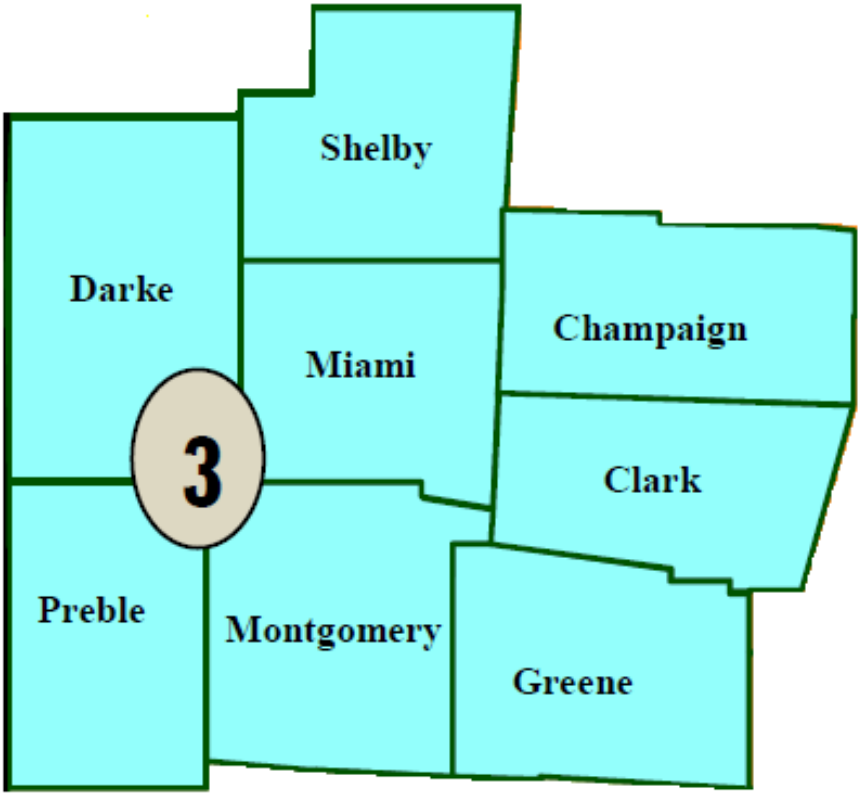
GDAHA GREATER DAYTON AREA HOSPITAL ASSOCIATION The Link to Quality Care	**West Central Ohio** **Greater Dayton Area Hospital Association** **124 E. Third St. Suite 400** **Dayton, OH 45402**



Chemical Surge Annex
West Central Ohio

Date: **November 30, 2023**

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Approval and Adoption

HCC Planning Attestation

We, the undersigned, comprising the leadership of the Healthcare Coalition affirm that this plan has been developed in accordance with the HPP 4 HCC Planning Guidance, the Coalition Requirements, and any requirements identified in our governance.

- Both draft and final plans have been developed in an open-process with opportunities for Coalition Members to be heard and reflected in the plan,
- Input from Hospitals, EMS, EMA and Public Health have been considered,
- All remaining issues and edits have been resolved,
- The final plan will be posted on EMResource in our Regional Document Library and be distributed to members.

Regional Healthcare Coordinator
Name: Mary E. Porter **Date:**

Signature: _____

HCC Clinical Advisor
Name: William R. Marriott, M.D. **Date:**

Signature: _____

Regional Public Health Coordinator
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Signature: _____

Record of Changes

Date	Page(s)	Revision Description (s)	By Whom

Table of Contents

Introduction

Purpose

The annex describes a coordinated healthcare response to a chemical emergency in which the number and severity of exposed or possibly exposed patients challenges the capability of Healthcare Coalition (HCC) member facilities. The annex will outline specific incident and response protocols necessary to properly plan for, manage, and care for patients during a chemical emergency.

This Annex does not replace other county or local emergency operations plans or procedures, but rather builds upon the existing plans to provide additional healthcare response detail. The annex also does not replace the need to have separate chemical protocols, equipment, and training for each healthcare facility or Fire Department or Emergency Medical Service (EMS) agency.

This annex ensures that during a chemical emergency:

1. Coalition members understand their roles and responsibilities for containing contamination, decontaminating patients, and providing patient care.
2. Resources within the coalition, and external to it, are documented and coalition members understand the timeframe for their activation and arrival.
3. Each healthcare facility and EMS agency has a plan, proper training, and necessary equipment to address the needs of patients impacted by a chemical incident, including the provision of dry and wet decontamination.
4. Sources of information regarding patient care are documented and available (e.g., job aids, technical expert reach back).
5. Emergency management and public health agencies understand the need for rapid communication to the public; the potential need for shelters where victims can perform self-decontamination (e.g., "dry" decontamination at a minimum) and additional locations for mass decontamination; the coordination of medical countermeasure deployment (e.g., CHEMPACK, Strategic National Stockpile [SNS]); and secondary transport coordination.

Scope

This plan includes information about the initial community preparedness, mitigation, response and recovery activities for a chemical surge incident emergency in which the number and severity of exposed or possibly exposed patients challenges the capability of the West Central Ohio region. This section includes a general overview of the HCC and the community relative to a chemical Surge emergency. It includes the general demographics of the West Central Ohio communities, at-risk groups and vulnerable populations including elderly and pediatric; According to the U.S. Census Bureau, the West Central Region (WCO) of Ohio (Ohio HLS 3) has a population of 1,129,870 as of April 2020. The region consists of eight counties: Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, and Shelby. Darke County and

Preble County border with the State of Indiana. The Healthcare Coalition collaborates with Wayne County, Indiana, and Reid Hospital, located in Richmond, IN.
West Central Ohio has roadways, waterways, rail ways and pipelines as well as institutions, facilities (including healthcare), and temporary work sites that use, store, or transport chemicals materials. Incidents could occur at these locations as part of routine operations. Such incidents are under the jurisdiction of agency and the jurisdictional fire department.

This annex outlines the HCCs multi-agency representation and coordination of key roles, responsibilities and potential strategies with emergency management, emergency medical services, fire service, HazMat teams, hospitals, law enforcement, public health, and Local Emergency Planning Committees (LEPCs) during chemical preparedness and surge events.
The West Central Ohio Healthcare Coalition Jurisdictional partners include but are not limited to the public health departments local fire, GMVEMSC, hospitals, county EMA and LEPCs, post-acute care settings, secondary education sites, OP3 agencies and government agencies including RAPTA, Ohio EPA and US EPA. A list of partners is included in the WCO Healthcare Coalition Roster. Nontraditional partners who may support the coalition during a chemical surge include the national guard and HazMat teams in the state and the bordering counties in Ohio, as well as those in Indiana.

This plan does not supersede the authorities of the participating entities, or jurisdictional requirements. (e.g., SARA Title III), or acknowledgement of other dedicated community plans (e.g., Local Emergency Planning Committee (LEPC). This is especially important as the West Central Healthcare Preparedness Coalition crosses over numerous jurisdictional boundaries when responding to a chemical emergency that includes multiple local emergency planning councils (LEPC)s.

This plan does not address the specific care noted in the other specialty annexes. Please refer to the pediatric, burn, radiation surge annexes as appropriate for care of these types of patients. In addition, this will not cover cybersecurity incidents. .

Analysis and Review

The HCC will conduct an annual review of this annex in coordination with the member agencies and organizations as appropriate. Additional reviews may be conducted after an exercise, a mass casualty incident (MCI), or regulatory changes indicate a need. The HCC RHC will track and distribute any needed changes to this plan using the Document Change Record. Exercises planned for the coming year are listed below and will be updated annually after the review.

WCO Healthcare Preparedness Coalition has planned a Tabletop Exercise for January 31, 2024.
Each County LEPC's have a requirement to complete varying exercise types during a 4 year period, at least one of those exercises will be a full scale exercise.
All objectives will be tested, a minimum of one time, during the four-year exercise cycle.

Exercise Objectives are taken from the Ohio Hazardous Materials Exercise and Evaluation Manual (OHM-EEM). OHM-EEM identifies thirteen (13) Exercise Objectives for LEPCs. The 13 objectives are identified by numeric value below:

1. Initial Notification of Response Agencies
2. Incident Assessment
3. Incident Command
4. Emergency Operation Centers
5. Resource Management
6. Communications
7. Response Personnel Safety
8. Population Protective Actions
9. Emergency Public Information
10. Traffic and Access Control
11. Shelter Management
12. Emergency Medical Services
13. Hospital Services

There are currently no additional WCO LEPC exercises planned for 2023. Refer to the county specific website for planned training and exercises. Other listings for exercises within the state can be found at https://ema.ohio.gov/prepare-respond/training-and-exercises/training/training-schedule/training-schedule See the Attachment 1 for the list of Emergency Management agencies.

Overview/Background of HCC and Situation

Assumptions

Chemical emergencies may be accidental in nature (e.g., industrial, transportation-related), or intentional (e.g., a terror event or criminal chemical release). Regardless of the origin of the incident, several general assumptions should be considered while planning for and/or responding to a large-scale chemical incident, including:

- Hospital operations and response efforts will be directly impacted if a facility is in the path of a chemical release, if the facility is affected by an internal release, or if it is receiving patients from a chemical incident in the community. A large-scale incident may require prolonged response times and extensive resource management, further impacting traditional operations and patient care capacities.
- Critical healthcare infrastructure components (e.g., food, transportation, water, internet, utilities) may be affected. As a result, hospital services such as laundry, waste collection/disposal, and security may be diminished leading to additional operational challenges.
- Federal, state, and local emergency resources may be needed but mobilization may be delayed due to on-scene response, contamination, and/or decontamination.

