



Public Health
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Franklin County Health Department



Franklin County Health Department *All Hazards Plan*

January 23, 2018

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Franklin County Health Department
All Hazards Plan

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Franklin County Health Department
All Hazards Plan

Title	References	Identifier	Revision
Overview (B)	Internal Control Policy Manual Emergency Resource Inventory List (ERIL) NIMS Policy	Goal 1: B1- B8 PHAB 5.4.2 g	2018



PURPOSE

The All Hazards Plan has been developed to direct response, mitigation and recovery operations for employees of the Franklin County Health Department (FCHD).

ASSUMPTION

FCHD's All Hazards Plan establishes necessary guidelines, policy and protocol needed to respond to both manmade and natural disasters that may occur in Franklin County Kentucky. The content of this plan provides operational assumptions, concepts of operation and standard operating guidelines that will be utilized by FCHD staff to continue to perform essential services under emergency conditions. It will be the responsibility of each employee to become familiar with this plan and the Federal Response Plan used to prepare for and respond to natural disasters, disease outbreaks, or incidents of bioterrorism. This plan will ensure that FCHD will integrate its activities with the Frankfort/Franklin County Office of Emergency Management along with state and federal agencies.

Franklin County is located in the state emergency management region 5 which includes the additional counties of Trimble, Oldham, Henry, Shelby, Spencer, Anderson, Washington, Mercer, Marion and Boyle. Mutual aid during an emergency will be coordinated by the state regional emergency manager and the state emergency operations center.

PROCEDURE

FCHD has utilized the criteria from the Project Public Health Ready program to develop an inclusive All Hazards plan. A planning committee, also known as the Emergency Management Team, was formed to address the criteria and document that all aspect of emergency response and recovery are included in the plan. The planning committee consists of the following positions:

- Public Health Director Preparedness
- Coordinator Director of Nursing
- Environmental
- Community Health Education Specialist
- Office Manager

The FCHD will use the National Incident Management System (NIMS) to coordinate disaster responses. NIMS, is a standardized incident management system used by emergency response agencies nationwide. The local Emergency Management Director has been designated by the County Judge Executive with the authority to coordinate county-wide emergency operations. Under the NIMS, incident management the manager may use either a single command structure or a unified command structure, as deemed appropriate. Each employee and volunteer will be provided training on NIMS. The NIMS policy is linked to this plan.

Frankfort/ Franklin County Office of Emergency Management has established a County Emergency Operations Plan (EOP) that describes the mission, scope, situation, and concept of operations for local government preparation and response. Annexes to the County EOP expand upon the concept of operations contained within the EOP's Basic Plan. The functional Annexes and their Appendices or Tabs provide additional details. The Emergency Resource Inventory Listing (ERIL) specifies, by operational function, resources available in the county to support response efforts. The county EOP plan follows a statewide template modified to reflect vulnerabilities and resources. A hard copy of the FCHD All Hazards plan will be maintained in each facility for inspection. Additional copies will be electronically maintained and a copy will be made available to each manager on a flash drive for immediate access during an emergency. All staff will be made aware of the location of the plan in annual staff training. Location of hospitals, clinics and community health centers will be linked in this plan in the **Emergency Resource Inventory List (ERIL)**.

Franklin County Health Department All Hazards Plan			
Title	References	Identifier	Revision
Up-date Cycle (C)		Goal 1: C1- C2 PHAB 5.4.2 g	2018



PURPOSE

The Franklin County Health Department (FCHD) shall continuously review the All Hazards Plan to up-date; make corrections and additions to the plan to insure that the staff will have the necessary information and guidance to conduct a successful emergency responce.

ASSUMPTION

The FCHD All Hazards Plan, including all updates, shall remain in effect from the date it is approved by the Franklin County Board of Health.

PROCEDURE

The Emergency Management Team will meet once a year to review and make revisions to the plan based upon exercises, real world events, After Action Reports (AAR) and any emerging public health issues or trends. They will submit any up-dates or changes to FCHD as needed for review. FCHD will participate with the Local Emergency Planning Committee (LEPC) and the Frankfort/ Franklin County Office of Emergency Management to ensure that the plan conforms and complements the local emergency operations plan.

Franklin County Health Department All Hazards Plan			
Title	References	Identifier	Revision
Authority (D)	Kentucky Revised Statutes	Goal 1: D1-D4	2018



AUTHORITY AND ACKNOWLEDGEMENTS

The FCHD All Hazards Plan is based upon:

- Presidential Executive Order 11795
- Homeland Security Presidential Directive #3, #5, #8 and #9
- Governor of Kentucky Executive Order 96-1120
- Public Law 81-920, 88-352, 91-190, 91-606, 91-616, 91-646, 92-255, 92-385, 93-234, 93-288, 93-523, 94-68, 96-511,100-707, 101-121, 107-296
- Homeland Security Act of 2002
- Kentucky Revised Statutes Chapter 39A through 39
- Kentucky Revised Statute Chapter 214

FCHD is a participant in the Local Emergency Planning Committee (L.E.P.C.) and works with state and local partners in the preparation of the All Hazards Plan.

Franklin County Health Department All Hazards Plan			
Title	References	Identifier	Revision
Situation and Assumptions (E)	KY Emergency Operations Plan Franklin Co. Operations Plan	Goal 1: E1-E.4 PHAB 2.2.1 B	2018



PURPOSE

The purpose of this plan is to identify common risk and hazards for Franklin County that may impact the community.

ASSUMPTION

The Franklin County Health Department (FCHD) All Hazards Plan may be activated whenever an hazard may cause the declaration of an emergency situation that may impact the health and safety of the community.

The following hazards, or threats, have been identified for Franklin County based upon on the Kentucky Hazard analysis and identified by the Kentucky Emergency Managment. has been base on the Kentucky Hazard analysis identified by the Kentucky Emergency Management:

1. Floods
2. Tornadoes
3. Severe Weather
 - a. Remnants of Hurricanes or Tropical Storms
 - b. Thunderstorms
 - c. Winter Storms (ice and snow)
 - d. Hail Storms
4. Earthquakes
5. Forest Fires/Wild Fires
6. Transportation Accidents
7. Energy-Related Hazards (and Power Shortages /Outages)
8. Water Shortages/Droughts
9. Nuclear/Conventional/WMD/Terrorist Attacks
10. Dam Failures
11. Droughts
12. Animal/Plant Diseases
13. Epidemiological Outbreaks

Floods

Floods are probably the most common hazard to affect the state. Major flooding occurs within the state almost every year, and usually there are several floods within the course of a year. Significant floods occurred in 1973, 1975, 1977, 1978, 1979, 1982, 1984, 1989, 1991, 1997, 2001, 2002, 2003, 2009 and 2010. Franklin County is dissected by the Kentucky River which has experienced flooding in each of the years previously mentioned.

Tornadoes

Tornadoes may occur in any part of the state at any time of year. However, the western and central portions have been more frequently struck, and the months of March, April and May seem to have the most severe tornadoes. Franklin County was struck with a devastating tornado April 4, 1974 and experiences potential threats occurring each year.

**Severe Weather
Hurricanes**

Kentucky does not lie within the hurricane zone of the U.S.; however, hurricanes frequently follow a northeasterly path that takes them across our state. These passing “cyclones” may produce excessively heavy amounts of rainfall, resulting in flash flooding or they may spawn deadly

tornadoes. In February 2009, remnants of hurricane Gustav caused damage to homes and property in Franklin County.

Thunderstorms

Thunderstorms are quite frequent in our state. They normally produce little damage and few, if any, fatalities; however, a severe thunderstorm may be accompanied by strong winds, hail or other phenomena, which can produce considerable damage to buildings and crops.

Hailstorms cause more dollar damage than any other type of windstorm.

Lightning is the most deadly phenomenon associated with thunderstorms, resulting in numerous deaths each year.

Additionally, thunderstorm conditions favor the formation of tornadoes, adding significantly to the hazard potential of these locally severe storms.

Winter Storms

Due to its mild, temperate climate, Kentucky and Franklin County have experienced few severe winter storms. Occasionally, ice and/or snowstorms do occur, but they are commonly light and of short duration. Rarely does snow accumulate to depths greater that three (3) or four (4) inches. Our most severe winter weather conditions normally occur during the months of January and February. The most severe recent winters occurred in 1976-77, 1977-78, 1978-79 and 1993-94, while record low temperatures were reached in the winter of 1983-84, 1984-85 and 1993-94. During the winter of 2004/2005 isolated snow and ice storms hampered transportation movement over Kentucky’s highways. In 2009 an ice storm caused widespread damage and power outages throughout Central and Western Kentucky. In 2015, Franklin County had declared emergencies for a Winter Storm and Flooding.

Earthquakes

Kentucky has not experienced an earthquake of major proportions since 1812. However, this violent form of natural disaster poses a great hazard to certain regions of the State, in particular the Jackson Purchase region in Western Kentucky and the extreme southeastern section of the state.

Geologic faulting in the Jackson Purchase region makes this a high “seismic risk” zone, with the potential for an earthquake which could literally wipe out certain of the region’s urban centers, and quite probably produce considerable damage to other areas of the state. An earthquake on the scale of the New Madrid Quakes of 1811-1812 (a Modified Mercalli Scale of VII or VIII) can be projected to cause damage as far away as Louisville and Lexington.

There have been numerous tremors over the years, to serve as reminders of this threat, while a significant earthquake occurred in north-central Kentucky in 1980 any major earthquake is expected to cause other problems such as releases of hazardous materials, dam failures, road and bridge failure and debris management.

Forest Fires/Wild Fires

Forest and wild fires can threaten Franklin County especially when dry and drought conditions persist during the late summer and fall months.

Transportation Accidents

These are one of the constant hazards to affect Franklin County. They occur daily, throughout the county. They most commonly take the form of motor vehicle collisions involving two or more cars, objects, or persons. Franklin County has a major east west interstate and several major U.S. highways that cross the county. Often, tractor trailers carrying dangerous chemicals, that can be harmful to people and the environment, are involved in crashes causing a hazardous materials incident.

Franklin County has a major rail line crossing the county. Rail accidents have the potential to become major incidents. Air and water accidents are less frequent, but they do occur.

Energy Hazards
Petroleum and Natural Gas

The movement and flow of energy (primarily petroleum and natural gas) throughout our state present us with several potentially hazardous situations. Most of these are concerned with transportation of natural gas and petroleum products across the state and county. The hazard threat produced by accidental rupture of a gas-laden tank truck or rail car can be particularly dangerous and disruptive.

Electrical Hazards

Electrical transmission within the state creates some additional energy hazards. Rupture or breakage of transmission lines is probably the most common hazard; this may result in structural fires or loss of life. Additionally, death or injury from electrocution can result.

