

# Tab 8 Appendix D Disease Outbreak Support Plan

## Emergency Support Function (ESF) 8

# Barren River District Health Department Disease Outbreak Support Plan (DOSP)



**Public Health**  
Prevent. Promote. Protect.

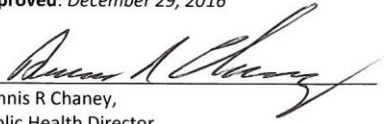
**Approved: December 29, 2016**

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## APPROVAL AND IMPLEMENTATION

The Barren River District Health Department's Disease Outbreak Support Plan (DOSP) was developed in December 2016 and is hereby approved for implementation. This plan may be amended by the Regional Epidemiologist as outlined in the [Plan Development and Maintenance Section](#) of this plan.

**Approved:** December 29, 2016



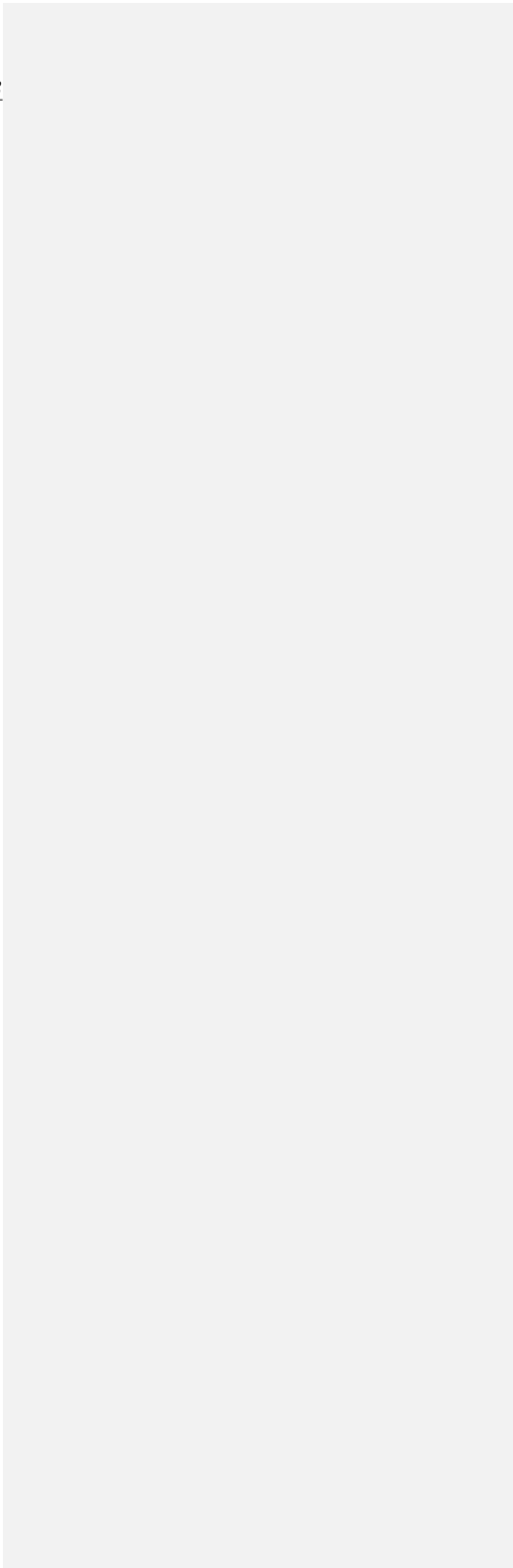
Dennis R Chaney,  
Public Health Director,  
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**RECORD OF CHANGES**

The Regional Epidemiologist shall ensure any changes made to this plan outside the official cycle of plan review and update are documented and distributed using the Document Change Record as outlined in the [Plan Development and Maintenance Section](#) of this plan.