- Victims are likely to leave an affected area and self-refer to hospitals, urgent care centers, outpatient medical offices, and fire/emergency medical system (EMS) stations. Fear of chemical exposure or the need to seek refuge may cause a surge of concerned residents to these same facilities. Similarly, residents may flee the impact zone, potentially overwhelming nearby healthcare facilities.
- External communication (via various social media and traditional channels) will be necessary for keeping residents informed and reassured.
- Staff may need to evaluate a large number of potential chemical exposures and/or contamination. They may be expected to identify exposure type; evaluate the magnitude/severity; assess contamination and related risks; and triage victims for the appropriate level of decontamination and medical care.
- Staff may also be impacted by exposure, fear of exposure, or family obligations (e.g., child/family care if schools/acute care facilities are closed/affected). This will have staffing implications.
- Secondary (indirect) effects of a chemical incident, such as heat, stress, and dehydration to frontline staff due to extended use of personal preparedness equipment (PPE) or psychological/mental health stress can impact response efforts over time.
- The HCC may need to navigate a response involving private sector parties, which could lead to conflicting communication efforts and increase stress and fear among the affected population.

Local Risks

Refer to Section C.1.3 of the West Central Ohio HCC Emergency Response Plan Titled HAZARD VULNERABILITY ANALYSIS /ATSDR'S SOCIAL VULNERABILITY INDEX (SVI) for the local mass community events and other potential vulnerabilities that may not be chemical specific.

West Central Ohio is at risk of an uncontrolled release of hazardous materials. Sources of hazardous material incidents include transportation routes, fixed facilities, underground tanks, pipelines, illegal dumping, chemical misapplication, incidents caused by natural occurrences, and domestic and foreign terrorism. Each of the counties in West Central Ohio have major highways, waterways and railways in which chemical release risks could be increased due to normal events such as traffic accidents and train derailments. Refer to the counties specific information in Attachment 2.

Historical chemical response events in the region/state that can be looked to for lessons learned and other guidance include The Miamisburg Train Derailment which occurred on July 8, 1986. Per Wikipedia, "at 4:25 pm on July 8, 1986, a 44 car Baltimore and Ohio railroad freight train, traveling at 45 miles per hour, bound south to Cincinnati, derailed near Miamisburg, Ohio, a small city with an industrial history in Montgomery County, southwest of Dayton. Fifteen of the cars derailed on a bridge; these were tank cars containing yellow phosphorus, molten sulfur, and

tallow. Senators John Glenn (Dem.) and Howard Metzenbaum (Dem.) asked President Ronald Reagan to order an investigation as to the accident's cause and the nation's policy for transporting hazardous substances.

Gov. Celeste created the Ohio Hazardous Substance Emergency Team (OHSET) to investigate the derailment and to provide recommendations for improving protection of Ohio's citizens from threats from hazardous substances. On the conclusion of OHSET's investigation, on September 29, 1986, OHSET recommended the passing of legislation to fill in existing gaps in current regulations." The Cincinnati City Council on June 3, 1987, issued a resolution, stating it "urges the 117th General Assembly to enact H.R. 428, regulating the transportation of hazardous substances by truck and rail in Ohio, by requiring data concerning the specific nature of transported hazardous substances, prenotification of their transportation, advance route assessment, and providing for training for proper handling of said substance."

Several class action lawsuits were filed. Already by July 10, a $200 million class action lawsuit was filed for four individuals. Eventually, in total, $450 million ($1,229,465,700 in 2023 dollars) in lawsuits were filed.

Concept of Operations

Activation

Anyone can request the activation of this plan. The authority to activate the Chemical Surge Annex will be made by the HCC Clinical Advisor(s), the Regional Healthcare Coordinator, Regional Public Health Coordinator or the MMRS Coordinator or their designee(s).

The region has adopted a Hazardous Materials Incident Level classification. This classification system is used to determine resource needs. The Levels are 1, 2 and 3. The Chemical Surge Annex will not be activated for a Level 1 but will be activated for a Level 2 or 3.

The levels are described below:

Level 1 - The incident can be contained with the initial response.
Level 2 - The incident requires a specialized response including hazardous materials team, mutual aid, possible small evacuations, and public disruptions.
Level 3 -The incident puts extreme pressure upon the response agencies. Large scale evacuations, long term response, and major outside resources are needed or required by the Incident Commander.

When the Chemical Surge Annex is activated, the HCC members will receive notification and will prepare their agency as appropriate

Triggers

The following Essential Elements of information are collected at the Incident site by the Incident Commander and when appropriate others within the unified command structure to determine the severity of a chemical incident and the impact to the HCC The severity of the chemical incident is identified by assessing if the event meet the Level 2 or 3 criteria.

The Level 2 event criteria includes:

- A spill or leak requiring an evacuation beyond the immediate area.
- Several hundred/thousand-gallon flammable liquid leak, damming, diking, and EPA notification required.
- Spills or leaks of chemicals that are unknown or difficult to identify.
- Rupture of high-pressure natural gas lines or flammable liquid pipelines, major LPG leak.
- Accidents involving chemicals in chemical labs, warehouses, industrial complexes, traffic accidents and train derailments.

The Level 3 event criteria includes:

- Multiple deaths and extreme danger
- Requires expertise beyond the local hazardous materials team.
- Will require expertise from state and/or federal agencies and private industry.
- A large area evacuation is required.
- Different types of sampling required, EPA, Health, or Water Department

An incident meeting the Level 2 or 3 criteria will activate this plan.

Notification

For this plan notification must begin with the requirements of ORC 3750.06. This states the owner or operator of the facility, or operator of the vessel from which the release of an Extremely Hazardous Substance or Hazardous Substance has occurred shall immediately notify verbally by telephone, radio, or in person each of the following:

• Local Fire Department's jurisdiction where the release occurred.
• Appropriate County LEPC's Emergency Coordinator or designee.
• Ohio EPA

Verbal notification shall be given within thirty minutes after knowledge of the release unless notification within that time is impractical under the circumstances.
Follow-Up Report will be provided as soon as practical, but not later than thirty days after the release, the owner or operator of a facility or vessel from which the release occurred shall submit to the county LEPC, and Ohio EPA, a written follow-up report of

the release updating the information provided in the initial verbal notice. This information must include the following:

- Actions taken to respond to and contain the release.
- Any known or anticipated acute or chronic health risks associated with the release.
- Where appropriate, advice regarding medical attention is necessary for individuals exposed to the substance released.
- A summary of all actions taken by the owner or operator to prevent a recurrence of the release

The Incident Commander (IC) will ensure that notifications are made as appropriate to the incident:

1. Dayton Regional Hazardous Materials Response Team (DRHMRT) - (937) 901-5112.
2. Ohio Department of Health, Bureau of Radiation Protection line - (614) 722-7221 24/7
3. Ohio Department of Health Hospital Preparedness Program on call – (614) -772-7221
4. Local Hospitals consider use of the Regional Hospital Notification System to alert HCC members, the Clinical Advisor, MMRS Coordinator, RPHC and the RHC by calling - 937-333-USAR {8727}.
5. County Emergency Management Agencies. (See Attachment 1)
6. Local Health Department(s). (See Attachment 1)
7. FBI – Cincinnati office 513-421-4310
8. Other appropriate agencies, e.g., water departments and sewage departments through county contacts. (See Attachment 1)
9. Ohio National Guard 52nd Civil Support Team
   Emergency Number: 1-866-496-3278
   Non-Emergency: 614-336-6593

The HCC Clinical Advisor(s), the Regional Healthcare Coordinator, Regional Public Health Coordinator, MMRS Coordinator or their designee(s) will authorize the activation of this plan when requested by the Incident Commander, unified command, or the county EOC. Utilizing the Regional Hospital Notification system, Juvare EMResources mass notifications will be made.

The HCC will meet via telephone or virtually to assist in managing surge activities and coordination of emergency response efforts. Chemical SMEs will assist in prioritization of

transfers. These may be regional, state or federal SME's such as from the Agency for Toxic Substances and Disease Registry (ATSDR). Just-in-Time Training (JITT) materials will be available at www.DaytonMMRS.org, or directly from Public Health Agencies.

Utilizing the Juvare EMResources and EMTrack, working with LHDs, American Red Cross, and coroner's offices, the HCC will develop and release information detailing procedures for obtaining information on missing loved ones, medical attention, food, water, and other supplies.

While there are no rules in Ohio that require you to report soil contamination to Ohio EPA, if the contaminated soil is polluting the waters of the state (that is, runoff from the contaminated area is getting into a stream), Ohio EPA requires a call to the 24-hour spill hotline at 1-800-282-9378.

It is recognized that each facility has different capacities to manage varying numbers of contaminated victims. For example, based on a current Hazard Vulnerability Assessment (HVA), some facilities may plan for decontaminating a single victim and appropriately containing the wastewater. In this case, two or more victims would exceed the capacity of the facility.

Each hospital facility should establish water containment capacities based on a facility hazard vulnerability assessment (HVA) for determining the potential number of patients that may require decontamination. In addition, hospitals should consider community hazardous materials risks to identify potential numbers of victims that may present to the facility.

Hospitals should plan for decontamination operations that will not exceed their capacity but should also develop a contingency plan for mass decontamination when patient numbers do exceed their capacity. It is critical that hospitals develop decontamination and wastewater containment plans in collaboration with proper local regulatory authorities.

The priorities for hospitals during a chemical, biological, radiological or nuclear event requiring decontamination are those of life safety, protection of the facility and finally protection of the environment. All reasonable measures must be taken by hospitals to capture wastewater runoff. All episodes of wastewater runoff should be reported to the local regulatory authorities (Publicly Owned Treatment Works and Municipal Separate Storm Sewer Systems).

In accordance with ORC 3737.80, the Chief of the fire department in whose jurisdiction the emergency situation is occurring or his designee is responsible for the primary coordination of the on-scene activities of all agencies and is responsible for the initial notifications concerning evacuation and shelter in place orders. Continued notifications will be coordinated through the EOC and a Joint Information Center.

Roles and Responsibilities

This section defines the HCC, agency, and specialty facility support and coordination roles specific to a Chemical Surge emergency. It includes detection equipment and resources for pre-hospital and hospital use including limited screening equipment at each hospital: The expected decontamination capabilities of each facility: Weather facilities have subject matter experts or services/staff and whether a facility can provide oncology/hematology services. Specialty response teams (e.g., HazMat, Civil Support Teams [CST) exist within the region and are included in the table listing for Subject Matter Experts.

