## DOCUMENT CHANGE RECORD

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<td>1/23/2018</td>
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<td>Complete revision of 2012 AHP</td>
<td>Jenny Bardroff</td>
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**Franklin County Health Department**

**All Hazards Plan**

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**Franklin County Health Department**

**All Hazards Plan**

**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 Franklin/Franklin County Office of Emergency Management along with state and federal agencies.

FCHD is committed to have a viable plan that the county can activate during a crisis. The 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 management director. The functional annexes and their appendices or tabs provide additional details. The Emergency Resource Inventory Listing (ERIL) identifies, by operational function, resources available in the county to support response efforts. The county EOP plan follows the state-wide template modified to reflect vulnerabilities and resources. A hard copy of the FCHD All Hazards plan will be maintained in each facility for reference. 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. Each 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).
Purpose

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

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.

Franklin County Health Department
All Hazards Plan

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 event or 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 the Kentucky Hazard analysis and identified by the Kentucky Emergency Management. This has been based 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. Epidemic/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, 1986, 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 by 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.

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.
Forests, Fires, Wildfires: Forests, fires, and wildfires 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: The movement and flow of energy (primarily petroleum and natural gas) throughout our state proceed 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 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. Insufficient or poor maintenance of water cooling systems, that can be harmful to people and the environment, are involved in crashes causing a hazardous materials incident.

Power Shortages/Outages: Power outages due to storm or weather disruptions can have a tremendous impact on the citizens of Franklin County. In January 2021, 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, earthen, 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 earth dams generally hold back mine run off waters.

Animal Diseases: In 2002 and 2003 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, smallpox, 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, fitted 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 widespread 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 environmental services for the detection of disease.

The most common hazard; this may result in structural fires or loss of life. Additionally, death or injury from electrocution can result.

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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 Franklin/ 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.

Purpose

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

Assumption

The population at risk in Franklin County is approximately 48,968 based on 2010 U.S. Census. The population is divided into the following categories by race or national origin: 87.6% 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 (14,000) serving a total of 25,000 households. The population will 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 KDPM 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 a “voice” that 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.

• Unaccompanied minors over the age of 16 may receive government issue medications upon review by the POD manager.

• 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 Operations 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 F, evaluation assumptions (page 6) to monitor/evaluate that may initiate plan activation or in section F - Activation (page 1) of FCHD Emergency Operation All Hazards plan, an After Action Report (AAR) must be completed to address what aspects of the plans(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:
  o What was planned
  o What actually happened
  o Why it happened
  o What can be done in the future

• FCHD will utilize KPDOH AAR template

• AARs 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.

Public Health Concepts and Operations

Emergency Public Information, Media and Community Relations

Franklin County Office of Emergency Management

City of Frankfort

Franklin County Jail

The Franklin County Jail staff and their daily populations will be included into the County’s prophylaxis population.

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• Annual plan revisions will include AAR results - both building upon strengths and addressed areas for improvement.
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:

**PUBLIC HEALTH EMERGENCY 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 request 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**
  - 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.

- **GENERAL STAFF**
  - 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.
  - 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.

- **Staff Roles (H)**
  - Goal 1: H1-H4
    - PHAB 5.4.2 C
    - 2018

**FCHD INCIDENT COMMAND STRUCTURE**

- Incident Commander
  - Public Health Director
- Public Information Officer
  - Community Health
- Medical Officer
  - Clinic Nurse Administrator
- Safety Officer
  - Environmentalist
- Recorder
  - Human Resource Manager
- **LOGISTICS STAFF**
  - Planning Public Health Preparedness
  - Logistics Administrative Services Manager
  - Operations Public Health Nurse
  - Finance/Admin. Finance Administrator

- **FCHD All Hazards Plan**

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Lines of Authority
Lines of Communication
FCHD STAFF ICS POSITION

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<th>POSITION</th>
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<tr>
<td>Incident Commander</td>
<td>Director</td>
</tr>
<tr>
<td>Public Information Officer</td>
<td>Public Health Services Manager</td>
</tr>
<tr>
<td>Liaison Officer</td>
<td>Environmental Health Manager</td>
</tr>
<tr>
<td>Medical Officer</td>
<td>Clinic Nurse Administrator</td>
</tr>
<tr>
<td>Safety Officer</td>
<td>Health Environmentalist III</td>
</tr>
<tr>
<td>Recorder</td>
<td>Administrative Specialist</td>
</tr>
<tr>
<td>Planning Section Chief</td>
<td>Preparedness Coordinator</td>
</tr>
<tr>
<td>Logistics Section Chief</td>
<td>Administrative Services Manager</td>
</tr>
<tr>
<td>Operations Section Chief</td>
<td>Public Nurse</td>
</tr>
<tr>
<td>Finance/Administration Section Chief</td>
<td>Finance Administrator</td>
</tr>
</tbody>
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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 provided with 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.