<b>Date</b>	<b>Page(s)</b>	<b>Revision Description(s) (Include Section/Paragraph)</b>	<b>Who Posted</b>
7/19/2019	All DOSP	Revised and updated all sections with regards to KY Statues, Isolation and Quarantine, and replace "HAN" with "ReadyOp"; also updated Appendices A, B of Tab 8	Layne Blackwell and Richard Graham



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## OVERVIEW

### Primary Agency

- Barren River District Health Department

### Local Support Agencies

- County Emergency Management Agencies (EMA)
- Emergency Medical Service (EMS) Agencies
- Circuit Court
- Local Law Enforcement Agencies
- American Red Cross
- Local hospitals and long term care facilities

### State Agencies

- Kentucky Department for Public Health (KDPH)
- Kentucky Division of Emergency Management (KYEM)
- Kentucky Community Crisis Response Board (KCCRB)

### Purpose

The Barren River District Health Department's Disease Outbreak Support Plan (DOSP) describes activation, authorities, policies and procedures to manage a local public health response to a "significant communicable disease outbreak" including:

- Public Health procedures for outbreak investigation;
- Public Health authorities and responsibilities in outbreak response, including disease control interventions, beyond single case management and;
- Collaboration between the Local Health Department (LHD) and local, state, and federal agencies and other stakeholders.

### Scope

This plan describes the roles and responsibilities of the LHD in response to a significant communicable disease outbreak. This plan does not include procedures for routine, on-going public health surveillance and disease investigation.

### Assumptions

The following assumptions have been made in the development of this plan:

- The disease outbreak is of a magnitude requiring activation of public health resources (personnel, equipment, and supplies) and coordination with other agencies including local hospitals, state, and federal agency partners;
- The LHD may activate the Departmental Operations Center (DOC) and the Epidemiology Rapid Response Team (ERRT) to coordinate public health operations;

- Outbreak investigations may be managed and organized using the Incident Command System (ICS);
- The least restrictive means possible will be used to control disease spread and the LHD will primarily focus on gaining voluntary compliance;
- Public health information will be distributed to achieve voluntary compliance with outbreak interventions including community containment, mass prophylaxis, non-pharmaceutical interventions, social distancing, and isolation/quarantine;
- The LHD will work closely with physicians, hospitals, health care entities, and other community stakeholders including law enforcement and emergency management agencies to coordinate outbreak interventions and isolation/quarantine measures;
- In large-scale disease outbreaks with rapidly spreading disease:
  - Mass prophylaxis may be necessary, if a vaccine or pharmaceutical agent is available;
  - Isolation and quarantine may be necessary;
  - Curfews and other restrictions on movement may be required;
  - Hospitals may be overwhelmed and treatment may be conducted at Alternate Care Sites;
  - Local emergency systems, including 911 and EMS, may alter normal protocols to gather patient related exposure and health status information of suspect persons to arrange safe transport and delivery;
  - Ill patients will be transported to the most appropriate medical facility.
- Appropriate legal actions will be taken in cases of non-compliance with LHD-issued Public Health Orders;
- Situational awareness will be maintained through defined information sharing processes with the use of telephones, conference calls, E-mail, WebEOC, and/or the ReadyOp in coordination with local, state, and federal agencies. Common terminology will be used to include the acronyms listed in [Attachment 1](#);
- The requirements of functional and access needs (FAN) populations will be coordinated with local and state agencies during an outbreak;
- All agencies will document response and recovery activities as required by the National Incident Management System (NIMS).

## CONCEPT OF OPERATIONS

### Introduction

Each of the agencies listed in this plan shall prepare for communicable disease operations by maintaining the applicable equipment and supplies and implementing an active planning, training, and exercise cycle through coordination with the respective local, state, and federal agencies.