The roles between agencies involved directly with the chemical surge care and those actively navigating environmental components of a chemical release/surge incident may differ. These include evacuation orders, contamination and decontamination efforts, environmental monitoring, population-based screening, investigations, and safety assessments. Some of these roles may vary between chemical release and a terrorist incident.

1. The Dayton Regional HazMat Response Team Coordinator is the HazMat Coordinator for Montgomery and Greene Counties and the State-appointed HazMat Coordinator for all eight counties in West Central Ohio, Region3.
2. Wright Patterson FD has a very well equipped and trained HazMat Team. If additional assistance is needed in West Central Ohio, the WPAFB FD HazMat Team should be requested.
3. The Ohio National Guard 52nd Civil Support Team (CST) is one of 57 Weapons of Mass Destruction teams. They are available 24/7/365 days.

Ohio Law mandates that the Fire Department having jurisdiction will become the lead agency for a chemical emergency response.

The county Health Department will serve as the lead agency to operate community reception centers. Risk communication during an incident to ensure rapid public messaging (e.g. shelter in place or evacuation orders) begins with the fire department having jurisdiction. Public Information response expands through use of the Joint Information System that utilizes all appropriate stakeholders. This may be done immediately by the incident commander or may be handled though the Emergency Operations Center and the Public Information Officer (PIO) and or Joint Information Center (JIC.)

In the event of a hazardous material release, the role of EMS response is the rescue, treatment, and care of casualties that may have resulted from exposure to a hazardous material. EMS response requires extreme caution to ensure the safety of the EMS crew.

Upon arrival, EMS will:

- Report to Incident Command Post
- Dedicate personnel to monitor and treat the entry team.

- Treat and transport victims.
- Respond as either a Medic (ALS Unit) or a Squad (BLS Unit).
- The vehicles should be supplied with triage tags, Tyvek suits with hoods and booties, and one disposable body bag.
- Upon arrival at the scene, EMS personnel will assess the situation by:
- Determining if hazardous materials have been identified.
- Determining the health and safety risk of the substance involved.
- Determining the signs and symptoms of exposure.
- • During an incident, EMS units will provide for the treatment of victims - these duties include:

    • Establish a triage area.
    • Provide victim treatment and transportation.
    • Administer initial emergency care to victims

- The DRHMRT and most fire departments have decontamination capabilities.
- Each department is responsible for monitoring and inventorying equipment and supplies on a regular basis and if materials are used for an incident or training, the materials must be replenished.
- EMS personnel will help with physical exams of personnel following decontamination.

Specific procedures to decontaminate personnel and equipment are outlined in the DRHMRT and individual fire departments' Decontamination Standard Operation Guidelines (SOG)s. The decontamination method used at an incident will depend on material identification, assessment of its effects, and its actual removal and disposal.

Hospitals in the region have their own Emergency procedures for handling a hazardous material incident within their agency. Hospitals and emergency room personnel are prepared to address issues associated with contaminated victims. Decontamination procedures have been well established by hospitals in the region to include chemical research, decontamination solutions, modesty issues, and hospital personnel PPE. Hospitals not directly involved in the initial incident can be used to treat less severely affected victims. If the situation warrants a hospital evacuation, individual hospital procedures will be followed.

The agency assuming command of the incident is responsible for obtaining the agent/treatment information and circulating to stakeholders The person assuming command is responsible for the following:

- Size-up
- Scene safety
- Establishing incident priorities
- Determining the incident's strategic goals and tactical objectives
- Developing and implementing the Incident Action Plan
- Developing an incident command structure appropriate for the incident

- Assessing resource needs and requesting needed resources
- Coordinating overall emergency activities
- Coordinating activities of outside agencies.

To identify materials involved in an incident, responders will:

- Look for labels, markers, and placards
- Look at container shapes and sizes
- Look at facility type and preplans
- Look at shipping papersv and Safety Data Sheets (SDS)
- Contact the chemical manufacturer
- Consult with responsible party (plant management, transport company, etc.)
- Refer to reference materials such as NAERG, NIOSH Pocket Guide, CHRIS Manual, Hawley's Chemical Dictionary, CHAMEO Chemicals
- Contact CHEMTREC
- Use CAMEO for Windows, ALOHA for Windows, MARPLOT for Windows and MapPoint
- IMAAC, National Weather Service HYSPLIT
- May use tools such as PRISM, ToxFAQs, ChemView, ChemResponder, CHEM, or WISER to develop standards and tools for decontamination.
-

Additionally, the DRHMRT can be used as a resource. The team maintains additional resources in HazMat 1 (the DRHMRT response vehicle) that contain information including:

- Types and amounts of hazardous chemicals contained at each Extremely Hazardous Substance (EHS) and SARA Facility
- Sewer Maps
- Surrounding County Maps.
- Mobile, fax, and internet capabilities
- Technical data on each EHS in the county including toxicity, physical characteristics, first aid, health effects, firefighting procedures for the chemical, clean up and disposal methods for the chemical, and applicable federal regulations.
- The team can also obtain from their computers, models of chemical plume behavior. Based on the chemical and amount of release and the weather conditions, the model can predict the distance and speed the plume can travel and the necessary evacuation area.

Additional agencies that could have oversite include the Ohio State Emergency Response Commission (SERC) and the National Response Center (NRC).

Healthcare systems and Law Enforcement agencies have pre-established operating procedures to manage criminal evidence. The Healthcare system should request guidance from law enforcement concerning how to manage property collected during criminal/terrorist events.

Logistics

There are currently no designated facilities within the HCC that are expected to fulfill the majority of decontamination needs. Available local, state, and interstate resources that can support a chemical incident response will be requested through regional partner networks, emergency operations centers at the local level, and the state level, as necessary.

Space

This section documents the regional hospital decontamination capabilities including the number of decontamination stations/showers (fixed or temporary) and estimated throughput per hour.

The following hospitals have self- identified their decontamination capability and have a designated area for decontamination:

Hospital Tier	Hospital/Decon Capacity
Level 1	Prepared to treat 6 to 8 supine patients that have been contaminated
Level 2	Prepared to treat 2 to 4 supine patients that have been contaminated
Level 3	Prepared to treat two walk-in patients that have been contaminated.

Hospital Capability The data sheet below will be updated as information is obtained. Current as of November 29, 2023.

County	Hospital	Treatment Level	Laboratory Services
Champaign	Mercy Urbana Hospital		yes
Clark	Mercy Springfield Regional		yes
Darke	Wayne Healthcare	Level 2	yes

Greene	KH Greene Memorial	Level 2*	yes
Greene	Soin	Level 2*	yes
Miami	KH Troy	Level 2*	yes
Miami	PH Upper Valley Medical Center	Level 2*	yes
Montgomery	Dayton Children's		yes
Montgomery	KH Dayton	Level 2*	yes
Montgomery	KH Main	Level 1	yes
Montgomery	KH Miamisburg	Level 2*	yes
Montgomery	KH Washington Twp	Level 2*	yes
Montgomery	Miami Valley	Level 1	yes
Montgomery	Miami Valley North		yes
Montgomery	Miami Valley South	Level 2	yes
Preble	KH Preble ED	Level 2*	Yes

Hospitals with a "*" Indicate the addition of decon tent capability to increase decontaminated to 8 supine and 24 ambulatory per hour.

Community decontamination capabilities include:

- Mobile assets (e.g., fire/rescue) within the West Central Region includes one type 1 HazMat team for Montgomery and Greene Counties, Type 2 HazMat teams in Clark, Darke, Miami and Shelby Counties. In addition, the WCO Hospitals have three Decon Trailers located at Kettering Health Washington Township n Montgomery County,

Premier Health Upper Valley in Miami County and Wilson Health in Shelby County These regional decontamination trailers can be requested by others in the region. The request information can be found in the Medical Asset Deployment plan.

- Per the Regional Public Health Coordinator, should the need for a potential site for mass decontamination be needed an agreement has been established through Public Health Dayton and Montgomery County (PHDMC) and the Montgomery County Fairgrounds. Contact information for the Fairground is maintained by the Emergency Preparedness Coordinator at PHDMC.
- Miami Valley Hospital and Shriners Children's Ohio can serve as regional specialty resources for chemical burn care.

West Central Ohio has limited hospital laboratory resources to aid in a response for Chemical identification. Our labs are able to identify cyanide levels and some chemicals. This is a gap in our response capability. Laboratory resources outside of the region include:

CDC's Laboratory Response Network for Chemical Threats (LRN-C): https://www.cdc.gov/nceh/dls/lrnc.html

Ohio EPA has a resource specific to analyses on public drinking water: https://epa.ohio.gov/static/Portals/28/documents/labcert/Combined-Lab-List.pdf. ,

ODH has available information of the public health assessment (PHA) proces: https://odh.ohio.gov/know-our-programs/health-assessment-section/media/phaprocess-factsheet.

Staff

Regional chemical information and response assets may be needed during a chemical surge event. Regionally these would be filled by HazMat Safety Officers, toxicologists, poison control, industry hygienists or the CST. Resources including the Hazardous Materials Safety Assistance Teams (HMSAT), the Agency for Toxic Substances and Disease Registry (ATSDR) emergency response teams, or environmental health agency assets can be integrated and/or utilized (if available) to provide subject matter experts.

Teams in Ohio are divided into three types:

• Type 3 Teams are capable of handling incidents involving known toxic industrial chemicals and may or may not have the ability to make Level A entries.
• Type 2 Teams are capable of handling incidents involving known and unknown toxic industrial chemicals and can make Level A entries.

• Type 1 Teams are capable of handling incidents involving known and unknown toxic industrial chemicals and Weapons of Mass Destruction incidents and can make Level A entries. See the attached chart for the locations of specific teams in the state.

As stated under the mobile assets, the West Central Region includes one type 1 HazMat team serving Montgomery and Greene Counties, and four Type 2 HazMat teams located in Clark, Darke, Miami and Shelby Counties. For more information on state HazMat teams, see Attachment 3.