Probably the greatest hazard is associated with electrical generation arising from the release of environmentally polluting combustion products and large quantities of heat that must be disposed of. These waste products possess the potential for contamination of a community’s water supply and atmospheric pollution. They may pose a threat to the state’s wildlife and natural resources, as well as to the health and well-being of its inhabitants.

Power Shortages/Outages

Power outages due to storm or weather disruptions can have a tremendous impact on the citizens of Franklin County. In January 2011 a major transmission line failed leaving several counties without power including Franklin.

Drought/Water Shortages

Due to the states ample water resources (surface and ground water), it rarely experiences severe periods of drought or water shortage.

Occasionally, drought conditions do occur in the county, but they are usually short-lived.

Terrorism/War

According to the U.S. Department of Defense and the Department of Homeland Security various facilities that might be targets for enemies of the United States have been identified.

Possible targets in Franklin County include transportation corridors, communications systems, historical sites, government centers, industrial plants, National Guard facilities and agricultural production sites.

Dam Failure

Franklin County is downstream from the privately owned Dix Dam located in Mercer County. While Kentucky has numerous dams that are owned by both government and private individuals, and constructed of concrete, earth, or a mixture of these two, all recorded dam failures have involved private earthen dams. These dams normally fail due to a severe rain that causes the water contained by the dam to flow over the dam and eat away the earthen embankment, leading to loss of the integrity of the dam face. These failed earthen dams generally hold back mine run off waters.

Animal Diseases

In 2002 and 2005 the thoroughbred horse industry had quarantines placed on movement of horses due to disease outbreaks within portions of the horse herd. Franklin County is centered in the horse region of Kentucky with several major horse farms residing in or adjacent to Franklin County.

Epidemiological Outbreak

Kentucky, throughout its history, has experienced epidemiological outbreaks of various diseases that have killed its citizens. These diseases have included influenza, small pox, tuberculosis, AIDS, cholera, polio, typhus, and others. During the winter of 1917/1918 numerous Kentuckians died of the Spanish Flu. Throughout the 1980s and 1990s flu outbreaks have closed schools, filled hospitals, and killed the elderly and sick. Most recently county health officials dealt with a widespread outbreak of the H1N1 influenza virus.

PROCEDURE

FCHD may be called upon to provide assistance in an array of natural and manmade disasters that affect the environmental health and well-being of the community. The department stands ready to assist state and local emergency managers protect the health and safety of citizens. It will be the policy of FCHD to provide the following services:

- Provide a trained and ready health workforce that can perform during declared health emergencies.
- Provide disease surveillance during wide spread outbreaks.
- Receive and distribute Strategic National Stockpiles assets during and emergency.
- Establish and organize mass immunization clinics for rapid dispensing medications.
- Serve as local subject matter experts concerning health matters for local officials.
- Assist in managing Special Medical Needs Shelters for vulnerable citizens.
- Serve as a liaison for laboratory services.
- Provide environmental services for the detection of disease.



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Health Department

Franklin County Health Department
All Hazards Plan

Title	References	Identifier	Revision
Activation (F)	KRS 39A KRS 214	Goal 1: F1-F2 PHAB 5.4.2 F PHAB 2.2.1 E	2018



PURPOSE

The plan has been developed to delineate the criteria that will prompt the activation of the FCHD’s All Hazards Plan.

ASSUMPTIONS

The All Hazards Plan shall be activated when either the level of threat from manmade or natural disasters, bioterrorist incident or a disease outbreak rises to the level that would alter the normal operations of the health department in the response, mitigation or recovery from the event.

PROCEDURE

The Director (or designee) shall activate the FCHD All Hazards Plan whenever the following circumstances or request for assistance deems that conditions exist that may impact the health and safety of citizens.

- The Director has determined that the plan shall be activated or,
- Request for assistance from:
 - ◊ Franklin County Judge Executive or the Mayor of the City of Frankfort
 - ◊ The Director of the Frankfort/ Franklin County Office of Emergency Management
 - ◊ The Chief of the Frankfort Police Department, Franklin County Sheriff or the Post Commander of Kentucky State Police (KSP) Post 12
 - ◊ Chief of the Frankfort Fire/ EMS or Franklin County Fire Department
 - ◊ Region 15 HazMat Team
- The declaration of a public health disaster by the Commissioner of the Kentucky Department for Public Health (KDPH)
- Disaster declaration within the state by the Governor of Kentucky or the President of the United States
- Any disaster or other situation which, in the judgment of the Franklin County Director of Public Health constitutes a threat to the public’s health, regardless of whether a major disaster has been declared or if local authorities have requested assistance from t FCHD.

Pursuant to KRS Chapter 39, The Franklin County Judge Executive shall initiate a disaster declaration for Franklin County and any request for state assistance will be transmitted to the Kentucky Emergency Management. In Franklin County, all disaster response planning and coordination has been delegated to the Director of the Frankfort/ Franklin County Office of Emergency Management. The Emergency Operations Center (EOC) may become operational at their discretion. The location of the **Franklin County Emergency Operations Center** is:

Frankfort Public Safety Center
Third Floor
314 West 2nd Street
Frankfort, KY 40601
502-352-2064

The Commissioner for KDPH shall declare a state health emergency whenever there are reports of a widespread disease outbreaks or incidents of bioterrorism. The DPH will provide a guidance to local health departments, disease surveillance and laboratory analysis. Notifications and alerts will be generated by using the Health Alert Network. The Commissioner may activate the department’s operation center to coordinate activities between the department and local health departments. The **State Health Operations Center (SHOC)** is located at:

Health Services Building
275 East Main Street
Frankfort, KY 40621
502-564-5905
CHFSDPH@KY.GOV

The Director of the FCHD may open the **Departmental Operation Center (DOC)** if there is a need for an incident command structure within the department to facilitate disaster response. Notification and request for staffing will be made utilizing the Health Alert Network (HAN). Specific instructions will be provided at a situational briefing. The **FCHD DOC Operations Standard Operating Guldellnes (SOG)** is linked to this plan. FCHD DOC will be located at:

Public Health Center
PHC Conference Room
851 East/ West Connector
Frankfort, KY 40601
502-564-9336

The following Emergency Support Functions will be utilized for staffing of the Emergency Operations Center in Franklin County. Representatives with command level authority from their agency will staff the EOC in order to share capabilities and assign task and carry out missions. The County Judge Executive (Designee) will oversee the overall operations and disaster response

Emergency Service Function	Responsibilities	Agency
ESF # 1- Transportation	Transportation Safety Recovery of Transportation infrastructure	KY Transportation Cabinet Frankfort Street Dept. Franklin Co. Road Dept.
ESF #2 - Communications	Telecommunications and information technology	Frankfort Plant Board E911-Dispatch
ESF #3 - Public Works and Engineering	Infrastructure protection and restoration	Planning and zoning
ESF #4 - Firefighting	Rural and urban firefighting operations	Frankfort Fire/EMS Franklin Co. Fire and Rescue
ESF #5 - Emergency Management	Incident Management	Frankfort/Franklin County Office of Emergency Management
ESF #6 - Mass Care, Emergency Assistance, Housing, and Human services	Mass care, Disaster housing, humans services	Frankfort Fire/EMS Frankfort Regional Medical Center American Red Cross
ESF # 7 - Logistics Management and Resource Support	Incident logistics planning, management, resource support	Frankfort/Franklin Co. Office of Emergency Management
ESF# 8 - Public Health and Medical Services	Public Health, Medical, Mental Health, Mass Fatalities Management	Franklin Co. Health Department Frankfort Fire/EMS Franklin Co. Coroner
ESF #9 - Search and Rescue	Search and Rescue Operations	Frankfort/Franklin Co. Office of Emergency Management Frankfort and Franklin Co. Fire Departments
ESF# 10 - Oil and Hazardous Materials Response	Oil and hazardous Materials Response, Environmental clean-up	KY Environmental Protection Cabinet Frankfort Fire/EMS Franklin Co. Fire and Rescue
ESF # 11 - Agriculture and Natural Resources	Food Safety, Animal and plant disease and pest response, Safety and Well-being of pets	Franklin Co. Health Dept. Franklin County Humane Society
ESF # 12 - Energy	Energy infrastructure assessment, repair, and restoration	Frankfort Plant Board Kentucky Utilities Bluegrass Energy
ESF #13 - Public Safety and Security	Security Planning, Support to access, traffic and crowd control	Frankfort Police Department Franklin Co. Sheriff Kentucky State Police
ESF # 14 - Long Term Community Recovery	Community impact assessment, Community Recovery Assistance, mitigation implementation	Frankfort/Franklin Co. Office of Emergency Management County Judge Executive Mayor
ESF #15 - External Affairs	Emergency Public Information, Media and Community Relations,	Frankfort/Franklin Co. Office of Emergency Management County Judge Executive Mayor City of Frankfort

The response to any incident will be predicated on the dangers posed to the public and the geographic area that may be affected by the event. The extent and level of response will be made through collaboration by the first responding agencies and the Frankfort/ Franklin County Office of Emergency Management. Agencies with statutory authority or who are subject matter experts for the particular response will serve as the lead agency. Other agencies will augment the response when requested.



Public Health
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**Franklin County Health Department
All Hazards Plan**

Title	References	Identifier	Revision
Concept of Operation (G)		Goal 1: G1-G7	2018



PURPOSE

FCHD will serve as primary response agency for disease outbreaks and incidents of bioterrorism. For other manmade or natural disasters, FCHD will support other responders within the capabilities of the department.

ASSUMPTION

The population at risk in Franklin County is approximately 48,968 based upon 2010 U.S. Census. The population is divided into the following categories by race or national origin: 87% white, 10.3% Black, 0.2% American Indian, 1.0% Asian and 2.3% Hispanic or Latino. The U.S. Postal service has 15 rural routes in the county (9,000) and 27 routes within the city limits (16,000) serving a total of 25,000 households. The daily population increases with the influx of state government workers traveling to Frankfort to their work sites. The population will also increase during the fall and winter when Kentucky State University (KSU) is in session. KSU have 3,000 students currently enrolled in classes at the University and 1,000 staff on campus.

PROCEDURE

The Commissioner for KDPH may recommend to the Governor to issue an emergency declaration declaring a public health emergency when a disease outbreak or bioterrorism incident occurs that threatens the health and welfare of Kentucky citizens.

The County Judge Executive may declare a local emergency declaration to address health issues in Franklin County. It will be the role of the FCHD health director to advise community leaders concerning disease countermeasures and activate the health and medical community to address the threat. The Judge Executive may request medical assets from the Centers for Disease Control and Prevention if the county’s supplies of medical equipment or medications run low. It will be the role of FCHD to serve as the local coordinator for securing medical assets from the Strategic National Stockpiles (SNS) and organizing mass dispensing campaigns. FCHD will coordinate with local health care providers to lessen the impact of disease outbreaks and plan to address medical surge and special needs sheltering.