The response to a suspected or confirmed disease outbreak will be a coordinated effort between local, state, and federal agencies as outlined in this plan and by following the Steps of an Outbreak Investigation in [Attachment 2](#). This plan will be implemented when the LHD is notified of a suspected disease outbreak from any of the following sources:

- On-going 24/7 epidemiological surveillance and disease reporting. Note: The LHD has continual access to the National Electronic Disease Surveillance System (NEDSS) to receive and analyze communicable disease reports.
- Calls and reports from hospitals, long term care facilities, schools, laboratories, physician offices, urgent care centers, or community partner organizations.
- Alerts from other LHDs, KDPH, and/or federal agencies.
- Notification by a health professional of a reportable disease to the LHD or KDPH.

The following are triggering events that will require a public health response:

- Unexpected pattern of cases, suspected cases, or deaths which may indicate a newly recognized infectious agent;
- Outbreaks or Unusual Public Health Occurrences;
- Notification of any Category A disease, including:
  - Anthrax
  - Brucellosis
  - Smallpox
  - Viral hemorrhagic fever (e.g. Ebola)
  - Plague
  - Botulism (not infant)
  - Tularemia;
- Notification of any disease, syndrome, or outbreak with one or more characteristic suggestive of bioterrorism:
  - Large number of ill persons with similar disease, or syndrome
  - Large number of unexplained disease, syndrome, or death
  - Unusual illness in a population
  - Higher than expected morbidity or mortality with a common disease
  - Failure of a common disease to respond to usual therapy
  - Disease with unusual geographic, seasonal, or demographic distribution
  - Endemic disease with unexplained increase in incidence
  - Simultaneous clusters of similar illness in non-contiguous areas
  - Atypical aerosol, food, or water transmission
  - Deaths or illness among animals that precedes or accompanies illness or death in humans
  - Declaration of pandemic or pandemic believed to be imminent

- Any disease, syndrome, outbreak, pandemic or any threat thereof that warrants epidemiologic investigation

During the Recovery Phase, every response to a communicable disease-related incident will be evaluated to identify strengths, areas for improvement, lessons learned, and corrective actions. An After Action Report/Improvement Plan (AAR/IP) will be written and corrective actions will be tracked and implemented ensuring plans, procedures, and guidelines are updated as required.

### **Preparedness Phase**

The agencies listed in this plan shall prepare for managing a person with suspected or confirmed communicable disease by:

- Maintaining agency-specific plans and procedures;
- Participating in communicable disease-related training and exercise activities;
- Maintaining an inventory of equipment and supplies appropriate for use with communicable disease patients;
- Maintaining communication and information technology (IT) systems and;
- Maintaining internal and external 24/7 emergency points of contact.

### **Response Phase**

The transition from the preparedness phase to the response phase will occur when the LHD is notified of a suspected or confirmed disease outbreak. The major components of this phase include:

- Maintaining situational awareness;
- Alerting local, state, and federal agencies of the existence of suspected/confirmed disease outbreak;
- Conducting an outbreak investigation;
- Requesting local, state, and/or federal assistance;
- Coordinating laboratory testing of suspected/confirmed communicable disease patients;
- Implementing infection control measures during communicable disease-related operations;
- Developing and disseminating public information and warnings;
- Implementing isolation and quarantine measures;
- Providing behavioral health services to patients, healthcare workers, emergency responders, and family members;
- Initiating contact investigations and monitoring of at-risk individuals;
- Ensuring the proper disposal of infectious waste;
- Disinfecting vehicles, facilities, and equipment and;
- Demobilizing communicable disease-related operations.

### **Recovery Phase**

The transition from the response phase to the recovery phase will occur when the person leading the response operation determines the outbreak is over based on mitigation of exposure, sufficient time has elapsed since last case, and/or other relevant data. The major components that will be addressed during the recovery phase include:

- Maintaining situational awareness;
- Providing community recovery support and behavioral health services;
- Replenishing supplies and servicing equipment;
- Documenting response and recovery activities;
- Tracking and implementing corrective actions.

## ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

### Primary Agency - Local Health Department

1. Public Health Director: Issues Public Health Orders as necessary.
  - a. Activates ERRT or other resources, if needed, to support outbreak investigation and response;
  - b. Coordinates with Public Information Officer on all messaging related to outbreak in jurisdiction.
2. Regional Epidemiologist
  - a. Serves as lead investigator or primary coordinator in an outbreak investigation, including development of questionnaires, assisting with interviews as needed, analysis of data, and providing recommendations for control and prevention measures;
  - b. Assists in confirming the outbreak and establishing the preliminary causal hypothesis;
  - c. Facilitates and guides the steps in an outbreak investigation to include the methodology (survey design, interview, and data analysis) used during the investigation and triggers for post-exposure prophylaxis;
  - d. Ensures that the KDPH Outbreak Report is completed within the prescribed timeframes set forth by KDPH Reportable Disease Section; currently 30 days after the end of the outbreak;
  - e. Coordinates with Communicable Disease Nurse, Health Officer, Environmental Health, Reportable Disease Branch Consultants, Kentucky Division of Laboratory Services (KDLS) Epi/Lab Connector, KDPH Preparedness Branch, Regional Preparedness Coordinator (RPC), Healthcare Preparedness Coordinator (HPC), local community partner agencies, and local healthcare agencies/providers as appropriate;
  - f. Coordinates a hotwash following the outbreak response with the LHD Preparedness Coordinator to ensure that an AAR/IP is completed, as appropriate.
3. Communicable Disease Nurse
  - a. Monitors notifiable conditions reported to the LHD;
  - b. Conducts initial investigation of potential outbreaks;
  - c. Interviews cases and contacts;
  - d. Provides guidance on lab testing and specimen collection;
  - e. May provide testing materials and assist with specimen collection in some circumstances;

- f. Assists with submission of specimens to the KDLS;
- g. Maintains communication with local healthcare professionals;
- h. Provides educational information about infectious diseases;
- i. Assists with the implementation of control and prevention measures to stop an outbreak from spreading;
- j. Coordinates with Regional Epidemiologist, Health Officer, Environmental Health, Reportable Disease Branch Consultants, KDLS Epi/Lab Connector, KDPH Preparedness Branch, RPC, HPC, local community partner agencies, and local healthcare agencies/providers as appropriate.

#### 4. Environmental Health

- a. Identifies and addresses food and/or water safety issues that may have contributed to the outbreak;
- b. Collects menu of items served, food, and environmental samples, as needed;
- c. Coordinates with the Regional Epidemiologist or Communicable Disease Nurse to have samples/specimens sent to KDLS for testing;
- d. Assists with submission of food or animal samples/specimens to KDLS, as necessary;
- e. Enforces restrictions and exclusions of ill food handlers from work based upon guidance from KY Food Code;
- f. Coordinates with Communicable Disease Nurse, Regional Epidemiologist, and KDPH Public Health Protection and Safety Branch.

#### 5. Epi Rapid Response Team (ERRT)

- a. Interviews cases and contacts;
- b. Dispenses education information about infectious diseases and prophylaxis;
- c. Answers questions from providers and/or the public;
- d. Coordinates with Regional Epidemiologist and Communicable Disease Nurse to provide assistance during outbreak investigation;

6. Public Information Officer: Serves as the primary media contact and spokesperson for the LHD.

### Local Support Agencies

#### 1. County Emergency Management Agencies (EMA)

- a. Coordinates with affected agencies to receive and act on requests for assistance;

- b. Alerts and activates personnel for staffing of the county Emergency Operations Center (EOC) based upon the complexity and duration of the communicable disease-related incident;
- c. Maintains communications with local government officials and the KY Division of Emergency Management regarding the status of response and recovery efforts;
- d. Supports ESF 8 – Public Health and Medical Services in coordinating public health and medical response and recovery activities;
- e. Coordinates with local and state healthcare agencies for the release of incident-related information through ESF 15 – Public Information and if activated, a Joint Information Center (JIC).