It is expected the hospital's initial and supplemental decontamination teams will be established using their normal staffing augmentation plans as per their base plan. During a Chemical Surge event, hospitals may need the use of supplemental staff.

Some fire/rescue assets may be available to support a hospital decontamination surge if not occupied at the scene. They would be requested by contacting the fire/rescue asset directly.

Volunteer Management

There are no chemical specific volunteer resources identified that can respond to a HAZMAT Incident; however, there are Medical Reserve Corps (MRC) volunteers that can be activated to assist in the operation of a CRC if one is needed. Please refer to the base plan for more information on volunteers.

Access to Subject Matter Experts

Source	Agency	Contact
Local/Regional	Clinical laboratories with chemical expertise	The WCO HCC does not partner with any private contractors for chemical expertise or testing. Regional hospital systems may have contacts for their internal plans. All experts/coordination will be done by coalition members: EMA, EPA, LEPC The Ohio Department of Health
	Regional Hazardous Materials Response Team	Dayton Regional Hazardous Materials Response Team – Type 1: 937-901-5112
	County EMAs	See Attachment 1
	WPAFB HazMat Team	937-256-1117
	LHDs	See Attachment 1
	Regional FBI Office (SW Ohio	Rick Maier WMD 513-979-8307

	Regional)	
	Utilities Depts (water, sewage, etc)	Contact county EMA, Health Department
State	Ohio Department of Health Bureau of Environmental Health and Radiation Protection	(614) 644-2727 (614) 722-7221 (24/7)
	Ohio Emergency Management Agency	SW Division; (614) 296-1859
	Ohio Environmental Protection Agency, Division of Environmental Response and Revitalization	(800) 282-9378 (24/7) Combined-Lab-List.pdf (ohio.gov)
	Ohio National Guard 52nd Civil Support Team	Emergency Number: 1-866-496-3278 Non-Emergency: 614-336-6593
	CHEMPACK	1-866-599-LERP
	Ohio Fire Chiefs Response	Call 513-825-2280 to activate
National	Chemical Hazards Emergency Medical Management	https://chemm.hhs.gov/sitemap.htm
	CHEMTREC	https://www.chemtrec.com/
	CDC Laboratory Response Network	Laboratory Response Network for Chemical Threats (LRN-C) | CDC
	The Agency for Toxic Substances and Disease Registry (ATSDR	https://www.atsdr.cdc.gov/index.html

Supplies

The HCC including Local Health Departments and hospitals will follow the processes identified in the HCC Medical Asset Plan when requesting hazardous chemical incident specific equipment which could include PPE, respirators, medical treatments, hazardous chemical and radiation countermeasures, and decontamination. The distribution and replacement of these materials/ supplies will be as per the WCO Response Plan Medical Asset Deployment plan.

Additional regional assets and supplies are available for hazardous chemical incidents. These include but are not limited to three hazardous material decontamination trailers which are prepositioned at hospitals located in the North, Central and Southern portions of the region. Baseline PPE.

The baseline Chemical PPE for EMS and Hospitals is dependent upon the chemical. They include levels A, B, C and D. HazMat teams also utilize level A suits for work within the hot zone. Please see Attachment 4 for the suit description and usage.

There are no regional PPE supplies for use in a chemical surge event to support the coalition. Each hospital has their own predefined baseline preparedness threshold levels.

All EMS agency responders shall follow the Incident Command's guidance regarding protective gear, exposure time, distance, evacuation, and decontamination. Basic Protective gear will be determined based on the specific chemical. Chemical and radiation levels and the need for decontamination will be determined prior to admittance of victims or patients to hospitals. Techniques for chemical/radiological decontamination and treatment will be determined after proper identification of the contaminant. If the injuries from a chemical incident go beyond the decontamination capabilities of the hospitals, Mass Casualty Procedures will be activated.

CHEMPACKs are used for weaponized or improvised (e.g., pesticides) nerve agents, industrial, transportation, or accidental release. They are a federal asset: deployable anywhere in the region, the state or throughout the US. The containers can be pre-positioned for special events.

The CHEMPACK Contents include antidotes for nerve agents/organophosphate poisons. These drugs are Atropine, 2-PAM, and Valium. The drugs are the same in both the Hospital & EMS containers. EMS containers have higher percentage of drugs in auto-injector form, and lower percentage in draw-up vials. The Hospital containers have the reverse.

West Central Ohio CHEMPACK Preparations include: All EMS personnel are trained on WMD Autoinjectors. These are covered in the GMVEMS Standing Orders; and Pre-discussion of "antidote-free" orders for MCIs. Host Hospitals have the option to keep the materials for use at their hospital. If a hospital opens its CHEMPACK, it must notify the Ohio State Patrol Central Dispatch. The CHEMPACK is only to be utilized when other resources are inadequate for the number of victims. EMS and hospitals must indicate that the scenario meets the following criteria: The agent has been identified, or patients are exhibiting signs and symptoms of organophosphate/nerve agent exposure; And the need for antidotes is greater than the available resources.

The CHEMPACK Points of Contact is 1-866-599-LERP. The LERP will contact the nearest CHEMPACK hospital and the Ohio State Patrol (or other LE) for transport. The West Central Ohio HCC will also call (937) 333-USAR (Regional Rescue Coordination Center) located at DFD CAD. (937) 333-USAR will: Make additional notifications including Regional Hospital

Notification System upon request; Provide rapid antidotes and other assistance as needed.

The CHEMPACK does not contain cyanide antidotes, anti-radiation agents, chelating agents (e.g., BAL), vaccines or drugs for biological incidents or biological agents. Dayton MMRS stores additional supplies of cyanide antidotes in each county in Ohio Homeland Security Region 3. GMVEMS Departments are authorized to stockpile Atropine, 2-PAM, auto-injectors, and antidote delivery supplies at their own expense.

Additional decontamination supplies include brushes for dry decontamination, wet decontamination, privacy shelters, and containment materials. EMS agency have plans, proper training, and necessary equipment to address the needs of patients impacted by a chemical incident, including the provision of dry and wet decontamination. .

When resources needs are insufficient or exceeds the West Central Ohio Region capacity, the HCC will convene a meeting of Subject matter experts including the HCC Clinical Advisor and others to determine the priority for distribution of the supply. When Regional resources are not available or sufficient, requests will be made to Zone 3 and other Regional Healthcare Coordinators in the state.

If the need exceeds the West Central Ohio Region capacity, and supplies are not available from the other regions, the requesting agency must submit a 213RR Request form. This form is managed through the county office of Emergency Management. This may require additional state signatures to proceed.

The County EMA facilitates the request process through the State EMA who will forward the request to the Ohio Department of Health. If the Ohio Department of Health is unable to assist with the request, the request will be forwarded to the Federal Government for their assistance. When supplies are received from the state, they may be sent to the region by way of the Regional Drop Site. Public Health Dayton and Montgomery County facilitates the receipt and distribution of supplies from this site. For coordination, contact your local Emergency Management Agency (see attachment 1).

In addition, Radiation detection equipment is available in each hospital, as well as laboratory resources to detect some chemicals. The fire department HazMat response teams have additional detection, and chemical sampling equipment. State and Federal resources exist and can be contacted through the Ohio Department of Health. State labs and toxicologists can help to determine which substances would be useful to measure in the study. They can also help to determine what methods of measurements are suitable. Ohio EPA has resources available to assist pre-hospital and hospitals. The Centers for Disease Control can provide assistance in making these decisions if expertise is not available within the state.

Operations—Medical Care

Triage and Screening

The medical information that is needed to support decision making includes chemical agent, exposure level and duration, as well as the route of the exposure. The patient's current and previous medical history and diagnostic data such as laboratory studies will be collected and documented. This information will be shared as appropriate to those who will provide care for the exposed individuals. This information is collected at the point of care whether that is the pre-hospital setting, a community reception area, primary care physician, hospital or other healthcare setting including health departments.

Tools and or technical resources that may be relied upon in the region for standard treatment and decontamination information include; PRISM, ToxFAQs, ChemView, ChemResponder, CHEMM, and WISER).

The basis for prioritizing patient decontamination, treatment and transport depends on the hazard type, exposure duration, route of exposure, and trauma. The extent of trauma, external contamination counts, partial or whole-body exposure, etc will be used to prioritize treatment or decontamination efforts. High acuity patients will be moved as appropriate to agencies able to care for them. Decontamination procedures with not take precedence over the need for life saving treatment.

Emergency Decontamination

In addition to routine decontamination procedures, emergency decontamination procedures must be established. In an emergency, the primary concern is to prevent the loss of life or severe injury to site personnel. If immediate medical treatment is required to save a life, decontamination should be delayed until the victim is stabilized. If decontamination can be performed without interfering with essential lifesaving techniques or first aid, or if a worker has been contaminated with an extremely toxic or corrosive material that could cause severe injury or loss of life, decontamination must be performed immediately. If an emergency due to a heat related illness develops, protective clothing should be removed from the victim as soon as possible to reduce the heat stress. During an emergency, provisions must also be made for protecting medical personnel and disposing of contaminated clothing and equipment. More information can be found at https://medicalcountermeasures.gov/barda/cbrn/prism/. .

Community Reception Centers

Should the need for a site for mass decontamination be needed, it will be coordinated through public health. This site could be used as an acute pop -up clinic or a longer-term community reception clinic (CRC) for concerned citizens or as a triage and decontamination center. This information is in development as the WCO Regional CRC draft plan.

The water and wastewater departments of the affected jurisdiction will monitor the flow of the chemicals through the sewers if they have not been successfully dammed. Individual departments will neutralize chemicals within their facility as feasible or able, certain chemicals may have to be diverted past the facility based on guidance documents.

There are no rules that require you to report soil contamination to Ohio EPA. However, if the contaminated wash water from decontamination is in the soil and polluting the waters of the state (that is, runoff from the contaminated area is getting into a stream), a report to the State of Ohio 24-hour spill hotline will need to be made by calling 1-800-282-9378.