- During an emergency, the Director (Designee) will represent the department at the Franklin County Emergency Operations Center (EOC). This representative will be responsible for advising response partners about health concerns and issues, coordinating responses with partners and serving as a liaison between the department operations center and the EOC.
- FCHD Community Health Team will serve as the public information officers during the emergency. The team will coordinate their activities with the Joint Information Center (JIC) to ensure that the messages disseminated to the public are accurate and spoken with “one voice”. They will develop messages for outreach to special needs and vulnerable populations.
- After local resources are depleted, a request for medical assistance will be forwarded to the County EOC. In a Bioterrorism incident involving anthrax or other nerve agents, medications will be dispensed within 48 hours in the following manner upon arrival of SNS assets.

- Employee Points of Dispensing (POD) clinics will be utilized on-site at the location of the County’s largest employers under the supervision of FCHD. This strategy will lessen the number of people receiving medication in a public POD.
- Drive thru clinics will be utilized as a primary method of dispensing medications to three pre-selected sites. This method is chosen to enhance social distancing and to expedite dispensing.
- Distribution of medications for a family will be released to the Head-of-Households for relatives living in the same home. For planning purposes, 2.75 will used to calculate the number per household.
- Basic information such as name and address shall be verified by government issued identification prior to dispensing medications.
- Unaccompanied minors over the age of 16 may receive medications upon review by the POD manager.
- Out-of-county residents will not be denied medications if the stockpiles of supplies are sufficient or they are included in the large business employee point of dispensing program. For planning purposes, non-residents attending Kentucky State University will be considered residents of Franklin County and will be administered medications in a closed POD.
- Employees of Kentucky State Government commuting to Franklin County will be encouraged to receive medications in their county of residence. Plans for prophylaxis of essential governmental employees will be coordinated through KDPH.
- The Franklin County Jail staff and their daily populations will be included into the County’s prophylaxis population.
- Upon any activation of the FCHD Emergency Operation All Hazard Plan (or any other response plan within FCHD including Pandemic Flu, COOP, SNS, etc.) due to situations/cluster evaluation results, etc. as listed above in section E – situations and assumptions (page 6) to monitor/evaluate that may initiate plan activation or in section F – Activation (page 11) of FCHD Emergency Operation All Hazards plan, an After Action Report (AAR) must be completed to address what aspects of the plan(s) were effective and what aspects require updating or changing.

AAR Protocols:

- An AAR and Improvement Plan will be completed 60 days after any All Hazards event. Must be completed by the personnel involved in the event.
- An AAR is to be used as an evaluation of an incident or project in order to improve performance by sustaining strengths and correcting weaknesses.
- An AAR should encourage input from participants that is focused on:
 - What was planned
 - What actually happened
 - Why it happened
 - What can be done in the future
- FCHD will utilize KPDH AAR template
- AAR's will be shared with KDPH, internal FCHD staff and any other local, state or national response partners.
- Annual plan revisions will include AAR results - both building upon strengths and addressed areas for improvement.

**Franklin County Health Department
All Hazards Plan**

Title	References	Identifier	Revision
Staff Roles (H)		Goal 1: H1-H4 PHAB 5.4.2 C	2018



PURPOSE

The plan will delineate the role that personnel from FCHD will play in incident response.

ASSUMPTIONS

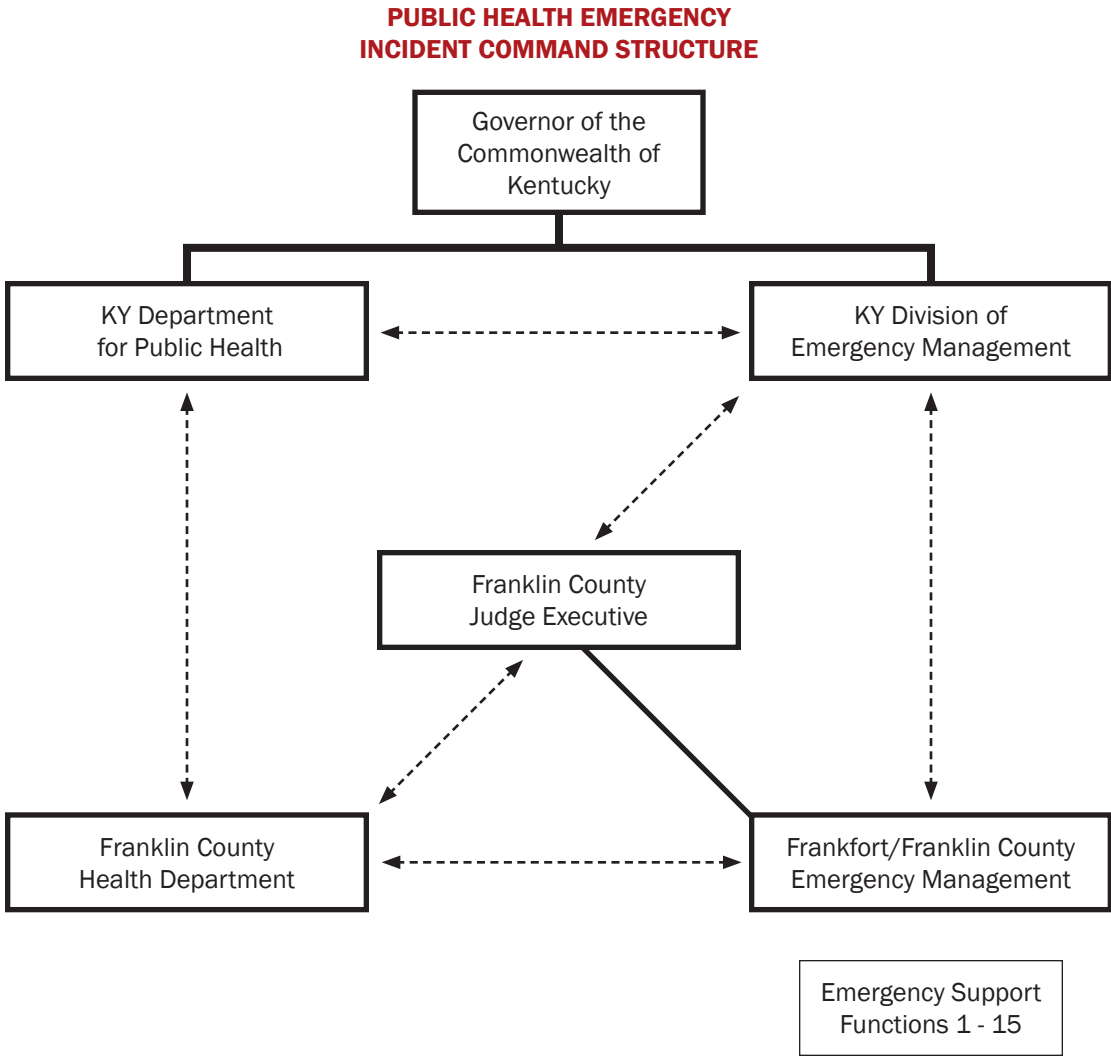
FCHD has adopted and is a partner with Franklin County response agencies in utilizing the framework of the National Incident Management System (NIMS). The county Emergency Response Plan has organized response agencies by Emergency Support Functions (ESF) and FCHD is a primary partner in ESF 8, Public Health and Medical Services. The department is responsible for the coordination

activities involving public health, medical, mental health services and mass fatality management planning and response.

Both the county Emergency Operations Center and the health department’s Operation Center uses the Incident Command System (ICS) to assign tasks, plan and support operations during an emergency.

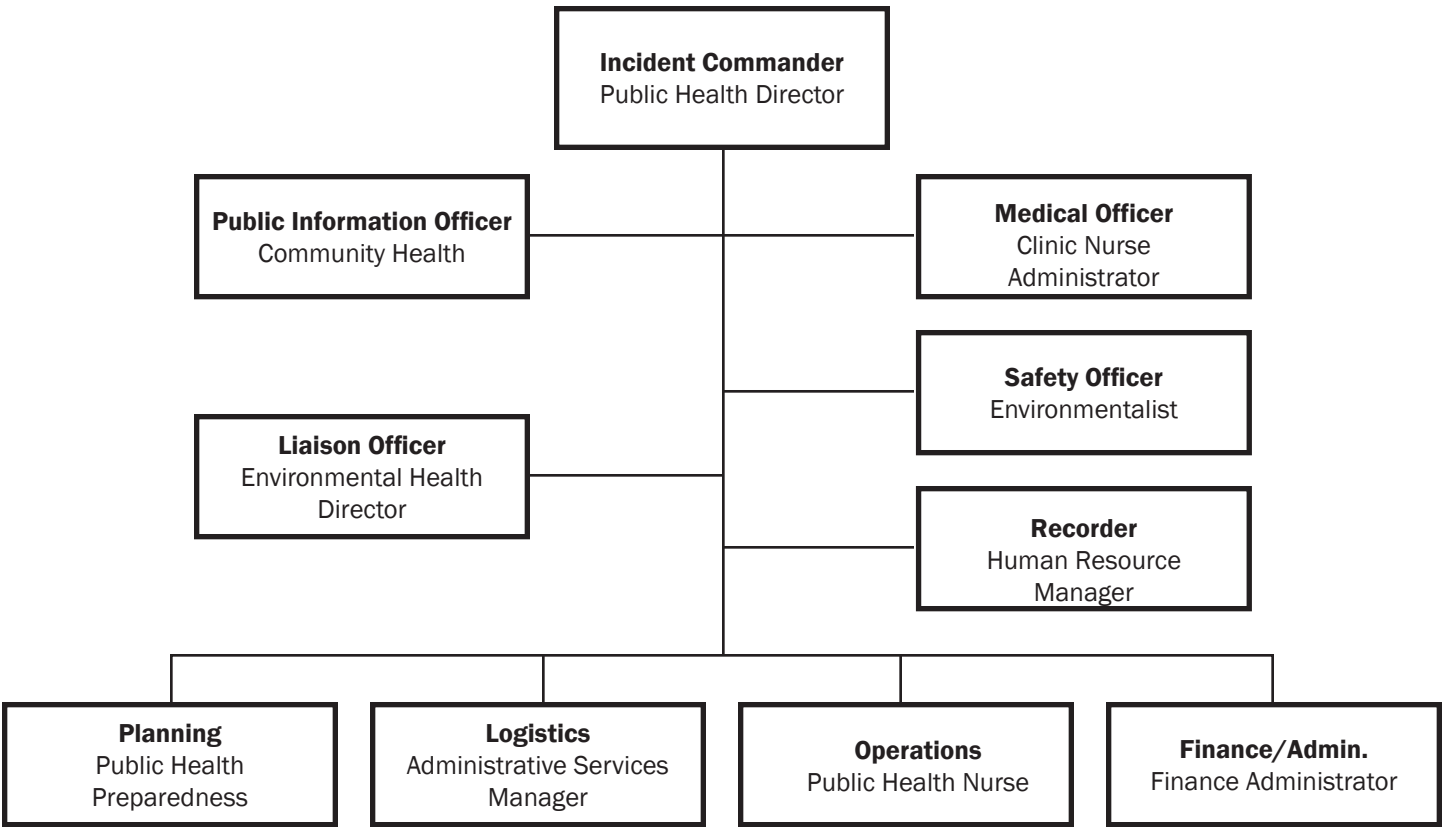
PROCEDURES

The following diagram demonstrates the ICS organization and staffing structure for FCHD:



Lines of Authority —————
Lines of Communication - - - - -

FCHD INCIDENT COMMAND STRUCTURE



Incident Commander

The Incident Commander for FCHD is the Public Health Director. The Director will be responsible for all aspects of a response to a public health emergency. The responsibilities include developing incident objectives, managing all incident operations, assigning of resources and staff. The role of Incident Commander may be delegated to a qualified subordinate if the Public Health Director is not available. It will be the responsibility of the Incident Commander to execute the All Hazards Plan.