## 2. EMS Agencies

- a. Maintains ambulances, Personal Protective Equipment (PPE), equipment, and supplies needed for transporting a person with suspected or confirmed communicable disease;
- b. Transports communicable disease-related patients to a designated hospital upon notification;
- c. Coordinates with designated agencies to manage infectious waste and decontamination of ambulances and EMS equipment after the transport of a communicable disease patient.

## 3. Circuit Court: Issues court orders to persons placed into isolation and/or quarantine to compel compliance with the conditions of isolation and/or quarantine, as provided in the Kentucky Revised Statute (KRS) [214.020](#) and KRS [212.245](#)(6).

## 4. Local Law Enforcement Agencies

- a. Provides security to LHDs, EMS agencies, hospitals, and funeral homes during communicable disease-related operations, if required;
- b. Coordinates with LHDs, KDPH, and Kentucky State Police (KSP) to implement and maintain court ordered public health enforcement measures when isolation and/or quarantine measures are required.

## 5. American Red Cross

- a. Lead the Volunteer Organizations Active in Disasters (VOAD) and will work with other VOADs to provide assistance and fill in any gaps they are unable to provide;
- b. Develop a casework plan in coordination with the LHD and the ARC Regional Disaster Officer for Kentucky;
- c. Ensure casework guidance and reporting resources are supplied.

## 6. Local Hospitals and Long Term Care Facilities



- a. Report reportable diseases and outbreaks to local/state public health department;
- b. Send appropriate clinical specimens to KDLS for further testing and confirmation;
- c. Implement infection prevention and control measures as per guidelines;
- d. Operate closed PODs as per established plans.

### **State Agencies**

#### **1. Kentucky Department of Public Health (KDPH) – Division of Epidemiology and Health Planning**

- a. Maintains the 24/7 contact number, 1-888-9REPORT (973-7678), for disease reporting and public health emergencies;
- b. Serves as the lead agency for ESF 8 – Public Health and Medical Services and will activate the State Health Operation Center (SHOC) to support public health and medical-related operations;
- c. Provides epidemiological support to local health departments, hospitals, and other healthcare agencies;
- d. Provides laboratory support to local health departments, hospitals, and other healthcare agencies for the procurement and shipping of specimens;
- e. Provides disease specific guidance to LHD and other healthcare agencies;
- f. Issues Public Health Orders, if indicated;
- g. Coordinates requests for ESF 8 assistance, including Kentucky Public Health Assistance and Support Team (KPHAST) and Medical Reserve Corps (MRC);
- h. Coordinates with the RPC who serves as the liaison between KDPH, local or Regional Epidemiologist, and the LHD to maintain situation awareness and deployment of ESF 8 resources;
- i. Coordinates with the HPC who serves as the liaison between KDPH, local or regional hospitals, long term care facilities, and other healthcare facilities to maintain situation awareness and deployment of Hospital Preparedness Program (HPP) assets through assigned Coalition Coordinators.

#### **2. Kentucky Emergency Management (KYEM)**

- a. Supports ESF 8 in coordinating public health and medical preparedness, response, and recovery activities with other ESFs and local, state, and federal agencies;
- b. Maintains the 24/7 emergency contact information of key incident management personnel within KDPH and ESF 8 agencies;
- c. Provides support to local and state agencies for developing and releasing emergency public information and warnings through ESF 15 – Public Information and/or activation of a JIC;

- d. Coordinates requests for assistance through Mutual Aid, EMAC, and/or federal assistance when the capabilities of the state to respond to a disaster are exceeded;
- e. Provides administrative support to recovery efforts by assisting in the processing of documents authorizing payments to individuals, families, local governments, and state agencies.

3. Kentucky Community Crisis Response Board (KCCRB)

- a. Maintains and publishes the toll free, 24/7 access phone number of (888) 522-7228 for behavioral health support;
- b. Assigns personnel to coordinate behavioral health services through KDPH'S SHOC and/or state's EOC, as applicable;
- c. Activates Crisis Response Teams to provide behavioral health services to patients, healthcare workers, emergency responders, family members, and others suffering psychological trauma during and after-infectious disease related incident.