Patient Care/Management

Pre-hospital "decon" will be performed on any/all patients affected as the situation safely allows for dry, gross, and technical decon with isolating any materials possible. At minimum, dry decon (chemicals brushed off skin with tools) will be performed for the safety/health of the scene, responders, patients and receiving hospitals

Per the GMVEMSC standing orders the following is the role of EMS in the care of contaminated patients including countermeasure administration. The General Guidelines listed below provide the responders with direction toward the management and mitigation of Hazardous Material events.

The initial goal of any hazardous materials release is to isolate and identify.

Initial Actions include:

a. Personnel safety:
   i. Consider potential for secondary devices
   ii. Don appropriate PPE
   iii. Stage personnel & equipment

b. Call for additional resources. (Haz Mat Teams, Decon crews, Law Enforcement, etc.)

c. Field decontamination:
   i. Remove all contaminated clothing
   ii. Thoroughly wash the patient with {Dawn} dishwashing detergents
   iii. Pay special attention to skin folds and other areas where simple irrigation may not remove it
   iv. If a patient has been contaminated with any fuel, irrigate well

d. Contact Medical Control and the hospital immediately to allow time for their set-up of decontamination equipment.
   i. Provide the following information:
   1. Estimated number of confirmed or potential adult and pediatric patients
   2. Signs and symptoms exhibited by the patients

3. Name and identification information of the contaminant if known, or as much information as possible
4. Form of the contaminant (liquid, gas, etc.) if known
5. Routes of exposure of the patients (percutaneous, inhalation, ingestion, etc.) if known
6. Additional anticipated decontamination needs if necessary.

ii. Obtain permission from hospital upon arrival before entering with a potentially contaminated patient or crew.

e. In the event of an MCI involving cyanide or nerve agents, request an "Antidote free" order, allowing you to treat all of the patients on the scene with the appropriate antidote, rather than calling for patient orders individually.

f. Do not transport a patient until gross decontamination is completed.

g. Decontaminate EMS vehicles prior to leaving hospital.

Once patient care has been transferred to the receiving hospital, the hospital will continue to use Juvare EMTrack/EMResource along with any internal tracking systems in place for that specific facility. Internal tracking system information will include the patients' contamination status and treatments provided with any recommendations on transfer to a higher level of care, if required

The Incident Commander and responding units may consult with HazMat teams for guidance in regard to the need for expansion of decontamination operations relative to scope of the incident. Consultation with these groups will determine if the need for additional resources or techniques exists along with decon operations and which type of decontamination may be necessary.

Treatment

This section describes the coalition role in planning for and treatment protocols for chemically exposed patients. For regional coordination, the RHC participates with several of the county LEPCs. No actual patient care/treatment or recommendations on care will be performed by the HCC staff. In the event of a chemical surge, the Regional Healthcare Coordinator will:

- Facilitate information sharing between healthcare organizations.
- Promote situational awareness reports during emergency operations with ESF agencies/EOC.
- Facilitation of resource/asset requests, including coordination strategies with HazMat teams and hospitals and other SME's as necessary
- Summarize available treatment recommendations for common/critical chemical exposures (that should be a common point of reference).

Hospitals and EMS will determine and execute all treatments/protocols according to their facility/agency guidelines. Field guidance will incorporate online medical control and utilize

additional resources, including poison control, WISER, CHEMTRACK, etc. Additional information can be found in the section on operations/medical care.

Safety and Control Measures

It is recognized that each facility has different capacities to manage varying numbers of contaminated victims. For example, based on a current Hazard Vulnerability Assessment (HVA), some facilities may plan for decontaminating a single victim. And in this case, two or more victims would exceed the capacity of the facility.

There is currently no legislative or regulatory mandate to describe the details on decontamination facilities' containment procedures and capacities. Each hospital facility, however, must establish water containment capacities based on a facility hazard vulnerability assessment (HVA) for determining the potential number of patients that may require decontamination.

In addition, hospitals should assess community hazardous materials risks to estimate potential victim numbers presenting at the facility. Planning for decontamination operations is crucial, ensuring they stay within capacity limits. Simultaneously, hospitals must develop a contingency plan for mass decontamination in case patient numbers exceed their capacity.

It is imperative for hospitals to collaborate with local regulatory authorities in developing decontamination and wastewater containment plans. Coordination with water and wastewater agencies is essential, and notification is required if mass decontamination wash water might enter sanitary sewers. The water and wastewater departments of the affected jurisdiction will monitor chemical flow through sewers if containment measures prove unsuccessful, with some departments capable of neutralizing chemicals on-site while others may necessitate diversion.

During a chemical emergency, safety and control measures will differ between the scene and hospitals, influenced by staffing and external factors. Generally, healthcare/hospital facilities manage chemical waste and decontamination procedures internally, aligning with state regulatory compliance codes and procedures. Facility plant operations teams, in collaboration with internal environmental divisions, bear responsibility for proper disposal, labeling, and oversight of chemical waste, ensuring its separation from general waste.

All hospital healthcare personnel must undergo training commensurate with their exposure/work details related to chemicals. In the event a decontamination tent is needed, hospitals isolate wastewater in tanks, contracting with 24/7 third-party companies for removal and proper disposal. If any chemical waste drains into public sewer systems, immediate notification is mandatory for EMA/LEPC, local EPA, local fire department, and the FBI, if necessary.

For emergency scenes involving the public and first responders, the region has decontamination/HazMat trailers available that are strategically placed throughout the WCO region. These trailers provide equipment and resources for trained emergency personnel/technicians to safely dispose of any contaminated waste. Technicians who operate the trailers have agency protocols for the decontamination activities and disposing of waste. A waste/clean-up contractor would be used, and clean-up overseen by authorities such as the EPA along with any needed security protection of the area(s) until the location is safely cleaned. Transportation regulations are managed by local and state agencies.

The HCC's will support and help to communicate the need for evacuation or shelter in place orders. In large scale radiation emergencies, the State of Ohio BEHRP will be activated. They are responsible for large-scale disposal of contaminated waste from decontamination and patient care operations in radiation emergencies. For Chemical waste, special transportation waste management protocols will be managed as per regulations. Some jurisdictions may have limitations on the disposition, or transportation of, certain types of waste. Because of these limitations, assistance will be requested from the Ohio Bureau of Environmental Health Radiation Program and Ohio EPA. Waste Management instructions will be given to EMS agencies. For large-scale waste removal, interim storage can be set up in a secure area with waste stored in lined roll-off boxes, that are labeled as chemical waste. Long-term disposal is a "recovery" function and will be decided with stake-holder input with ODH/OEPA as the coordinating agencies. Per the Ohio Revised Code (ORC), the entity responsible for the spill is responsible for the clean up and removal of the waste.

Personal belongings of patients will be sealed in bags for EMS and hospitals. EMS and hospitals have plans for managing victim clothing and belongings.

In the case of individuals voluntarily seeking medical attention at hospitals, clear signage should outline the necessary actions to take when exposed to a hazard and signs should provide guidance on how to alert hospital staff. Hospital facility plans are comprehensive, encompassing procedures for notification, initial treatment, and containment measures aimed at minimizing contamination within their premises. For Emergency Medical Services (EMS), it is imperative that units promptly inform hospital personnel to enable them to assess the situation, potentially activate internal plans, designate specific spaces, and mobilize additional resources as needed.

Fatality Management

The County Coroner's Office is responsible for Fatality Management Planning. The coroner will utilize subject matter experts who can advise on decontamination and handling of contaminated decedents. Subject matter experts include the Regional HazMat Coordinator, Ohio EPA, Federal EPA those as listed above. The coroner will decide how hazardous material deaths will be managed and will communicate this information to hospitals and morgues.

The Coroner's Office will:

1. Coordinate with all local resources for the collection, identification, and deposition of deceased persons and human tissue. This information will be circulated to hospitals and morgues.
2. Select sites to establish temporary morgues and the personnel to staff them. (Refer to the Montgomery County Coroner's Office/ Miami Valley Regional Crime Lab, Mass Fatality Plan for more information).
3. Coordinate with search and rescue teams.
4. Coordinate services of funeral directors, ambulances, EMS, other pathologists, dentists, and x-ray technicians for the identification of bodies.
5. Provide emergency information to the news media on the number of deaths, morgue operations, etc., as appropriate.
6. Assist in the transport of the deceased

To address fatalities effectively, every hospital is required to establish a comprehensive mass fatality surge plan capable of handling situations where the number of fatalities surpasses the morgue capacity. In emergency situations, hospitals should refrain from accepting decedent storage.

EMS agencies should utilize Incident Command for additional field resources. A hospital morgue capacities chart is available in the WCO Regional Healthcare Preparedness Plan, Table 4. Morgue capacity will be reassessed at least every three years. Healthcare organizations should report changes in capacity to the RHC.

Refer to the Montgomery County Coroner's Office/ Miami Valley Regional Crime Lab Mass Fatality Plan, chapter 3 for addition information on the role of the coroner in a Weapons of Mass Destruction event.

Transport

EMS encounters a distinctive challenge in transporting potentially contaminated patients during a chemical event, primarily due to staffing and ambulance availability constraints. The ability to transport all affected patients is limited, necessitating consideration of self-transporting individuals. Moreover, agencies should explore collaboration with other entities having available transport resources, such as public transportation or other sizable private transport options.

Information on EMS capabilities regarding transport and procedures are documented in the GMVEMSC Standing Orders protocol for Hazardous Materials Management. In these orders, EMS is instructed not to transport a patient until gross decontamination has occurred and to notify the hospital prior to arriving to allow the hospital time to prepare.

Deactivation and Recovery

The Regional Healthcare Coordinator, Regional Public Health Coordinator, Clinical Advisor, MMRS Coordinator and local health department will remain activated during the recovery phase as needed, but not necessarily during the entirety of the recovery of equipment and supplies. They will follow up on the return of any regional supplies or equipment items to ensure readiness for future use. This team will coordinate with the appropriate response agencies, including ESF agencies and incident command, to determine a deactivation process once testing levels are clean for a determined amount of time based on the chemical involved. They will ensure an "All Clear" message regarding the event is communicated with all members involved.