If multiple agencies are involved in a response, the principle of Unity of Command will be utilized by the County Emergency Operation Center to ensure proper coordination of task and assignments. The Public Health Director will coordinate with the Director of Emergency Management in making operational decisions and requests for assistance from partner agencies for the health department. The Director will have direct command and control over health department personnel.

The Public Health Director will direct both command and general staff in carrying out the operations of the department during an emergency.

COMMAND STAFF

The command staff will be composed of the following positions:

Public Information Officer

The Public Information Officer serves as the conduit for information to internal and external stakeholders, including the media or other organizations seeking information directly from the incident or event.

Liaison Officer

A Liaison Officer serves as the primary contact for supporting agencies assisting in the event.

Medical Officer

The Medical Officer establishes policy, protocol and practices for the dispensing of medications.

Safety Officer

The Safety Officer monitors safety conditions and develops measures for assuring the safety of all assigned personnel.

Recorder

The Recorder is responsible for maintaining a command log of situations, decisions, assignments and tasks completed.

GENERAL STAFF

Planning Section Chief

The Planning Section Chief is tasked with the collection and display of incident information, primarily consisting of the status of all resources and overall status of the incident.

Logistic Section Chief

The Logistic Section Chief is tasked with providing all resources, services, and support required by the incident.

Operations Section Chief

The Operations Section Chief is tasked with directing all actions to meet the incident objectives.

Finance/Administration Section Chief

The Finance/Administration Section Chief is tasked with tracking incident related costs, personnel records, requisitions, and administering procurement contracts required by Logistics.

FCHD STAFF ICS POSITION

POSITION	TITLE
Incident Commander	Director
Public Information Officer	Public Health Services Manager
Liaison Officer	Environmental Health Manager
Medical Officer	Clinic Nurse Administrator
Safety Officer	Health Environmentalist III
Recorder	Administrative Specialist
Planning Section Chief	Preparedness Coordinator
Logistics Section Chief	Administrative Services Manager
Operations Section Chief	Public Nurse
Finance/Administration Section Chief	Finance Administrator

In the event of any emergency, the Director may activate the necessary command or general staff necessary to adequately address the operational objectives established to respond to the incident.

Upon activation of the County Emergency Operations Center, the Planning Section Chief will serve as the Health Department Representative and liaison between the EOC and the Director. The Director will be kept up-to-date on changing events and calls for assistance.

The Logistic Section Chief will be tasked with the responsibility of notification and assembly of the necessary staff and volunteers. The Health Alert Network and department telephone trees will be utilized to make the appropriate notifications. The employees will be notified of a time and place to assemble and the person to report to for job assignments. Employees will be provided a situational briefing and job action sheets.



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Franklin County Health Department
All Hazards Plan

Title	References	Identifier	Revision
Agency Communications (I)	HAN User Manual	Goal1: I1- I7 PHAB 5.4.2 d	2018



PURPOSE

The FCHD has developed a communications plan to keep the public and employees informed during declared public health emergencies.

ASSUMPTION

Upon determination that an emergency exists, the Public Health Director may execute FCHD Risk Communication Plan to notify employees of a change in operational status, to provide situational briefings and to direct emergency staff assignments.

PROCEDURE

The Frankfort Emergency 911 Center acts as the 24/7 answering point for FCHD allowing access by the public to the department’s emergency response staff. The center’s dispatchers will notify the Public Health Director of all hazards requiring a public health response.

The Director will determine the level of notification and whether to alert, place on standby or have employees to assemble for assignment. The ICS structure will be activated.

The Director will direct the Administrative Services Manager or the Preparedness Coordinator to begin staff notifications using the Health Alert Network and the employee telephone tree. Each manager and supervisor has been provided a number of employees to notify in an emergency. Each employee will be provided a brief description of the emergency, where to assemble and what they need to bring with them to perform their assigned task.

Health Alert Network

The Health Alert Network (HAN) is CDC mandated as part of Public Health Preparedness and Response for Bioterrorism.

It is a web based application that provides two vital functions:

- 1. Public Health Alerting
- 2. Documentation Collaboration

The application provides the ability for alerting local public health personnel and local public health partners to a federal, state or community public health emergency (high), public health advisory (medium) or public health update (low). The system can simultaneously send a notification to a person’s email, cell phone, pager, office phone, home phone, home email etc. up to five (5) devices for each type (high, medium, low) of alert.

The application provides a role-based directory, which allows for a personnel change in a role, and the ability for one person to have multiple roles in the public health directory. There are also news and information links, a library of documents that may be utilized for information sharing, security and version control, a collaboration tool, which will allow for discussion topics and threads among established organizational units, and a link available to other web-based applications.

The application administration is distributed throughout the Commonwealth. All HAN Administrators (Public Health Preparedness Planners) have been given individual training and will continue to add users to the system in their jurisdiction. Currently, there are approximately 2,000 user accounts on the system. Support and training for these users are also provided at the state-level by the Department for Public Health HAN System Administrators. Individual users are required to keep their personal contact information and preferences up-to-date in order to provide timely notification in case of an event.

Sending an Alert

- 1. From the Home page select Send New Alert under Quick Links
- 2. The Send New Alert Page will appear with the list of possible Roles that you can alert listed on the left. Expand the tree and left click the Roles that you would like to alert. (To view the members of the Role right click and select View Role Members). The Roles will appear in the Alert Recipients box in the middle of the screen.

Note: If you do not see the Roles that you would like to alert please notify your HAN Administrator as they will need to add the Roles that you can alert. If you inadvertently select a Role that you do not want to alert simply highlight that role in the Alert Recipients box and select Remove Recipient.

- 3. Select the Priority for the Alert

High: Public Health Emergency (1 hour response time)
Medium: Public Health Advisory (24 hour response time)
Low: Public Health Information or Update

- 4. Select the Alert Type from the drop down under Alert Type.

Alert Type:

Work Email Only Alert

 or

Alert Type:

Fax Only Alert

 or

Alert Type:


Use Alert Profiles

- 5. Complete the alert with the subject and the message.
Note: Do not use all caps as the system will read it as letters instead of words.
- 6. Select Send Alert.
- 7. To monitor the Alert, from the Alert screen select the Alerts Menu and then select View My Sent Alerts.

8. From the My Sent Alerts page select Search and the list of Alerts you have sent will appear.
9. Select the Date/Time Sent link.
10. You will now see who has Confirmed and who is Unconfirmed. Select Refresh Alert Details to monitor current confirmation status. The system will give you the exact time that an alert was confirmed.

Confirming an Alert

Any method identified here can be used to confirm receipt of an alert received from the Kentucky Health Alert Network (HAN). Confirming an alert is how you notify the sender that you received the alert and how you notify the system that it no longer needs to contact you for that alert. You only need to utilize one method to confirm an alert.

1. Confirm via the HAN homepage - Login to HAN at https://han.ky.gov where the active alert will appear. Click on the timestamp of the alert to view the alert details. Then, click the  Confirm Receipt of Alert button to confirm receipt.

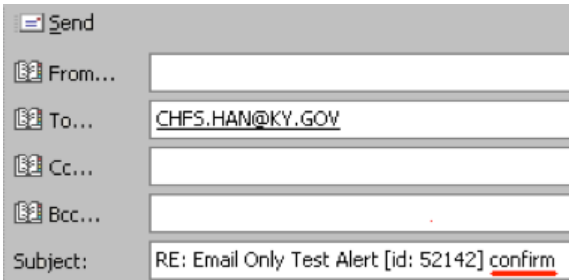
“Click on the timestamp”

Active Alerts

for Your Name

Alert Time	Sent From	Subject	Priority	▲ Event Status □
1/18/2008 1:39:46 PM	Sender's Name	Test	↓ Low	Test

2. Confirm via email or Blackberry - You can read the alert details in the email. Reply to the email alert adding ‘confirm’ to the end of the subject line to confirm receipt. Do not delete anything in the subject line. You will receive a second email notifying you that your confirmation was received.



3. Confirm via voice alert to phone - If you receive an alert via phone call you will be asked to enter your 4-digit personal security code* to listen to the alert details. After you listen to the alert, you will be prompted to press 1 to confirm receipt.
4. Confirm via calling in to the system - If you miss an alert and cannot gain access to a computer or the alert is no longer on the homepage, you can call in to the system to listen to and confirm receipt of the alert. Call 502-564-9303 and select option 1 to review awaiting alerts. You will be prompted to enter your Call-In Account Number* and then your 4 digit personal security code*. All unconfirmed alerts will be listed and read in order. After listening to the alert you will be prompted to confirm the alert. (You should store your Call-In Account Number where you will have it available if you choose to use this method.)

- * Notes:
- ☐ All alerts will show up on caller ID from 502-223-6460. You cannot call this number.

☐ If you want to change your 4 digit personal security code login to HAN and in your profile click Change My Alerting Security Code.

☐ If you want to see or change your Call-In Account Number login to HAN and in My Profile, click Change My Call In Account Number.

The Emergency Management Team will be instructed to assemble at the DOC. The Director will decide which ICS positions will be necessary to conduct the emergency operation. Upon opening of the DOC, the Human Resource Manager will serve as the Recorder documenting all actions on a command and communications log.

Redundant Communication Systems

Communications will be established between FCHD, the county EOC and the State Health Operations Center. To ensure that communication links will be open for notification and communication purposes. The following redundant communication equipment and methods will be utilized:

- Primary
1. Health Alert Network: https://han.ky.gov

2. WEBEOC

3. Land Line telephone service

4. Internet Service

5. Cell phones and mobile devices

6. Fax machines

7. Priority calling service through G.E.T.S., WPS

8. County reverse 911

- Alternate
1. Interactive Television (ITV)

2. Amateur Radio

3. UHF/VHF/800 MHz Radio

4. Two-way radio

Contact with Response Partners

Contact information will be maintained in the Emergency Resource Inventory List (ERIL) and up-dated on an annual basis. This list will include the name, organization and contact information for key response personnel.