## **DIRECTION, CONTROL, AND COORDINATION**

- This plan provides the operational framework for the Barren River District Health Department to manage a suspected or confirmed communicable disease patient within Region 4 or Barren River District;
- Local governments are responsible under all applicable laws, executive orders, proclamations, rules, regulations, and ordinances for managing persons with suspected or confirmed communicable diseases within their respective jurisdiction(s);
- Agencies identified within this support plan shall ensure that personnel are trained and resources are available to achieve the operational objectives identified within this plan.

### **Authority to Implement Plan**

This plan will be implemented by LHDs, through coordination with KDPH, upon notification of a suspected or confirmed disease outbreak.

### **Preparedness Phase**

1. **Plans and Procedures**: The agencies listed within this plan shall maintain emergency operations plans and procedures/guidelines to implement communicable disease operations during the preparedness, response, and recovery phases, as applicable.
2. **Training**
  - a. All agencies listed in this plan shall ensure personnel are trained on this plan to ensure they are aware of their responsibilities and can implement response and recovery operations;
  - b. Training should be provided initially and at least annually thereafter. Additional training may be conducted at the discretion of each agency.
3. **Exercises**
  - a. All agencies listed within this plan will participate in communicable disease-related exercise activities following Homeland Security Exercise and Evaluation Program (HSEEP) guidance to test elements of this plan, both individually and collectively, and to test and validate established procedures, systems, and equipment;
  - b. Communicable disease-related exercises may be conducted independently or in conjunction with other local, regional, state, or federal scheduled exercises.
4. **Equipment and Supply Inventory**
  - a. Agencies who have the potential to be in direct contact with a person with a suspected or confirmed communicable disease shall maintain an adequate supply of the applicable types of equipment and supplies, including PPE, to ensure the safety of responders and healthcare workers;

- b. Each Healthcare Coalition (HCC) will maintain a “backup” inventory of the appropriate types of PPE and ensure all EMS agencies, hospitals, and public health departments within the Regional HCC have visibility of the types and amounts available for emergency issue. Each HCC shall ensure PPE purchases are compatible with all agencies, as applicable, and that supplies can be moved rapidly to a requesting facility when needed.

#### 5. Interoperable Communications/IT Systems

- a. All agencies listed within this plan shall maintain the ability to communicate through the use of conventional communications methods or other mutually agreed upon methods. This may include land-based telephone systems, cellular telephones, facsimile, video conferencing, E-mail, WebEOC, ReadyOp, Epi Info, and National Electronic Disease Surveillance System (NEDSS) to share information and maintain situational awareness, as applicable;
- b. Regardless of the communication system used, confidentiality and legal restraints shall be maintained throughout the information sharing process as required Health Insurance Portability and Accountability Act ([HIPAA](#)).

#### 6. Emergency Points of Contact

- a. LHD shall ensure that an emergency contact list is maintained for all responsible parties and agencies listed in this plan, and other agencies as applicable. These designated agencies shall ensure current contact information is maintained and tested to ensure 24/7 functionality, unless otherwise noted;
- b. The 24/7 points of contact for KDPH and KYEM are:
  - o **KDPH’s On-Call Epidemiologist at 1-888-9REPORT (973-7678)**
  - o **Kentucky Emergency Management’s Duty Officer at (800) 255-2587**

### Response Phase

#### 1. Situation Awareness

- a. Each agency listed in this plan shall share information and maintain situational awareness of communicable disease-related activities through communication and information sharing with the applicable healthcare providers and responders and agencies listed in [Attachment 3](#);
- b. Information shall be collected and disseminated through meetings and/or the use of available communication systems and incident management software systems;
- c. Confidentiality and legal restraints shall be maintained throughout the information sharing process as required by [HIPAA](#).