After-action reports (AAR) and hot washes will be completed along with inventory assessments in coordination with coalition member agencies to evaluate and document response activities utilizing the HSEEP model. AAR and improvement plan's will be finalized within 120 days after conclusion of the incident. Following a chemical surge incident, the hospitals will follow their internal processes to recover from the event.

In conjunction with the Ohio EPA on-scene coordinator and the IC, Public Health will determine return criteria and issue a statement through the PIO authorizing the return of evacuees. Public Health will also provide epidemiological studies following the incident utilizing the Ohio Department of Health when necessary.

Public Health will test or provide for testing of water, air, soil, or food as applicable. Following the removal of hazardous materials from the clean-up, the affected area must be returned to its original condition when feasible under the supervision of the Ohio EPA. If residual contamination remains and it is determined that additional removal is not feasible, a site closure plan should be written for review by applicable state and federal agencies

Special Considerations

Behavioral Health

Ensuring robust assistance for individuals with short and long-term behavioral health needs following a chemical incident necessitates a thorough and compassionate approach. Such incidents can induce both immediate and prolonged impacts on mental health, spanning from acute stress reactions to persistent psychological conditions. While the coalition is not equipped to directly offer these services, it is advisable to collaborate with established community partners and consider the following guidelines:

1. Implement psychological first aid by actively listening to individuals' concerns and validating their feelings.

2. Conduct an assessment of mental health needs to pinpoint those requiring immediate intervention, giving priority to individuals with pre-existing mental health conditions or direct exposure to the incident.
3. Engage in community outreach to identify and support individuals who may be hesitant to seek help, establishing safe spaces for group discussions and mutual support.
4. Disseminate information about available mental health resources and services.
5. Facilitate connections with therapists, counselors, or psychologists with expertise in trauma and disaster mental health.
6. Disseminate accurate and timely information to the public regarding available mental health resources, countering misinformation, and addressing stigma related to mental health.
7. Demonstrate cultural sensitivity in delivering mental health support, acknowledging diverse cultural backgrounds and beliefs.
8. Collaborate with community leaders and faith leaders in the support process.

The HCC supports both short and long-term mental health needs after a chemical incident. As noted in the WCO Preparedness plan, county Emergency Management Agency may be contacted to request assistance from local Mental Health Services Alcohol, Drug Addiction and Mental Health Services (ADAMHS). ADAMHS agencies may consult with The Ohio Crisis Response Team (CRT). The Ohio CRT provides services upon request to any community within the State of Ohio where a crisis-like event has taken place. Special emphasis will be considered concerning the unique situation associated with chemical exposure including fear of long-term health effects and worry about living in a contaminated environment.

The National Organization for Victim Assistance (NOVA) training has been conducted for staff and volunteers in West Central Ohio. County Mental Health response personnel access NOVA volunteers as needed during emergency events. Medical Reserve Corps volunteers assist with mental health response during emergency events. Training classes have been conducted through local public health offices.

Access and Functional Needs

Information concerning Access and Functional Needs assessment is located in the West Central Healthcare Emergency Preparedness Response Plan .

In addition to the Core Membership, the HCC membership includes participation from the Council on Aging, Home Health Agencies, Dialysis Centers, Long Term Care, and Access Center for Independent Living. All these entities can help with the development and inclusion of plans to begin addressing the Access and Functional Needs challenges during emergency response.

Children, communities of color, elderly populations, individuals with underlying physical and behavioral health conditions, persons experiencing access to care issues, language barriers, individuals experiencing homelessness, and incarcerated individuals account for community members who could be more vulnerable during a radiological emergency. Special messaging and how those messages are delivered may be modified to provide information about the emergency and instructions to those special populations.

The need for supporting special interventions such as higher sensitivity to chemicals, smaller body size, physical characteristics, increased stress/panic levels to ensure access to appropriate services and care should occur. Issues that may need to be addressed include suddenly orphaned children, children separated from family, and the need to reunite family members/caretakers. Children and other select patient groups whose parents or caregivers are incapacitated or unavailable may require lifesaving interventions that should be quickly performed.

To avoid critical legal or bioethical complications that could paralyze the response system, relevant protocols for rapid reunification of children with parents or guardians should be available for activation after a catastrophic incident. Hospitals should also have plans in place for situations in which victim medical care is complete, but there is no caregiver or parent to accept the patient.

In West Central Ohio. other than English, Spanish is the most often spoken language. Health Departments and Hospitals have instructions in both these languages and provide instructions in other languages through written documents and the use of interpreting services.

Some decontamination procedures will need to be adapted for certain populations, including children, service animals and other at-risk populations and people with special needs including access and functional needs within the community. Children, communities of color, elderly populations, individuals with underlying physical and behavioral health conditions, persons experiencing access to care issues, language barriers, individuals experiencing homelessness, and incarcerated individuals account for community members who could be more vulnerable during a Chemical emergency. Special messaging and how those messages are delivered may be modified to provide information about the emergency and instructions to those special populations. of age. The need for supporting special interventions such as higher sensitivity to chemical exposure, smaller body size, physical characteristics, increased stress/panic levels to ensure access to appropriate services and care should occur.

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incident. Hospitals should also have plans in place for situations in which the victim's medical care is complete, but there is no caregiver or parent to accept the patient.

When faced with patients who decline the removal or surrender of clothing during the decontamination process due to cultural reasons, it is essential to handle the situation with sensitivity, a deep respect for cultural diversity, and a primary focus on safeguarding the health and safety of all individuals involved. Key considerations encompass establishing transparent communication with the patient, utilizing professional interpreters when language barriers arise, showcasing cultural competence through awareness and respect for the patient's cultural background, beliefs, and practices, educating the patient about the significance of decontamination and the potential risks associated with retaining contaminated clothing.

It is imperative to emphasize a commitment to preserving the patient's privacy and dignity throughout the process, presenting alternative solutions or compromises that address the patient's concerns while ensuring effective decontamination. Thoroughly documenting the patient's refusal and the provided reasons and involving infection control professionals or risk management as necessary are crucial components of managing these situations effectively.

Communications

Community messaging for evacuation and shelter-in-place orders begins with the Fire Chief of the authority having jurisdiction. These include messaging for evacuation/sheltering-in-place orders or where to seek care. Sample emergency messaging is located as attachments in the GDAHA WCO Situational Communication Plan.

Information about the specific agent, plume information, treatment protocol and other items for patient care will be coordinated with SMEs and communicated from the Incident Command/Unified command/EOC to the hospitals through the Regional Health Coordinator.

Sample messaging for public safety is included as attachments to GDAHA WCO Situational Communication Plan. These messages can assist agencies to clearly articulate to the public what they can and cannot do,

Using a Facility Situation report, as found in Juvare EM Resources and the WCO Communication's Plan, The Regional Healthcare Coordinator (RHC) or designee will collect information from the hospitals concerning the impact of the chemical/radiation incident on the hospitals and any identified needs. A regional situational awareness report template will be used to gather information from regional hospitals and other partners including other members of the Healthcare Coalition. Information gathered may include (in addition to available beds, ED Status, diversion status) resources needed, resources available, ability to receive patients from the incident, status of systems (water, electricity, internet, hospital records etc.), and other pertinent information as determined at the time of the incident to determine the severity and complexity of the incident.

The Regional Hospital Coordinator (RHC) and/or Regional Public Health Coordinator (RPHC) will engage the West Central Ohio Emergency Management Agencies representatives to distribute ongoing situational awareness reports. EMA will also continue to rely on local coalition communication and updates from healthcare coalition members. This information will then be shared among the HCC and the Ohio Department of Health (ODH). Information that will be collected can include the number of contaminated patients at hospitals, number of patients experiencing effects of high radiation (these are usually not immediate), the person's location to the event when it happened, lab results, any radionuclide identification (hospital to REAC/TS to ODH and/or ODH) and dose to individuals.

The HCC will meet virtually to maintain awareness of current conditions within the community to assist in managing surge activities and coordination of emergency response efforts. Chemical/Radiation SMEs will assist in prioritization of transfers. These SME's may be regional, state or federal SME's such as from REAC/TS. Just-in- Time Training (JITT) materials will be available at www.DaytonMMRS.org, or directly from Public Health Agencies. Utilizing the EMResources, web-based patient tracking and EMTrack, a family reunification system and, working with LHDs, American Red Cross, and coroner's offices, the HCC will develop and release information detailing procedures for obtaining information on missing loved ones, medical attention, food, water, and other supplies.

Jurisdictional Special Considerations

The WCO HCC engages in collaborative efforts with various jurisdictional levels during significant events, such as chemical surge incidents. Coordination within the WCO area encompasses neighboring counties in SW Ohio, NW Ohio, Central Ohio, and, when applicable, partners in Indiana. This collaboration extends to specific state agencies, including relevant ESF partners. Jurisdictional departments adhere to their internal SOP/SOG when requesting Mutual Aid. Furthermore, additional mutual aid is sought and provided through the Ohio Intrastate Mutual Aid Compact and other statewide agreements outlined in the Ohio Fire Chief's Association Emergency Response Plan

Several chemical preparedness coordination agencies would participate in a chemical response where applicable to the WCO region. They include:

Ohio Fire Chiefs Response Plan/IMAC and EMAC:
http://ohiofirechiefs.com/aws/OFCA/pt/sp/emergency_response
CDC/State of Ohio laboratory response network (LRN).
Environmental Protection Agency (EPA) – https://www.epa.gov/epcra/what-epcra
Additionally the following is a list of applicable Federal, State, and Local laws that apply to the development of this plan.
Federal

- Superfund Amendments and Reauthorization Act of 1986
- National Oil and Hazardous Materials Contingency Plan, 40CFR Part 300

• Title 49, Code of Federal Regulations, Parts 100-199
• Comprehensive Environmental Response, Compensation, and Liability Act of 1980
• Occupational Safety and Health Administration Standards
• Clean Water Act/Federal Water Pollution Control Act, PL95-2FI
• Hazardous Materials Transportation Uniform Safety Act, PL101-615
• Federal Hazardous Substances Act, PL97-414
• Solid Waste Disposal Act
• Oil Pollution Act 1990
• Clean Air Act 1990
• Resource Conservation and Recovery Act

State

• Ohio Administrative Code 3750-20 Emergency Planning
• Ohio Revised Code 2305.23.2 Good Samaritan Act
• Ohio Revised Code 3737.80 (Incident Command)
• Ohio Revised Code 3745.13 (Cost Recovery)
• Ohio Revised Code 3748 (Radiation Control Program)
• Ohio Revised Code 3750 (Hazardous Materials Emergency Planning)
• Ohio Revised Code 4921 & 4923 (Regulation of Motor Transportation Companies and Private Motor Carriers)
• Ohio Revised Code 5502 Emergency Management
• County specific "Emergency Planning and Community Right to Know"

Just-In-Time Training and Resources

Coalition specific training, exercises and evaluation efforts to improve response capabilities to a chemical incident scenario may include safety, decontamination, screening, and triage training as well as toxidrome recognition and treatment are coordinated though the county EMAs and State EMA. Please see Attachment 1 and Attachment 2.