The **ERIL** and HAN **User Guide** is linked this plan.

- Upon declaration of an emergency and the activation of the FCHD Operations Center, contact will be made with the following agencies.
- a. County EM/Activated County Emergency Operations Center (EOC)

b. KYDPH Department Operations Center (DOC)

c. State Emergency Operations Center (EOC)

d. County and City Officials

e. Frankfort Regional Medical Center

f. Region 15 Distribution Node

g. Frankfort Police

Franklin County Sheriff's Office

Kentucky State Police, Post 12

h. County Point of Distribution Sites

Communications Matrix

- P = Phone

S = Satellite

E = Email
- I = ITV (Interactive TV)

V = VHF

U = UHF
- H = HF

A = All listed Modes

X = Contact with RSS is limited

	PARTICIPANTS	State EOC	ESF-8 DOC	Receive, Stage, Store site	KDPH Mobile Ops. Unit #1	Local Health Departments	County EOC's	Points of Dispensing	Distribution Nodes	Treatment Centers	City Police, Sheriff, KSP	Transportation Cabinet	CDC DEOC	National Guard
INFORMATION														
State EOC														
ESF-8 DOC		A												
Receive, Stage, Store site		PSE VUH	PSE VUH											
Department for Public Health Mobile Operation Unit #1		PSE VUH	PSE VUH	PSE VUH										
Local Health Departments		PSE VUH	A	X	PSE VUH									
County EOC's		PSE VUH	PSEH	X	PSE VUH	PEVU								
Points of Dispensing		PEV	PEV	X	N/A	PEV	PEV							
Distribution Nodes		PEV	PEV	X	N/A	PEV	PEV	PEV						
Treatment Centers (Hospitals & FQHC)		PSE V	PSE V	X	PSE V	PSE V	PSE V	PEV	PEV					
City Police, Sheriff, KSP		PEVU	PEVU	X	PEVU	PEVU	PEVU	PEV	PEV	PEV				
Transportation Cabinet		PE	PE	X	PE	PE	PE	PE	PE	PE	PE			
CDC DEOC		PES	PES	X	PES	PES	PE	PEV	PEV	PES	PE	PE		
National Guard		PEVU H	PEVU H	X	PEVU H	PEVU H	PEVU H	PEV	PEV	PEV	PEVU	PE	PE	

WebEOC is now available at most of these locations.
FCHD All Hazards Plan

Internal Communications Systems

Internal communication systems that may be used BY FCHD personnel include:

Primary

- 1. Two way radios (walkie-talkies)
- 2. Cell phones/ I-phones/ Blackberry's
- 3. Emergency management radios
- 4. Signage

Alternate

- 1. Runners
- 2. Flags
- 3. Public Address Systems
- 4. Bullhorns

If telephone lines or cell phone sites become congested, G.E.T.S. and W.P.S. systems will be utilized to gain priority access.



Franklin County Health Department
All Hazards Plan

Title	References	Identifier	Revision
Community Preparedness (J)	KOIN Program Guide	Goal1: J1-J4 PHAB 5.4.2 a / b	2018



PURPOSE

FCHD will work with community organizations and agencies to promote and educate stakeholders in preparedness activities and programs in a culturally competent manner.

ASSUMPTION

FCHD will outreach to the community in an attempt to provide information to all citizens in the response and recovery to a natural or manmade disaster.

PROCEDURE

Upon implementation of this plan, FCHD in a cultural competent manner, will reach out to stakeholders and vulnerable populations in the community by participating in the following activities:

1. Participate in the Local Emergency Planning Committee (LEPC) to develop programs and systems to keep the entire community informed prior to and during and emergency.
2. Participate in the Kentucky Outreach and Information Network (KOIN) developed by the Department for Public Health to build person-to-person networks to communicate with hard-to-reach populations. Populations include:
 - Deaf/ hard of hearing
 - Blind or visually impaired
 - Residents with limited English proficiency, low literacy levels and the illiterate
 - Elderly/ children
 - Remote rural residents
 - Economically disenfranchised
3. FCHD will maintain a contact list of advocacy organizations that can communicate preparedness messages prior to and during emergency situations in the Emergency Resource Inventory List (ERIL).



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Title	References	Identifier	Revision
Emergency Public Information (K)	FCHD Crisis and Emergency Communication Guide	Goal 1: K1-K5 Measure 2.4.1A	2018



PURPOSE

FCHD's Crisis and Emergency Risk Communication plan provides a framework for timely, accurate, and credible communication and information dissemination to affected individuals and groups before, during, and after a crisis or emergency.

ASSUMPTION

- Ensure an efficient flow of timely, accurate and credible information before, during, and after a crisis or emergency
- Facilitate communication among key internal and external partners
- Provide a system of information to affected or interested target audiences through the media and other information channels
- Dissemination and the sharing of timely, accurate, and credible information among stakeholders (affected, interested, and influential target audiences) is one of the most important facets of crisis emergency response.
- Different types of information will have to be communicated to different target audiences.
- It is highly likely there will be widespread circulation of conflicting information, misinformation, and rumors during a crisis or emergency.
- Communication must be coordinated among all relevant individuals and groups to ensure consistent messages.

- Education will be an important part of the crisis and emergency risk communication response.
- It is likely that particular individuals and groups will be hard to reach, including people who are hearing and visually impaired.
- Demand for information by affected and interested individuals and groups will be high.
- Negative consequences will affect those who experience a large-scale crisis or emergency, either first hand as survivors or observers. The effects can include anxiety, depression, family disruption and violence, substance abuse, absenteeism, and other related physical and mental health symptoms. Every effort needs to be made to prevent such negative outcomes.

PROCEDURE

- The Public Health Director may appoint a Public Information Officer to coordinate the release of timely, accurate information to the community.
- Release of information may be coordinated through the Emergency Operation Center's Joint Information Command.
- The PIO may call on subject matter experts to provide information concerning technical or medical reports.
- A complete procedure for the release of crisis information and the duties of the PIO are found in the FCHD Crisis and Emergency Communication Plan. Copies can be found at each building.



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Title	References	Identifier	Revision
Information Sharing (L)	HAN User Manual State ESF-8 Plan	Goal 1: L1-L7	2018



PURPOSE

FCHD will coordinate communication with response partners to aid response and recovery from an emergency incident.

ASSUMPTION

In a declared emergency, FCHD will keep response partners informed about changing conditions and events until normal operations are restored.

PROCEDURE

The following procedure will be used to facilitate communication between FCHD and the county response partners:

- Upon the declaration of an emergency, the Public Health Director may notify members of the Emergency Management Team to report to the Department Operations Center (DOC) utilizing the Health Alert Network (HAN) or the Telephone Tree.
- The State Health Operation Center (SHOC) and the Office of Emergency Management will immediately be notified of the activation.
- Incident Action Plans and Situational Reports will be developed during each operational period and forwarded by the Operations Manager to ESF-8 partners through the SHOC and EOC.
- Epidemiological investigation results and completed laboratory reports will be sent to the Regional Epidemiologist by the Epi Rapid Response Team (ERRT) for regional distribution to other health departments and medical facilities when deemed appropriate.
- Informational flyers, e-mails or faxes may be sent to the providers with pertinent outbreak and response information.

Franklin County Health Department

All Hazards Plan

Title	References	Identifier	Revision
Epidemiology (M)	ERRT procedures manual	Goal 1: M1-M5	2018



PURPOSE

FCHD has several employees that make up the Epidemiology Rapid Response Team (ERRT) that performs outbreak surveillance within Franklin County.

ASSUMPTION

The ERRT are a small group of multi-disciplinary investigators who mount immediate, comprehensive response to reports of disease outbreaks. Teams ordinarily include a nurse, environmentalist and epidemiologist at the local health department level.

Appropriate discipline-specific team members investigate cases to determine the actual extent and potential spread of the disease. Communication among responders and with principal contacts is maintained until all infected persons have been treated, all required contacts have been made and all at-risk persons have been adequately interviewed and/or received preventive treatment. The team will stand down only when all members agree that the disease has sufficiently been controlled.

The ERRT works closely with the Regional Epidemiologist and the DPH Division of Epidemiology to track disease outbreaks through reports completed by local health care providers and the Frankfort Regional Medical Center.

PROCEDURE

Specific procedures for the investigation of foodborne and waterborne outbreaks can be found in the Department for Public Health publication, Kentucky Foodborne and Waterborne Outbreak Investigation Manual. The manual may be accessed at: http://chfs.ky.gov/dph/epi/outbreak_manual/

FCHD Epi Rapid Response Team Members

Judy Mattingly	Director
Kendra Palmer	Director of Environmental Services
Maribeth Lines	Registered Nurse
Vicki Poplin	Registered Nurse
Jenny Owens	Registered Nurse
Wesley Clark	Environmentalist
Jennifer Bardroff	Environmentalist/Preparedness Coordinator

Epidemiology Data

Epidemiology investigation reports will be electronically submitted to the Department for Public Health, Division of Epidemiology using the Kentucky National Electronic Disease Surveillance System (NEDSS). Information will be forwarded to the Center for Disease Control and Prevention by DPH using the National Outbreak Reporting System (NORS).

The ERRT will share outbreak information with local medical providers and the hospital by sending up-dates by electronic mail or letter.

Franklin County Health Department

All Hazards Plan

Title	References	Identifier	Revision
Laboratory Data/ Sample Testing (N)	Laboratory Reference Manual	Goal 1: N1-N4 PHAB 2.2.2 C	2018



PURPOSE

The FCHD submits all specimens for laboratory analysis to the Department for Public Health Division of Laboratory Services located in Frankfort, Kentucky. This laboratory provides 24/7 service to all local health departments state-wide.

ASSUMPTION

Samples will be properly collected, packaged and delivered to the State Public Health Laboratory using the proper procedures and protocols as required by the laboratory staff.

PROCEDURE

FCHD has a statutory and business relationship with the Department for Public Health Division of Laboratory Service for the testing of disease outbreak and environmental sampling on a 24/7 basis. All clinical and field environmental samples will be forwarded to the laboratory for analysis and confirmation. Samples will only be sent to private laboratories if the Director of Laboratory Services determines that there is a need for specialized testing or if the capacity of the laboratory is exceeded. The FCHD director will be consulted before testing is authorized in a private laboratory.

Most test requests can be forwarded using the Kentucky Laboratory Web Outreach (KY-LWO) System that gives FCHD direct Internet access for laboratory submissions.

The laboratory utilizes an electronic information system called OUTREACH for local health departments to order, test and receive results.

The Laboratory's website maintains current information on emergency and after hour contacts, lab location and the collection, packaging and submission of samples.