#### 2. Alert and Notification

- a. LHD’s shall immediately notify KDPH’s Infectious Disease Branch and/or On-Call Epidemiologist at 1-888-9-REPORT (973-7678) upon notification of a suspected or confirmed communicable disease-related incident;

- b. KDPH will alert the applicable local, state, and federal agencies that have a primary role for managing a communicable disease-related incident.
3. Outbreak Investigation: The Regional Epidemiologist and/or LHD, through coordination with KDPH and County EMA, shall coordinate the operations and resources needed to conduct and report an outbreak investigation following the Steps of an Outbreak Investigation in [Attachment 2](#).
4. Requesting Assistance
  - a. Upon notification, KDPH will coordinate ESF 8 epidemiological operations and provide support to local and state agencies for any communicable disease-related incident;
  - b. Requests for resources (personnel, equipment, and/or supplies) and ESF 8 assistance can be requested through mutual aid from local jurisdictions and/or from the state when resources are about to be exhausted and cannot be obtained through normal channels as outlined in Kentucky's ESF 8 Resource Request Flowchart in [Attachment 3](#);
  - c. Requests for assistance may be accomplished via a variety of methods including person-to-person, phone calls, E-mails, and conference calls.
5. Laboratory Testing: LHDs, hospitals, and other healthcare agencies will coordinate with KDPH and the KDLS in Frankfort, KY to procure and ship laboratory specimens for testing.
6. Infection Control Measures: Each agency shall follow the Centers for Disease Control and Prevention's (CDC) infection control guidance specific to the applicable healthcare condition, worker, or setting.
7. Public Information and Warning
  - a. The agencies listed in this plan shall coordinate with the respective LHD, County EMA, hospital, KDPH, Cabinet for Health and Family Services (CHFS), and KYEM for the development and release of communicable disease-related public information through ESF 15 – Public Information, and if activated, a Joint Information Center (JIC);
  - b. Authorized representatives from applicable agencies shall coordinate the release of public information as required by agency-specific directives and protocols.
8. Isolation and Quarantine
  - a. State and local health departments have the legal power to impose isolation and/or quarantine by issuing a written public health order to the person to be isolated or quarantined. If that person violates the order, the health department that issued it can seek a court order in the appropriate Circuit Court to compel compliance with the conditions of isolation and/or quarantine, as provided in the Kentucky Revised Statute [KRS 214.020](#) (for the state health department) and [KRS 212.245\(6\)](#) (for LHDs). If an order is granted by the judge, a law enforcement officer could use force, if necessary, in carrying out the order of the court to compel compliance with the isolation and/or quarantine order;

- b. Public health orders may be issued by LHDs to all persons identified as at risk of a communicable disease which will identify specific restrictions on the individual's activities. The creation of public health orders and their serving will be implemented by local health departments through coordination with KDPH;
- c. LHDs will implement isolation and/or quarantine measures for a communicable disease on a case-by-case basis through coordination with KDPH and local law enforcement agencies. Specific infection control guidance will be issued to all responders, as applicable;
- d. ARC will coordinate family assistance to persons placed into isolation and/or quarantine through coordination with the LHD.

#### 9. Behavioral Health Services

- a. Behavioral health services for communicable disease-related patients, family members, healthcare workers, emergency responders, and others in the community shall be coordinated through KCCRB and/or local mental health organizations;
- b. KCCRB shall coordinate with KDPH, KYEM, and the respective County EMA and LHD to deploy Kentucky Community Crisis Response Teams (KCCRT) to provide onsite behavioral health assessments and counseling during the response and recovery phases.

10. Contact Investigations and Monitoring: LHDs will initiate contact investigations for persons exposed to a patient with a confirmed communicable disease, as applicable.

11. Infectious Waste Management: All agencies listed within this plan shall ensure infectious waste is handled and disposed of following state and federal guidance and ensure infectious waste is tracked from collection to disposal.