Additional training and Just-In-Time Training (JITT) materials will be available at www.DaytonMMRS.org, or directly from Public Health Agencies. Additional links/ fact sheets and just-in-time training resources are listed below:

1. Ohio EMA
   https://ema.ohio.gov/prepare-respond/training-and-exercises/training/training-schedule/training-schedule
2. CDC Resources Chemical Fact Sheets:
   https://www.cdc.gov/chemicalemergencies/Chemical-factsheets.html
3. Chemicals by Category:
   https://www.cdc.gov/chemicalemergencies/hcp/chemicals-by-category.html

Training on the appropriate use of personal protective equipment (PPE), decontamination protocols, and ensuring the safety of decontamination team members is crucial for both pre-hospital and hospital personnel. Compliance with Occupational Safety and Health

Administration (OSHA) regulations and The Joint Commission standards is essential to maintain a safe and healthy work environment. Below are the general requirements and resources that can be considered for training in these areas:

1. OSHA Standards:
    - Familiarize personnel with relevant OSHA standards, particularly those related to respiratory protection (29 CFR 1910.134) and hazardous materials (29 CFR 1910.120).
    - Regularly check the OSHA website for updates and new guidelines.
2. The Joint Commission Standards:
    - Review and adhere to The Joint Commission standards related to infection prevention and control.
    - Stay informed about any updates or revisions to The Joint Commission standards.
    - Develop or participate in training programs that cover the proper use of PPE, decontamination protocols, and safety procedures.
    - Consider online courses, workshops, and hands-on training sessions.
    - Ensure training content includes information on types of PPE, when and how to use them, and their limitations.
    - Cover decontamination procedures, including both equipment and personnel decontamination.
    - Provide information on recognizing and responding to potential hazards.
    - Conduct regular simulations and drills to allow personnel to practice using PPE and decontamination procedures in realistic scenarios.
    - Include scenarios that address potential challenges and complications.
    - Provide access to resource materials such as manuals, guidelines, and instructional videos.
    - Distribute written protocols for quick reference.
    - Ensure that training is conducted by qualified instructors with expertise in PPE, decontamination, and safety protocols.
    - Encourage ongoing professional development for instructors.
    - Maintain detailed records of personnel training, including dates, topics covered, and participants.
    - Regularly review and update training records.
    - Regularly review and update training materials and protocols based on changes in OSHA standards or The Joint Commission requirements.
    - Incorporate feedback from training sessions to improve the effectiveness of future training.
    - Establish clear communication channels for reporting concerns, incidents, and improvements related to PPE use and decontamination.
    - Foster a culture of continuous improvement in safety practices.
    - Conduct periodic assessments to identify areas for improvement in PPE use and decontamination procedures.

- Collaborate with local health departments and other relevant agencies to stay informed about regional guidelines and best practices.

By implementing a comprehensive training program and staying abreast of OSHA and The Joint Commission standards, healthcare organizations can enhance the safety of pre-hospital and hospital personnel involved in PPE use and decontamination procedures.

It is recommended that agencies should keep hard copies or offline versions of just-in-time training during a response.

Legal Authorities

Each county in West Central Ohio county has a Local Emergency Planning Commission (LEPC) who exercises the powers and performs the duties delegated by the Superfund Amendments and Reauthorization Act (SARA) Title III, also known as Emergency Planning and Community Right-to-Know Act or EPCRA, and Chapter 3750 of the Ohio Revised Code.

These powers and duties enable the county LEPC to perform the following:

- Develop a comprehensive emergency response plan for the county.
- Receive and maintain a database of reports and chemical inventory information per SARA Title III.
- Receive and process requests for chemical inventory and emergency response information from the public.
- Establish procedures for providing public information.

With the information and reports received the LEPC will:

- Perform hazard analysis
- Build and maintain a database of hazardous material locations and quantities.
- Establish and maintain a computer system for hazardous material emergency responders.

These activities will be coordinated by the LEPC in cooperation and collaboration with the County's Emergency Management Agency (EMA), the county's Hazardous Material's team and a host of local citizens and businesses.

The obligation to report the release of hazardous materials lies with the owner or operator of a facility or vessel involved in the storage or transportation of such materials, and local jurisdictional response authorities have the corresponding authority. Releases of hazardous materials must be reported to the LEPC, jurisdictional fire department and Ohio EPA within 30 minutes of the release per Ohio administrative code 3750-25-25.

The chief of the fire department in this jurisdiction where the incident occurs is responsible for

primary coordination and emergency situations per ORC 3737.80. Additional authorities of the Fire Chief, including the authority to issue evacuation orders, detain individuals, and barricade emergency scenes can be found in ORC 1301-7-77-01. The decision to evacuate facilities such as hospitals or long-term care facilities is made by the jurisdictional Fire Chief. ORC 2917.13 states no person shall knowingly fail to obey the lawful order of any law enforcement officer engaged in the law enforcement officer's duties at the scene of or in connection with a fire, accident, disaster, riot, or emergency of any kind.

During public health emergencies or situations involving hazardous materials, authorities may have certain powers to protect public health and safety. However, these powers are typically subject to legal limitations and should be exercised within the bounds of the law. At times, an exception may be made to allow certain agencies such as Long-Term Care and hospitals to shelter in place instead of evacuating. Specific situation regarding the authority of first responders in cases of refusal of decontamination would be advisable to consult with legal professionals or relevant local authorities who can provide guidance based on the most current legal framework as the coalition itself does not have any legal authority.

This plan will be activated in phases as deemed necessary by the incident commander (IC). It is possible to implement the plan in part or full to accommodate various response activities.

Attachment 1 – Local Resources

West Central Ohio EMA's -
https://webeoctraining.dps.ohio.gov/ohiocountyEMADirectorList/countyemalist_web.aspx

EMA	Phone Number
Champaign County Office of Emergency Management	937-484-1642
Clark County Office of Emergency Management	937-521-2176
Darke County Office Of Homeland Security & Emergency Management	937-548-1444
Greene County Disaster Services	937-562-5994
Miami County Office of Emergency Management	740-472-2144
Montgomery County Office of Emergency Management	(937) 225-4357
Preble County Office of Emergency Management	937-456-1243
Shelby County Office of Emergency Management	937-492-5635

West Central Ohio Local Health Departments

https://odh.ohio.gov/find-local-health-districts

EMA	Phone Number
Champaign Health District	(937) 484-1605
Clark County Combined Health District	(937) 390-5600
Darke County General Health District	(937) 548-4196
Miami County Public Health	(937) 573-3500
Oakwood City Health Department	(937) 298-2122
Public Health - Dayton and Montgomery County	(937) 225-5700
Preble County Public Health	(937) 472-0087
Sidney-Shelby County Health Department	(937) 498-7249

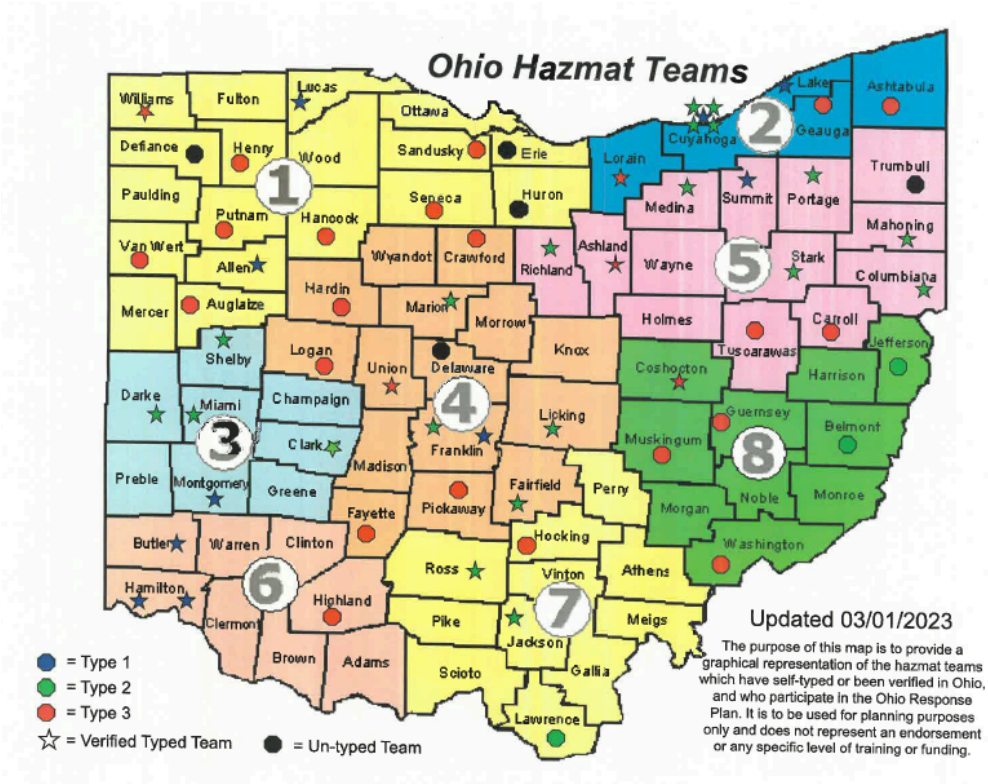
Attachment 2 – County Specific Information