The website can be accessed at: <http://chfs.ky.gov/dph/info/lab/>

All submissions will follow packaging and submission guidelines that can be accessed at the DPH Division of Laboratory website:

Clinical

<http://chfs.ky.gov/dph/info/lab/>

Environmental

Food: <http://chfs.ky.gov/NR/rdonlyres/60E2687E-19FA-4DC9-8B33-AC798D70167A/0/RevisedFoodSampleCollection.pdf>

Enteric specimens: <http://chfs.ky.gov/NR/rdonlyres/73A1085E-AD36-44C5-8EF8-EDED9E062BB9/0/entericscarylclair2011.pdf>

Rabies: <http://chfs.ky.gov/NR/rdonlyres/E436EF02-E23B-4270-BA24-9B2F8B72DD14/0/rabies2.pdf>

Water: <http://chfs.ky.gov/NR/rdonlyres/B369DF0D-6C76-438D-9EC7-E3F93264C73F/0/WaterSampleCollectionandSubmissionforBacteriologicalExamination.pdf>

Contact Information

The Division of Laboratory Services is located at:

100 Sower Boulevard, Suite 204
Frankfort, KY 40601
Phone: (502) 564-4446
Fax- 502) 564-7019

Epidemiology after-hours number 1-(888)-9-REPORT (973-7678)

Rabies after-hours number (502) 330-6191

Private Laboratories

Vendor	Address	Phone
Medtox		1-800-832-3244
Pathology & Cytology		1-859-278-9513
LabCorp		1-800-800-4700

The following personnel and positions are authorized to submit request for testing from the FCHD to the Divisions of Laboratory Services:

Clinic

Position	Phone
Nurse Administrator	(502) 564-7647
Public Health Nurse	(502) 564-7647
Lab Tech	(502) 564-7647

Environmental

Position	Phone
Env. Health Director	(502) 564-7382
Preparedness Manager	(502) 564-7382

A follow up inquiry concerning the test results shall be made to the laboratory by the person making the original request. All testing results will be reported to the Epidemiology Rapid Response Team and the Regional Epidemiologist.

Franklin County Health Department

All Hazards Plan

Title	References	Identifier	Revision
Countermeasures Dispensing (O)	KY DPH SNS Plan FCHD SNS Plan	Goal1: 01-09	2018



PURPOSE

FCHD has developed a plan for the receipt and dispensing of medication provided by the Centers for Disease Control and Prevention’s Strategic National Stockpiles program (SNS) in the event of a bioterrorism incident.

ASSUMPTION

The following assumptions will be made in the receipt and distribution of medical countermeasures:

Scope: This SOG covers Franklin County and coincides with Franklin County Emergency Management Plan as found in ESF-8.

Population: The population at risk in Franklin County is approximately 49,648 based upon 2010 U.S. Census. The daily population increases with the influx of state government workers traveling to Frankfort to their work sites. The population will also increase during the fall and winter when Kentucky State University (KSU) is in session. KSU has 3,000 students currently enrolled in classes at the University and 1,000 staff on campus.

PROCEDURE

After local resources are depleted, a request for medical assistance will be forwarded to the County EOC. In a Bioterrorism incident involving anthrax or other nerve agents, medications will be dispensed within 48 hours in the following manner upon arrival of SNS assets:

1. Employee POD clinics will be utilized on-site at the location of the County’s largest employers under the supervision of FCHD. The strategy will lessen the number of people receiving medication in a public POD.

2. Drive thru clinics will be utilized as a primary method of dispensing medications three pre-selected sites. This method is chosen to enhance social distancing and to expedite dispensing.
3. Distribution of medications for a family will be released to the Head-of-Households for relatives living in the same home. The 2010 census estimates the 25,000 households in Franklin County. For planning purposes, 2.75 will used to calculate the number per household.
4. Basic information such as name and address shall be verified by government issued identification prior to dispensing medications.
5. Unaccompanied minors over the age of 16 may receive medications upon review by the POD manager.
6. Out-of-County residents will not be denied medications if the stockpiles of supplies are sufficient or they are included in the large business employee POD program. For planning purposes, non-residents attending Kentucky State University will be considered residents of Franklin County and will be administered medications in a closed POD.
7. Employees of Kentucky State Government commuting to Franklin County will be encouraged to receive medications in their county of residence. Plans for prophylaxis of essential governmental employees will be coordinated through the Department for Public Health.
8. The Franklin County Jail staff and their daily populations will be included into the County’s prophylaxis population.

A detailed description for the distribution of the SNS material can be found in the **FCHD Operational Plans** linked to this plan.

1. FCHD SNS Plan
2. FCHD POD Plan
3. FCHD Cold Storage Plan
4. Mero Street POD Book and ICS Form 215
5. Commonwealth Credit Union POD Book and ICS Form 215

Franklin County Health Department

All Hazards Plan

Title	References	Identifier	Revision
Mass Care (P)	Franklin County Emergency Operations Plan	Goal1: P1-P7	2018



PURPOSE

FCHD will assist the Franklin County Office of Emergency Management and the American Red Cross with ESF-6 Mass Care response in Franklin County.

ASSUMPTION

The American Red Cross (ARC) is responsible for the establishment and operation of warming centers and general shelters for the county. Medical needs shelters will be co-located with the general shelter in order to provide logistical/ food preparation support. The health department will work with emergency management and ESF-8 partners to provide the necessary medical support and equipment. Caretakers of persons needing the support of a medical needs shelter will be required to accompany the person to the shelter and continue to provide care. Acute care patients will be required to be admitted to the Frankfort Regional Medical Center for necessary care.

PROCEDURE

The following procedures will be followed by the Franklin County Health Department in ESF-6 Mass Care:

1. The Office of Emergency Management will make notification to all ESF-6 and ESF-8 partners when an Emergency Declaration has been issued by the Mayor of the City of Frankfort or the County Judge Executive of Franklin County requiring establishment of warming centers or shelters.

2. The American Red Cross will establish and staff a shelter within 4 hours of notification at a predesignated facility that is capable of providing food service, restroom facilities and showers for the occupants. The current facilities are:
- The Frankfort Civic Center (warming center, shelter)

• Capital City Christian Church (warming center, shelter)

• Frankfort Public Safety Building Conference Room (warming center)
3. The ARC may request the assistance from FCHD for nursing assistance to assess the medical needs of the occupants. Disease surveillance will be conducted by the on-site nursing staff. If there is a disease outbreak in any of the shelters, the ERTT will begin an investigation to determine the source of the outbreak and will recommend corrective actions.
4. FCHD will perform a daily health and safety inspection of all established shelters in the county operated by ARC or any religious organization that prepares or serves food.
5. Frankfort Fire/EMS will provide transportation for acute care patients from the shelter to a medical care treatment facility as directed by the shelter manager.

Franklin County Health Department

All Hazards Plan

Title	References	Identifier	Revision
Mass Fatality (Q)	DPH Mass Fatality Plan Franklin Co. Mass Fatality Plan	Goal 1: Q1-Q3	2018



PURPOSE

It is the plan of FCHD to assist,if needed and adequate staff is available, the Office of Emergency Management and the Franklin County Coroner in mass fatality management.

ASSUMPTION

Mass fatality management is under the constitutional and statutory responsibility of the Coroner who must certify and record the cause of death of the deceased. Natural disaster with a large number of fatalities can overwhelm local systems that care for the deceased. It may become necessary for county and city leaders and the emergency management agency to assist the Coroner in body recovery, identification, storage and management of human remains. This is significant because the care and treatment of the remains will have a profound effect of the disaster survivors and the community. Correct identification of the dead will also have legal significance that will have impact on the families long after the disaster has ended.

PROCEDURE

Pursuant to the Franklin County Emergency Response Plan, the Emergency Manager will form a committee consisting of response partners in ESF-8 charged with the development and execution of a plan for fatality management by taking the following actions:

1. The Coroner will be appointed as the chair of the committee and will direct the activities of the designated response teams. Governmental leaders will be kept informed of all developments and response plans proposed by the committee.
2. A lead will be appointed to coordinate the task of response team assigned responsibility for Body Recovery, Storage, Identification, Information and Communications, Disposal, Family Support and Logistics. The ICS system will be utilized to manage the team.
3. Job action sheets will be developed for each lead position and assignments made to conduct operations in each task area.
4. The Coroner will be responsible for insuring state statutes and established protocols are followed in the recovery, identification and final disposition of human remains.

The **State Mass Fatality** and the **Franklin County Mass Fatality Plans** are linked to this plan.

Franklin County Health Department

All Hazards Plan

Title	References	Identifier	Revision
Environmental Health (R)	KY Food Code Federal Food Code KRS 210 thru 224 KAR 902	Goal 1: R1-R3	2018



PURPOSE

FCHD Environmental Services is responsible for oversight and inspection of food service establishments, hotels, mobile home parks, swimming pools/ spas, confinement facilities, youth camps, tattoo and body piercing and on-site sewage to prevent the spread of disease and investigate animal bites and general nuisance complaints.

ASSUMPTION

Pursuant to KRS 210 thru KRS 224 and KAR 902, FCHD Environmental Service will continue to provide core services during declared emergencies and under the emergency plan in ESF-6, is tasked to conduct health and safety inspections at emergency shelters.

PROCEDURE

The following procedures will be utilized in an environmental response:

1. Reportable disease surveillance, investigation, follow-up, and regulation will be directed by Epi Rapid Response Team and environmental health staff.
2. Sanitarians will investigate all public health hazards including;

- vector infestations, untreated wastewater, private water sampling, water safety, foodborne sampling, trash control, food safety questions, and flood and mold cleanup inquiries.
3. Public water, hazardous waste management, air quality, and toxic and chemical control and abatement are all regulated by the Energy and Environmental Cabinet, Department for Environmental Protection.
 4. Radiation exposure and response is governed by the Cabinet for Health and Family Services, Department for Public Health, Radiation Health Branch.
 5. During a Declared Emergency under ESF 8, the environmental health staff will operate under the department’s ICS structure to address environmental hazards.
 6. If Mass Care responsibilities are warranted under ESF-6 requiring the establishment of sheltering, the environmental staff will do daily inspections on shelters that are open to maintain health and safety of regulations.
 7. The inspections will be documented daily and forwarded to the Department for Public Health, Division of Public Health Protection and Safety

KAR 902 delineating the duties and responsibilities of the Environmental Staff is linked to this plan.

Franklin County Health Department

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Title	References	Identifier	Revision
Disaster Behavioral Health (S)	KCCRB Operations Manual	Goal 1: S1-S5	2018



PURPOSE

FCHD will closely coordinate with the Kentucky Community Crisis Response Board (KCCRB) to coordinate the delivery of crisis intervention and disaster behavioral health services to the community.

ASSUMPTION

The KCCRB created under KRS Chapter 36 is recognized as the lead disaster behavioral health agency by the Department for Behavioral Health, Developmental & Intellectual Disabilities (DBHDID) (state mental health authority), Kentucky Division of Emergency Management (KyEM) and the American Red Cross (ARC), and has the primary responsibility to provide behavioral health services for the Commonwealth. KCCRB ensures organized, rapid and effective crisis intervention response in the aftermath of crisis and disaster.