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 Franklin County 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.

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.

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.

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 confirm receipt of the alert. Call 502-564-9303 and select option 1 to review awaiting alerts.

   - If you receive an alert via phone call, you will be asked to enter your 4-digit personal security code* to confirm the alert.
   - 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.
   - 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.
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---

**Active Alerts**

<table>
<thead>
<tr>
<th>Alert Time</th>
<th>Sent From</th>
<th>Subject</th>
<th>Priority</th>
<th>Event Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/18/2008 1:39:46 PM</td>
<td><a href="mailto:sendfrom@hanserver.gov">sendfrom@hanserver.gov</a></td>
<td>Test</td>
<td>Low</td>
<td>Test</td>
</tr>
</tbody>
</table>

**Contact with Response Partners**

Contact information will be maintained in the Emergency Resource Inventory List (ERIL) and updated 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.

- County EM/Activated County Emergency Operations Center (EOC)
- KYDPH Department Operations Center (DOC)
- State Emergency Operations Center (EOC)
- County and City Officials
- Frankfort Regional Medical Center
- Region 15 Distribution Node
- Frankfort Police
- Franklin County Sheriff's Office
- Kentucky State Police, Post 12
- County Point of Distribution Sites

**Communications Matrix**

<table>
<thead>
<tr>
<th>P = Phone</th>
<th>I = ITV (Interactive TV)</th>
<th>H = HF</th>
</tr>
</thead>
<tbody>
<tr>
<td>S = Satellite</td>
<td>V = VHF</td>
<td>U = UHF</td>
</tr>
<tr>
<td>E = Email</td>
<td>A = All listed Modes</td>
<td>X = Contact with RSS is limited</td>
</tr>
</tbody>
</table>

---

**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:

- Health Alert Network: https://han.ky.gov
- WebEOC
- Land Line telephone service
- Internet Service
- Cell phones and mobile devices
- Fax machines
- Priority calling service through G.E.T.S., WPS
- County reverse 911
- County and City Officials
- Kentucky State Police, Post 12
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**Inventory List (ERIL)**

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The ERIL and HAN User Guide is linked this plan.

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- Internet Service
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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.

**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).

**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.

**Procedure**

- 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.

**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 rapid response team (ERT) 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.
# FCHD All Hazards Plan

## Title References Identifier Revision

### FCHD All Hazards Plan

**PURPOSE**

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

**ASSUMPTION**

The ERRT is 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.


**PROCEDURE**


**FCHD Epi Rapid Response Team Members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judy Mattingly</td>
<td>Director</td>
</tr>
<tr>
<td>Kendra Palmer</td>
<td>Director of Environmental Services</td>
</tr>
<tr>
<td>Maribeth Liles</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Vicki Poppin</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Jenny Owens</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Wesley Clark</td>
<td>Environmentalist</td>
</tr>
<tr>
<td>Jennifer Bardroff</td>
<td>Environmentalist/Preparedness Coordinator</td>
</tr>
</tbody>
</table>

**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.

**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**

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medox</td>
<td>1-800-832-3244</td>
<td></td>
</tr>
<tr>
<td>Pathology &amp; Cytology</td>
<td>1-859-278-9513</td>
<td></td>
</tr>
<tr>
<td>LabCorp</td>
<td>1-800-800-4700</td>
<td></td>
</tr>
</tbody>
</table>

**Sample Testing (N)**

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

**Clinical**

<table>
<thead>
<tr>
<th>Position</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Administrator</td>
<td>(502) 564-7647</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>(502) 564-7647</td>
</tr>
<tr>
<td>Lab Tech</td>
<td>(502) 564-7647</td>
</tr>
</tbody>
</table>

**Environmental**

<table>
<thead>
<tr>
<th>Position</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Env. Health Director</td>
<td>(502) 564-7382</td>
</tr>
<tr>
<td>Preparedness Manager</td>
<td>(502) 564-7382</td>
</tr>
</tbody>
</table>

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.

---

**FOHD All Hazards Plan**

**Title References Identifier Revision**

**Purpose**

The FOHD 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**

FOHD 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 FOHD 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 FOHD 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/infolab/](http://chfs-ky.gov/dph/infolab/)

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

**Clinical**


**Environmental**


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.

