, including emergency shelter locations.
- v. Coordinate with county and jurisdiction public works agencies to ensure the availability of safe potable water and sewage systems.
- vi. Provide epidemiologic surveillance and investigation.

- vii. Coordinate operations for mass immunizations and prophylaxis.
- viii. Coordinate health-related activities among local healthcare response partners.
- ix. Coordinate the Medical Reserve Corps (MRC) volunteer program and utilize volunteers in appropriate positions throughout the response organization.

b. Healthcare Organizations

- i. Maintain communication with the EOC through the ESF 8 coordinator and public health and community partners.
- ii. Implement internal agency emergency plans and operate according to those policies and procedures.
- iii. Increase patient care capabilities to handle medical surge and provide resource support, such as staff and supplies, to support medical surge operations at other medical facilities, as able.

c. Emergency Medical Services

- i. Maintain communication with the EOC through the ESF 8 Coordinator or other liaisons, as appropriate to the incident.
- ii. Provide emergency care and transportation to appropriate facilities for patients requiring emergency medical care.
- iii. Conduct triage and coordinate patient transport in mass casualty incidents.

d. Richland County Coroner

- i. Maintain communication with the EOC and provide regular operational updates.
- ii. Coordinate local resources for the collection, identification, and disposition of human remains in mass fatality incidents.
- iii. Establish a temporary morgue site, if needed, and staff with appropriate staff and/or volunteers.
- iv. Determine cause of death for disaster-related fatalities.

- v. Coordinate with the Public Information Officer (PIO) to provide information to the public through appropriate media channels, news releases, and press briefings.
- e. Richland County Mental Health and Recovery Services
 - i. Maintain communication with the EOC through the ESF 8 Coordinator.
 - ii. Provide appropriate behavioral health services to those affected by the incident, including the public and first responders.
 - iii. Coordinate services with ESF 6 Mass Care to ensure behavioral health support is provided in emergency shelters.

5. DIRECTION AND CONTROL

- a. An Incident Commander (IC) will be designated for all incidents. In a public health emergency, the Health Commissioner or designee will serve as the IC. This can be done via a single or unified command structure.
- b. Command Staff will be appointed to support the IC. Depending on the specific needs of an incident, these roles can include a Liaison Officer, Safety Officer, and Public Information Officer.
- c. General Staff positions will be filled to support specific sections of the operation. These include: Operations Chief, Planning Chief, Logistics Chief, and Administration/Finance Chief.
- d. If the incident is not considered primarily a public health emergency but ESF 8 activation is required, the Health Commissioner or designee will report to the County EOC to coordinate response efforts for public health and medical activities.
- e. Based up on the scope of the incident, liaisons for public health, healthcare, EMS, Fatality Management, and/or Mental Health Services can be requested to support the EOC.
- f. The ESF 8 Coordinator will work with public health and medical partners to address their needs throughout the incident.

6. ADMINISTRATION AND LOGISTICS

- a. During an emergency, local resources will be utilized to the extent possible. If local resources are unavailable or insufficient to meet community needs, additional resources can be requested through state and federal partners.
- b. All agencies operating under ESF 8 will function under the direction of internal operational procedures.
- c. All credentials, permits, licenses, and accreditation standards that are applicable during normal operations continue to be applicable under emergency operations.
- d. Mutual aid agreements will be developed and maintained by individual agencies.
- e. Agencies are expected to maintain records and documentation of emergency response activities and share this information with the EMA. Accurate documentation is critical for post-incident reporting and potential financial reimbursement for disaster costs.

7. RESOURCE REQUIREMENTS FOR ESF

- a. RPH is responsible for reviewing this annex and ensuring that appropriate changes and revisions are incorporated into the document. The EMA will forward all revisions to the appropriate organizations and partners.
- b. All agencies, organizations, and partners with health and medical responsibilities are expected to develop and maintain internal department policies, procedures, and guidelines to guide their operations during an emergency or disaster.

8. ADDENDA

- a. Tab A – Richland Public Health Emergency Response Plan
- b. Tab B – Richland County Mass Fatality Plan

9. AUTHENTICATION

Date of Adoption

Richland County Health Commissioner

Richland County EMA Director