PROCEDURE

FCHD will coordinate with KCCRB to protect, direct and connect Franklin County citizens to their services by:

- Addressing of immediate physical needs
- Comforting and consoling affected individuals
- Provide information about where to turn for help
- Listening to and validating feelings
- Linking individuals to support systems
- Normalizing stress reactions to trauma and sudden loss
- Reinforcing positive coping skills
- KCCRB WEB ADDRESS: <http://kccb.ky.gov/bioterrorism/>

Franklin County Health Department

All Hazards Plan

Title	References	Identifier	Revision
Non-Pharmaceutical Interventions (T)		Goal 1: T1-T9	2018



PURPOSE

This purpose of this plan is to provide guidance for social distancing, isolation and quarantine processes that may become necessary during a public health emergency or for more routine scenarios.

ASSUMPTION

This plan also includes definitions and applicable laws and regulations that serve as the foundation of this document. The intent is to provide the best protection possible for the aggregate population from communicable disease while also considering individual rights and responsibilities, to the extent possible.

Legal Authority

Legal authority for this plan regarding implementation of quarantine, isolation and social distancing for individuals, groups, facilities and/ or animals is found in local, state and federal sources.

1. Local Government – City-county Boards of Health shall, throughout their county, have exclusive control and operation-under state law, local ordinances and orders, Cabinet for Health Services regulations and boards’ rules and regulations-of the enforcement of all laws and regulations affecting public health, including quarantine. Effective date of July 15, 1998, Kentucky Revised Statutes Section 212.370. The **KRS 212** is linked to this plan.
2. State Cabinet for Health and Family Services-When the Cabinet for Health Services believes that there is a probability that any infectious or contagious disease will invade this state, it

shall take such action and adopt and enforce such rules and regulations as it deems efficient in preventing the introduction or spread of such infectious or contagious disease or diseases within this state, and to accomplish these objects shall establish and strictly maintain quarantine and isolation at such places as it deems proper. Effective date of July 15, 1998, Kentucky Revised Statutes Section 214.020. **The KRS 214** is linked to this plan.

3. Federal Government-The federal government derives its authority for isolation and quarantine from the Commerce Clause of the U.S. Constitution. The United States Code is a consolidation and codification by subject matter of the general and permanent laws of the United States. Sections 264-272 of the following portion of the code apply: Title 42 – The Public Health and Welfare, Chapter 6A – Public Health Service, Subchapter 11 – General Powers and Duties, Part G – Quarantine and Inspection. The **KRS 214** is linked to this plan.

Executive Orders specify the list of diseases for which federal quarantine is authorized, which is required by the Public Health Service Act. On recommendation of the HHS Secretary, the President may amend this list whenever necessary to add new communicable diseases, including emerging diseases that are a threat to public health.

Federal isolation and quarantine are authorized for these communicable diseases:

- Cholera
- Diphtheria
- Infectious tuberculosis
- Plague
- Smallpox
- Yellow fever
- Viral hemorrhagic fevers
- SARS
- Flu that can cause a pandemic

Under section 361 of the Public Health Service Act, the U.S. Secretary of Health and Human Services is authorized to take measures to prevent the entry and spread of communicable diseases from foreign countries into the United States and between states. The authority for carrying out these functions on a daily basis has been delegated to the Centers for Disease Control and Prevention (CDC).

The federal government has overriding authority for quarantine and isolation. The federal government may accept state and local assistance in enforcing federal quarantine and may also assist state and local authorities in preventing the spread of communicable diseases. States have police power functions to protect the health, safety, and welfare of persons within their borders. To control the spread of disease within their borders, states have laws to enforce the use of isolation and quarantine. While it is possible for federal, state, local and tribal health authorities to have and use all at the same time separate but coexisting legal quarantine power in certain events, in the event of a conflict, federal power is the supreme power.

Public health authorities at the federal, state, local and tribal levels may sometimes seek assistance from police or other law enforcement personnel to enforce a public health order. In addition, U.S. Customs and Border Protection and the U.S. Coast Guard are authorized to help enforce federal quarantine orders. Breaking a federal quarantine order is punishable by fines and imprisonment. Federal law also allows the conditional release of persons from quarantine if they comply with medical monitoring and surveillance.

Federal quarantine is rarely used and was last enforced during the “Spanish flu” pandemic in 1918-19.

See more detailed information at Specific Laws and Regulations Governing the Control of Communicable Diseases page under CDC guidance at <http://www.cdec.gov/quarantine/AboutLawsRegulationsQuarantinelIsolation.html>.

Definitions

- Isolation – The separation and restriction of movement or activities of ill infected persons who have a contagious disease, for the purpose of preventing transmission to others – US DHHS Pandemic Influenza Plan, 2005
- Quarantine – The separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to infection, for the purpose of preventing transmission of disease. This may include quarantine of close contacts or groups of exposed persons – US DHHS Pandemic Influenza Plan, 2005.
- Social Distancing – Measures implemented to discourage or prohibit close social contact between individuals in schools, sports facilities, churches and other places of public gathering. These measures may be advertised as voluntary or may involve the actual closing of places of public gathering or prohibitions of public events and gatherings.

Guiding Principles

- Isolation and quarantine must be the least restrictive means necessary to prevent the spread of a contagious or possible contagious disease to others and may include, but is not limited to, confinement to private homes or other private and public premises.
- The public health director, working with the Board of Health, the Judge Executive, the local EMS director and others in authority shall assure the components of the public health system coordinate care and monitoring of individuals, groups, facilities and animals under quarantine and/or isolation.
- Isolated persons must be confined separately from quarantined persons.
- The health status of isolated and quarantined individuals must be monitored regularly to determine if they require isolation or quarantine.
- If a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with a contagious or possibly contagious disease he or she must promptly be removed to isolation.
- Isolated and quarantined individuals must be immediately released when they pose no substantial risk of transmitting a contagious or possibly contagious disease to others.
- The needs of persons isolated and quarantined shall be addressed in a systematic and competent fashion, including but not limited to providing adequate food, clothing, shelter, means of communication with those in isolation or quarantine and outside these settings, medication and competent medical and mental health care including stress management strategies, and any emergent transportation needs.
- Premises used for isolation and quarantine shall be maintained in a safe and hygienic manner and be designed to minimize the likelihood of further transmission of infection or other harm to persons isolated and quarantined.
- Cultural and religious beliefs should be considered in addressing the needs of individuals, to the extent possible.
- Persons subject to isolation or quarantine shall obey the public health authority’s rules and orders and shall not go beyond the isolation or quarantine premises.
- The public health director may authorize physicians and other health care personnel or others access to individuals in isolation or quarantine as necessary to meet the demands of isolated or quarantined individuals.
- No unauthorized persons shall enter isolation or quarantine premises. Any person entering an isolation or quarantine premise with or without authorization of the public health authority may be isolated or quarantined themselves.
- No communication will be made regarding those in isolation and/or quarantine that may violate HIPAA. The public health director is the lead PIO for the health department and may name a designee. Any information provided to media will be confined to that of a general nature without personal identifiers. The **HIPPA** requirements are linked to this plan.

Concept of Operations

1. All FCHD staff has roles and responsibilities relating to Preparedness, including non-pharmaceutical interventions related to isolation, quarantine and social isolation, for individuals, groups, facilities and animals. Preparedness is part of every employee’s job description and is a universal point of consideration in job performance evaluations. FCHD activities are overseen by the public health director, who reports to the 12-member governing Board of Health, and along with the FCHD Preparedness Coordinator and others, helps coordinate response activities with and under the authority of the local EMS director. Duties and assigned roles are determined

- by the situation at hand but in most instances, quarantine, isolation and social distancing will demand the expertise of the FCHD Nurse Administrator and that team’s staff, among others. Any concerns about animals will necessarily involve the Environmental Team, too.
2. Response actions for quarantine, isolation and/or social distancing will be taken according to the situation at hand and are detailed in the plan’s algorithms according to categorization as emergency or non-emergency. Quarantine and Isolation Algorithms are linked to this plan.
 3. Response actions may be triggered by untoward surveillance reports of any suggestion of a communicable disease of

- particular concern. FCHD works closely with KDPH and local public health system partners, the regional epidemiologist and the local hospital’s infection control nurse.
4. Legal authority for response actions lies within KRS 212.370 and 214.020. The public health director has front line responsibility, with expectations that he/she work in tandem with the local EMS director, the county judge executive, the state DPH Commissioner and others in the local and state public health systems.
 5. Response actions will be documented in a standard daily medical records template for individuals, with a general reporting log maintained by FCHD.



Public Health
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Franklin County Health Department
All Hazards Plan

Title	References	Identifier	Revision
Continuity of Operations Plan (U)	FCHD COOP Plan	Goal1: U1-U4 PHAB 5.4.2 e	2018



PURPOSE

This Continuity of Operations Plan (COOP) establishes policy and guidance to ensure the execution of the mission essential functions for the FCHD in the event that an Emergency in Franklin County threatens or incapacitates operations and the relocation of selected personnel and functions of the department facilities are required. Specifically, this document is designed to:

- Ensure that the department is prepared to respond to emergencies, recover from them, and mitigate against their impacts
- Ensure that the department is prepared to provide critical services in an environment that is threatened, diminished, or incapacitated.

ASSUMPTION

In accordance with state guidance and emergency management principles, a viable COOP capability:

- Must be maintained at a high-level of readiness
- Must be capable of implementation both with and without warning
- Must be operational no later than three hours after activation;
- Must maintain sustained operations for up to 30 days; and should take a maximum advantage of existing state or federal and local government infrastructures.

PROCEDURE

FCHD COOP SOG identifies the essential functions of the department, emergency response, staffing, authorities and alternative locations. The **FCHD COOP SOG** is linked to this plan.

Franklin County Health Department
All Hazards Plan

Title	References	Identifier	Revision
Outbreak Investigation (V)	FEMA ICS Forms, IAP	PHAB 2.2.1 A	2018



PURPOSE

The purpose of any outbreak investigation is to determine what environmental or epidemiological factors are associated with illness and what measures can be taken to prevent further illness and/or death.

ASSUMPTION

The FCHD All Hazards Plan, including all updates, shall remain in effect from the date it is approved.

Outbreak Definition - An outbreak is the occurrence, in a community or region, of cases identified of an illness in excess of what is normally expected.

PROCEDURE

Incident Action Planning for an Outbreak Investigation

The LHD should develop an Incident Action plan (IAP) using the appropriate FEMA ICS Forms as listed in FEMA's Incident Action Planning Guide. This guide is available at <https://www.fema.gov/medialibrary/assets/documents/25028>. Depending on the situation, community partners such as EMS, hospitals, EMA and law enforcement will also contribute to the development of the IAP.