References:
- FCHD SNS Plan
- FCHD POD Plan
- FCHD Gold Storage Plan
- Mero Street POD Book and ICS Form 215
- Commonwealth Credit Union POD Book and ICS Form 215

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 ERRF 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.
### Purpose

The Franklin County Health Department (FCHD) All Hazards Plan is designed to provide guidance for social distancing, isolation and quarantine activities that may become necessary during a public health emergency or for more routine scenarios.

#### Assumption

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

#### 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. Sanitarian 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.
   - 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.
   - Radiation exposure and response is governed by the Cabinet for Health and Family Services, Department for Public Health, Radiation Health Branch.
   - During a Declared Emergency under ESF-8, the environmental health staff will operate under the department’s ICS structure to address environmental hazards.
   - If Mass Care responsibilities are warranted under ESF-6 requiring the establishment of shelters, the environmental staff will do daily inspections on shelters that are open to maintain health and safety of regulations.
   - The inspections will be documented daily and forwarded to the Department for Public Health, Division of Public Health Protection and Safety.

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

### Title References

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Title</th>
<th>References</th>
<th>Identifier</th>
<th>Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Environmental Health (R)</td>
<td>KYS Food Code Federal Food Code KRS 210 thru 224 KAR 902</td>
<td>Goal 1: R1-R3</td>
<td>2018</td>
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<td>Purpose</td>
<td>Mass Fatality (Q)</td>
<td>DPH Mass Fatality Plan Franklin Co. Mass Fatality Plan</td>
<td>Goal 1: Q1-Q3</td>
<td>2018</td>
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<tr>
<td>Purpose</td>
<td>Non-Pharmaceutical Interventions (T)</td>
<td></td>
<td>Goal 1: T1-T9</td>
<td>2018</td>
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<td>Purpose</td>
<td>Disaster Behavioral Health ($)</td>
<td>KCCRB Operations Manual</td>
<td>Goal 1: S1-S5</td>
<td>2018</td>
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<tr>
<td>Purpose</td>
<td>All Hazards Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Federal isolation and quarantine are authorized for these communicable diseases:

- Cholera
- Diptheria
- 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.cdc.gov/quarantine/Aboutlaws/Regulations/QuarantineIsolation.html.

Definitions
- Isolation – The separation and restriction of movement or activities of ill infective individuals with a communicable 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 possibly 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.
- Isolated and quarantined individuals must be immediately removed to isolation or quarantine as necessary to meet the demands of isolated or quarantined individuals.
- 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 designated person without personal identifiers. The HIPAA 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 distancing, 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.

Franklin County Health Department
All Hazards Plan

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 essential 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; and
- 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.
**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/media-library/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
   a. Must have scientific knowledge, supplies and equipment to implement investigation.
2. Confirm the Existence of an Outbreak or Epidemic
   a. Compare the observed rate of disease with the expected.
   b. Determine if there is an actual increase in the number of cases beyond which is expected for person, place and time.
3. Verify the Diagnosis
   a. Determine the agent as soon as possible.
   b. Obtain proper lab samples.
   c. Review medical records.
   d. Confer with clinicians, patients and/or families.
4. Define, Identify, and Count Cases
   a. Establish a case definition.
   b. Identify cases.
   c. Develop a line-listing of cases.
5. Describe the Data in Terms of Person, Place and Time
   a. Person (age, gender, race, ethnicity, occupation, religion and any other factor that may define exposure).
   b. Place (determine what characterizes case location - subdivision, building, airport, wind pattern, water flow, etc.).
   c. Time (frame of time - hours, days, years; time clustering, seasonal).
6. Develop Hypotheses
   a. Hypothesis: an opinion or conjecture as to the source of the agent, the method of transmission and the exposure that caused the disease.
   b. Rationale, credible, defensible, testable.
7. Evaluate Hypotheses (Analyze and Interpret the Data)
   a. Compare hypothesis with established fact s.
   b. Use basic epidemiological study designs (case/control or cohort).
   c. Analyze the findings.
8. Refine the Hypotheses and Carry out Additional Studies
   a. Analytical studies may modify or fail to confirm the hypothesis.
   b. Additional sources of infection may be found.
   c. Further studies may be indicated.
9. Implement Control and Prevention Measures
   a. 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).
    a. Immediate upon the determination that a public health emergency exists by FCHD’s Public Health Director, the Director of the Office of Franklin/Franklin County Emergency Management, the Commissioner of the Kentucky Department for Public Health (KDPH), the following actions will be undertaken:

3. 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.

4. 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 Franklin/ Franklin County Office of Emergency Management.

5. The Planning Chief will establish a work schedule and job action sheets for volunteers.

6. 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.

7. 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 contracts and equipment may be found in the Emergency Resource Inventor List (ERIL).

8. 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 Citizen's 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.
**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.