LEPC	Information Officer and contact	Emergency Response Coordinator and contact	Water ways at risk for contamination due to chemical release	Does your county have water treatment plants that could be affected by a hazardous chemical release?
Champaign County LEPC	James Freeman 937-215-1889	James Freeman 937-215-1889	Darby Creek, Mad River	Yes
Clark County LEPC	David Perks 937-521-2177	Matt Smith 937-324-7632	Mad River, Buck Creek, Moore Run, Little Miami River, Gilroy's Ditch.	Maybe
Darke County	Kevin Subler 937-548-1444	Mindy Saylor 937-548-1444	Swamp Creek, Stillwater River, Greenville Creek, Bridge Creek, Mud Creek, West Branch Greenville Creek, Spring Branch Creek, Kraut Creek, Dismal Creek, South Fork Stillwater River, North Fork Stillwater River, Indian Creek, Harris Creek, Ballinger Run, Poplar Ditch, McQuay Ditch, Dividing Branch, East Fork Whitewater River, Lake Branch Ditch, Prairie Outlet, Bear Creek, Mile Creek, Wabash River, Mississinewa River	Maybe
Greene	Ethan Raby	Gary Rettig	Little Miami River, Mad	Maybe

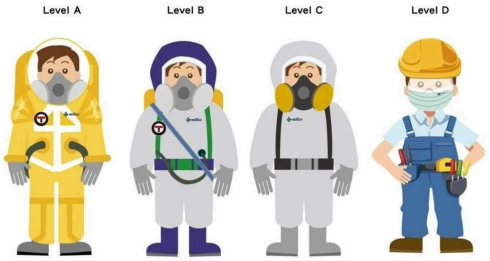
LEPC	Information Officer and contact	Emergency Response Coordinator and contact	Water ways at risk for contamination due to chemical release	Does your county have water treatment plants that could be affected by a hazardous chemical release?
County LEPC		937-266-2058	River, Little Sugarcreek	
Miami County LEPC	Jeffrey Lewis 937-332-8561	Joel Smith 937-332-8561	Stillwater River, Great Miami River, Lost Creek, Honey Creek, Greenville Creek, Painter Creek, Spring Creek, Mad River, Ludlow Creek.	Yes
Montgomery County LEPC	Nedra Elseser 937-224-8939	Gary Rettig 937-266-2058	Bear Creek, Browns Run, Brush Creek, Diehl Run, Drylick Run, Elk Creek, Garber Run, Great Miami River, Holes Creek, Lesley Run, Lick Run, Little Bear Creek, Little Beaver Creek, Little Twin Creek, Mad River, Mill Creek, Mud Creek, Poplar Creek, Spring Run, Stillwater River, Sugar Creek, Swamp Creek, Toms Run, Twin Creek, Wolf Creek, Wysong Run	No
Preble County LEPC	Heather Thomas - 937-456-1243	Suzy Cottingim - 937-533-0638	Elkhorn Creek (Whitewater River Tributary) Twin Creek Paint Creek	Yes

LEPC	Information Officer and contact	Emergency Response Coordinator and contact	Water ways at risk for contamination due to chemical release	Does your county have water treatment plants that could be affected by a hazardous chemical release?
Shelby County LEPC	Kristy Fryman - 937-726-1731	Kristy Fryman - 937-726-1731	Great Miami River	Yes

Attachment 3 - Ohio HazMat Teams



Attachment 4 – Types of PPE



LEVEL A ensemble includes positive pressure, full-facepiece self-contained breathing apparatus (SCBA), or positive pressure supplied-air respirator with escape SCBA, totally encapsulated chemical- and vapor-protective suit, inner chemical-resistant gloves, chemical-resistant safety boots, and two-way radio communication system. In-suit cooling systems, outer gloves, and hard hats are optional elements of this ensemble that are used based on the unique requirements of each situation.

- Level A protection is required when the greatest potential for exposure to hazards exists. This level provides the highest available level of respiratory, skin, and eye protection from solid, liquid, and gaseous chemicals.
- This ensemble is used when the hazards have been identified to pose a high level of threat to the skin, eyes, and respiratory system. For example, operations that are conducted in poorly ventilated areas and confined spaces require the use of level A protection.

Level B ensemble includes positive pressure, full-facepiece SCBA or positive pressure supplied-air respirator with escape SCBA, liquid splash-protective suit, inner chemical-resistant gloves, chemical-resistant safety boots, two-way radio communication system, and hard hat. The cooling system and outer gloves are optional elements of this ensemble.

- Level B protection is needed under circumstances that require the highest level of respiratory protection, but a lower level of skin protection is needed. This ensemble provides the same level of respiratory protection as Level A, but less skin protection. Level B provides liquid splash protection but does not safeguard against chemicals and vapors.
- This ensemble is used when chemicals have been identified and the primary hazards associated with site entry are in contact with liquids but not vapors.

Level C ensemble includes a full-facepiece, air-purifying, canister-equipped respirator, chemical-resistant gloves, and safety boots, a two-way communication system, and a hard hat. Face-shield and escape SCBA are optional elements of this ensemble.

- Level C protection is required when the concentration and type of airborne contaminants have been identified and the criteria for using air-purifying respirators are

met. This level provides the same level of skin protection as Level B (i.e. liquid splash protection but no chemical or vapor protection), but a lower level of respiratory protection. Level C ensembles are used when contact with contaminants on-site will not affect the skin.

- Most hazardous material sites are characterized by contaminants below OSHA's permissible exposure limits (PELs). This makes level C ensemble the most commonly used type of protection for cleanup and response efforts at such sites. However, level C HAZMAT suits are only suitable for atmospheres that contain at least 19.5% oxygen. Such ensembles are not acceptable for chemical emergency response.

Level D ensemble requires no respiratory protection and only minimal skin protection. The ensemble includes coveralls, safety boots/shoes, and safety glasses or chemical splash goggles. Gloves, escape SCBA, and face shields are optional elements of this ensemble.

- Level D protection is a simple work uniform affording minimal protection. This level of protection is used when the atmosphere contains no known hazard and work functions preclude splashes, immersion, the potential for inhalation, or direct contact with hazardous levels of chemicals.
- Level D HAZMAT suits are only suitable for atmospheres that contain at least 19.5% oxygen. Such ensembles are not acceptable for chemical emergency response.

Appendix A – Acronyms and Abbreviations

Acronym	Definition
AARIP	After Action Report Improvement Plan
ADAMHS	Alcohol, Drug and Mental Health Services
ASPR	Administration for Strategic Preparedness and Response
ATSDR	Agency for Toxic Substances and Disease Registry
BEHRP	Bureau of Environmental Health Radiation Program
CERT	Community Emergency Response Team
CMIST	Communication, Medical, Independence, Supervision, and Transportation
CMS	Centers for Medicare and Medicaid Services
CRC	Community Reception Center
CRT	Crisis Response Team
CST	Civilian Support Team
DRHMRT	Dayton Regional Hazardous Materials Response Team
EMA	Emergency Management Agency
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EPA	Environmental Protection Agency
ESF	Emergency Support Function
EHS	Extremely Hazardous Substance
GDAHA	Greater Dayton Area Hospital Association
GDAHIN	Greater Dayton Area Health Information Network
GMVEMS	Greater Miami Valley Emergency Medical System
HCC	Health Care Coalition
HHS	United States Department of Health and Human Services
HICS	Hospital Incident Command System

HMSAT	Hazardous Materials Safety Assistance Teams
HPP	Healthcare Preparedness Program
HPPC	Healthcare Preparedness Program Coordinator
HRSA	Health Resources and Services Administration
HVA	Hazard Vulnerability Assessment
IPP	Integrated Preparedness Plan
JIC	Joint Information Center
JITT	Just-In-Time-Training
LHD	Local Health Department
LEPC	Local Emergency Planning Committee
LPG	Liquid, petroleum, gaseline
MCI	Mass Casualty Incident
MOA	Memorandum of Agreement
MMRS	Metropolitan Medical Response System
MOU	Memorandum of Understanding
MYTEP	Multi-year Training and Exercise Plan
NAERG	Emergency Response Guidelines
NDMS	National Disaster Medical System
NIMS	National Incident Management System
NIOSH	National Institution Occupational Safety and Health
NOVA	National Organization for Victim Assistance
NTAS	National Terrorism Advisory System
NRC	National Response Center
ODH	Ohio Department of Health
OHSET	Ohio Hazardous Substance Emergency Team
OHM-EEM Ohio	Ohio Hazardous Materials Exercise and Evaluation Manual

Hazardous Materials Exercise and Evaluation Manual (	
OPHCS	Ohio Public Health Communication System
ORC	Ohio Revised Code
OSHA	Occupational Safety and Health Administration
PHDMC	Public Health - Dayton & Montgomery County
PHEP	Public Health Emergency Preparedness
POC	Point of Contact
PPE	Personal Protective Equipment
RAPTA	Regional Air Pollution Control Agency
RHC	Regional Healthcare Coordinator
RHNS	Regional Hospital Notification System
RMRS	Regional Medical Response System
RPHC	Regional Public Health Coordinator
SALT	Sort, Assess, Life-Saving Intervention, Treatment/Transport
SARA	Superfund Amendments and Reauthorization Act
SDS	Safety Data Sheets
SERC	State Emergency Response Commission
SOG	Standard Operation Guidelines
SNS	Strategic National Stockpile
TEP	Training and Exercise Plan
TRACIE	Technical Resources, Assistance Center, and Information Exchange
WCO	West Central Ohio