Ten Steps to an Outbreak Investigation

- 1. Prepare for an Outbreak Investigation and Field Work**
 - Must have scientific knowledge, supplies and equipment to implement investigation.
- 2. Confirm the Existence of an Outbreak or Epidemic**
 - Compare the observed rate of disease with the expected.
 - Determine if there is an actual increase in the number of cases beyond that which is expected for person, place and time.
- 3. Verify the Diagnosis**
 - Determine the agent as soon as possible.
 - Obtain proper lab samples.
 - Review medical records.
 - Confer with clinicians, patients and/or families.

- 4. Define, Identify, and Count Cases**
 - Establish a case definition.
 - Identify cases.
 - Develop a line-listing of cases.
- 5. Describe the Data in Terms of Person, Place and Time**
 - Person (age, gender, race, ethnicity, occupation, religion and any other factor that may define exposure).
 - Place (determine what characterizes case location - subdivision, building, airport, wind pattern, water flow, etc.).
 - Time (frame of time - hours, days, years; time clustering, seasonal).
- 6. Develop Hypotheses**
 - Hypothesis: an opinion or conjecture as to the source of the agent, the method of transmission and the exposure that caused the disease.
 - Rationale, credible, defensible, test able.
- 7. Evaluate Hypotheses (Analyze and Interpret the Data)**
 - Compare hypothesis with established fact s.
 - Use basic epidemiological study designs (case/control or cohort).
 - Analyze the findings.
- 8. Refine the Hypotheses and Carry out Additional Studies**
 - Analytical studies may modify or fail to confirm the hypothesis.
 - Additional sources of infection may be found.
 - Further studies may be indicated.
- 9. Implement Control and Prevention Measures**
 - If source of outbreak is implicated, interrupt source of infection or contamination and implement prevention measures if available (vaccination and/or isolation and treatment of cases).
- 10. Communicate Findings and Prepare Report of the Investigation**

Franklin County Health Department
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Title	References	Identifier	Revision
Surge Capacity (W)	MRC Standard Operating Guide, Agency MOU's, FCHD ERIL	Goal 1: V1-V3 PHAB 2.2.1 C	2018



PURPOSE

It is the plan of FCHD to develop community partnerships with agencies and volunteers to provide “Surge” staffing for the health care community in Franklin County during a declared emergency.

ASSUMPTION

Response to natural and manmade disasters, bioterrorism and pandemic outbreaks can tax the staffing of the local health department in conducting surveillance, investigation and mitigation activities for these events. Additionally, the ARC may call on the health department to assist in staffing shelters for those citizens displaced by a disaster. A response may call for the department to provide vaccination of the entire population of the county in a short period of time, assist emergency management in setting up a functional needs shelter or responding to an environmental disaster. The regional medical center may need additional support in triaging an influx of disaster victims to their facility. These needs caused by a disaster can overburden the health care system of the county and additional resources may be needed from within and outside the county. To address this need, it is important to develop a cadre of volunteers and agencies that can assist in providing critical staffing during the duration of an emergency. FCHD has developed a “Surge Capacity” policy to augment staffing during a declared emergency by executing memorandums of understanding with several key organizations.

PROCEDURE

Immediately upon the determination that a public health emergency exists by FCHD's Public Health Director, the Director of the Office of Frankfort/Franklin County Emergency Management, the Commissioner of the Kentucky Department for Public Health (KDPH), the following actions will be undertaken:

- The Director will activate the Department Emergency Operations Center and a situational briefing will be conducted.
- The Operations and Planning Chiefs will conduct an assessment of the appropriate response to the emergency, the anticipated duration of the event and the projected staffing needed to conduct response operations. The command staff will determine work shifts and how many of the department’s staff will be needed to staff each position.

- Whenever it is determined there is insufficient departmental staff to conduct the operational mission, the Planning Chief will determine the number of volunteers need to conduct operations. The KDPH Operations Center will be notified of the need for surge assistance.
- The MRC Coordinator shall notify the State MRC Coordinator of the need for volunteers and the K-HELPS alert system will notify volunteers of the need for assistance. Agencies in Franklin County who have a memorandum of understanding with FCHD to provide assistance during an emergency will be notified by the Frankfort/ Franklin County Office of Emergency Management.
- The Planning Chief will establish a work schedule and job action sheets for the volunteers.
- The Operations Chief will supervise the volunteers and be responsible for their safety, work hours, situational briefing and demobilization. Just in time training will be utilized for the volunteers using job action sheets prepared as a part of the SNS plan. A staff briefing will be conducted by the Operations Chief prior to the beginning of each shift. Written job action sheets will be provided to each volunteer for continued reference.
- Materials to support the surge effort may come from the department’s cache of emergency supplies, requested from the states’ medical assets or the SNS program. A list of POD supplies and regional resource contacts and equipment may be found in the Emergency Resource Inventor List (ERIL).
- The department conducts annual exercises of our surge capacity during full scale drive-thru flu shot clinic that test several preparedness capabilities including the managing of volunteers.

Support Agencies

Frankfort Police Citizens Police Academy Alumni Association
Citizen Emergency Response Team (C.E.R.T.)
Franklin County Medical Reserve Corps (MRC)
Frankfort Fire and EMS (MOU on file)
Kentucky State University School of Nursing (MOU on file)
Franklin County Public Schools (MOU on file)
American Red Cross

Memorandums of Understandings are linked to this plan.

Franklin County Health Department

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Title	References	Identifier	Revision
Volunteer Management (X)	MRC Standard Operating Guide, Agency MOU's	Goal 1: W1-W8	2018



PURPOSE

It is the plan of FCHD to utilize volunteers during declared emergencies to augment staffing for emergency operations, response and recovery.

ASSUMPTION

Volunteers are a vital resource for an emergency response by the Franklin County Health Department. Response to natural and manmade disasters, bioterrorism and pandemic outbreaks can tax the staffing of the department. Staffing of the all department's emergency plans are dependent upon our ability to acquire volunteer assistance from members of the community enrolled in the Medical Reserve Corps (MRC) program, members of civic and professional groups or organizations who maintain an active volunteer force such as the American Red Cross (ARC). In either case, the department recruits volunteers who can quickly assume important functions and help lead to the success of our mission to prevent, promote and protect Franklin County.

Each volunteer will be trained to complete the essential service they have been assigned. During each operation, FCHD will secure a KyEM incident number to ensure that the volunteers are protected under the Kentucky Workers Compensation statute and the department's insurance policy. Each volunteer will work under the supervision of seasoned health department staff at all times.

PROCEDURE

The following procedure will be used to recruit, engage and retain volunteers for FCHD:

1. Memorandums of Understanding (MOU) will be executed with government, school, civic and volunteer agencies to provide volunteers during declared emergencies. FCHD will maintain a Medical Reserve Corps for additional volunteer of medical and non-medical members from the community. Reference can be made to the FCHD MRC SOG for specifics on responsibilities, credentialing, training, notification and assignment of volunteers.
2. Notification of volunteers will be made utilizing the K-HELPS notification system (the state ESAR-VHP system) call down telephone list and/ or e-mail.
3. When notified of time and date to report for duty, the volunteer will be instructed to report early for just in time training for the specific essential function they will perform. They will be assigned to a supervisor under the ICS structure.
4. Each volunteer will be credentialed and receive a badge identifying the volunteer and allowing them access in to restricted areas. Each will be issued equipment to protect their health and safety.
5. FCHD manager and supervisors will maintain operational control of volunteers at all times insuring that proper work standards are met, breaks taken, safety maintained and check out procedures observed.

The **Medical Reserve Corps Standard Operating Guide** is linked to this document.

Franklin County Health Department

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Title	References	Identifier	Revision
Mutual Aid and External Resources (Y)	KRS Chapter 39, Franklin Co. EOP	Goal1: X1-X5 PHAB 2.2.1 D	2018



PURPOSE

The purpose of this plan is to detail the method FCHD will establish or acquire mutual aid or external resources whenever resources and capacity of the department is exceeded or expended.

ASSUMPTION

FCHD will follow established protocols established in KRS 39 utilizing the Kentucky Department for Emergency Management to request mutual aid or external resources for Franklin County. Whenever the Director in consultation with the Franklin County Emergency Manager determines that there is a need for additional resources, a request will be made to the Commonwealth Emergency Operations Center.

PROCEDURE

1. Determination will be made that the County has expended or does not have the needed resource.
2. The County Emergency Operations Center will be notified of the need and partner ESF representatives will be polled to verify that the county does not possess the needed resource.

3. A request for assistance will be approved by the County Judge Executive and forwarded to the Commonwealth EOC for action.
4. The request will be assigned to the state level ESF partners or Emergency Manager to identify and located a source for the needed resource and arrange delivery to the county. If the resource is not available at the state or federal level the request may be referred back to originating county to purchase using local funds and vendors. If resources are provided by another county, they will be reimbursed by the requesting county.
5. If the county ESF-8 representative is requesting medications or medical supplies from the SNS after the county's supply has been exhausted, the request will follow the same chain of request. The commissioner for Public Health as the state level ESF-8 coordinator will evaluate the request and ask the Governor to request assets from the Centers for Disease Control and Prevention for assistance.
6. All resources requested and obtained during the declared emergency will be under physical control of the requesting agency and proper steps will be taken to provide accountability of the resource.

Franklin County Health Department

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Title	References	Identifier	Revision
Recovery (Z)	FCHD COOP Plan	Goal 1: Y1-Y4	2018



PURPOSE

FCHD will utilize the department's Continuity of Operation Plan (COOP) in the recovery phase of managing disruption of normal activities that impacts the essential operating functions of the department.

ASSUMPTION

The recovery phase is an on-going process and is a part of the emergency management phases of prevention-mitigation, preparedness, response and recovery. The type and breadth of recovery activities will vary based on the nature and scope of the emergency. However, the goal of the recovery phase is to restore essential functions as soon as practical. The planning for recovery begins as soon as response activation occurs and will be a primary responsibility of the Continuity Coordinator and the Emergency Management Team.

PROCEDURE

As soon as an emergency is declared and the COOP is instituted, primary considerations in recovery will be:

- ☐ Physical and Structural Recovery
- ☐ Business Recovery
- ☐ Restoration of Client Services
- ☐ Management of Human Resources
- ☐ Documentation of Recovery Expenses
- ☐ Psychological and Emotional Recovery
- ☐ Communication

Pursuant to the procedures outlined in the department's COOP, the Department Operations Center (DOC) will be activated and the Emergency Management Team (EMT) will be assembled. The State Health Operations Center (SHOC) and the County Emergency Operations Center (EOC) will be notified. The EMT member who have been assigned Incident Command responsibilities will assume their positions.

Specific delineation of duties and responsibilities in the Recovery Phase can be found in the department's **COOP** linked to his plan.