12. Disinfecting: Each agency shall follow CDC's guidance to disinfect vehicles, facilities, and equipment as applicable for the healthcare condition, worker, or setting.

13. Demobilization: LHDs shall coordinate with the agencies listed within this plan to determine when communicable disease-related operations can be demobilized and will collaborate with local, state, and federal partners in assessing the need for support services during demobilization.

### Recovery Phase

#### 1. Situation Awareness

- a. Each agency listed in this plan shall continue to share information and maintain situational awareness of communicable disease-related activities through information sharing with the applicable healthcare providers and responders, and agencies as outlined in [Attachment 3](#);
- b. Information shall be collected and disseminated through meetings and/or the use of available communication systems and incident management software systems;
- c. Confidentiality and legal restraints shall be maintained throughout the information sharing process as required by [HIPAA](#).

## 2. Community Recovery

- a. The agencies listed within this plan shall continue to coordinate with the affected jurisdiction to provide support and technical assistance during the Recovery Phase per agency directives;
  - b. KCCRB, in coordination with local mental health organizations, shall continue to provide behavioral health services to healthcare workers, emergency responders, and others in the community, as applicable;
  - c. KDPH shall maintain an activated SHOC to coordinate public health and medical support until it has been determined by KDPH, KCCRB, KYEM, and LHD partnering agencies that state-level support is no longer required.
3. Replenishing Supplies and Servicing Equipment: The agencies listed within this plan shall replenish depleted supplies and rehabilitate resources and equipment per agency directives to prepare for the next incident, as applicable.
4. Documenting Response and Recovery Activities: Each agency listed in this plan shall evaluate and document exercises and actual events through an evaluation process and development of formal After Action Report/Improvement Plans (AAR/IP) ensuring the following activities are implemented.
- a. A Hotwash is conducted immediately following an exercise or real-world event;
  - b. A formal After Action Review is conducted within 2 weeks of an exercise or real-world event;
  - c. AAR/IPs are completed by a designated evaluation team and approved within 60 days of an exercise or within 120 days of a real-world event;
  - d. Corrective actions identified in the AAR/IP are tracked and implemented through coordination with involved agencies;
  - e. Disease-related plans/procedures are revised based upon corrective actions and lessons learned.

## **PLAN DEVELOPMENT AND MAINTENANCE**

### **Maintenance**

The Regional Epidemiologist shall coordinate a review of the DOSP at least annually in coordination with the supporting agencies identified within this document. Additional reviews may be conducted following an exercise, significant event, or regulatory changes indicating a need. The Regional Epidemiologist and/or the Disaster Preparedness Coordinator shall track and distribute any needed changes to this plan using the Document Change Record listed in the [Record of Changes Section](#) when changes/updates are required outside the official review cycle.

Documentation of periodic/annual reviews and revisions to this plan shall be maintained on file by the Regional Epidemiologist. Documentation should include, at a minimum, the date of the change, a description of the change with page/section number, and the name and title of the person who made the change.

Elements of this plan shall be activated and evaluated during scheduled exercises as outlined in the Regional Multiyear Training and Exercise Plan (MYTEP).

### **Document Control**

The Region 4 DOSP shall be distributed to all agencies identified within this plan and to other agencies that have a supporting role for a communicable disease outbreak. Copies of this plan may be distributed via hard copy, electronic copy, or by posting on internal websites.

Regional Epidemiologist and/or Disaster Preparedness Coordinator shall track who has received a copy of this plan and ensure updated versions are distributed whenever critical changes occur. The original, signed copy and digital copy of this plan shall be maintained by the Regional Epidemiologist.

## **AUTHORITIES AND REFERENCES**

### **Legal Authorities**

#### State

- [KRS 39A.010](#) – Legislative Intent – Necessity
- [KRS 39A.100\(1\)](#) – Emergency powers of Governor and local chief executive officers
- [KRS 194A.410](#) – Vaccination program for emergency responders
- 
- KRS 195.040; 211.090 – “Powers and duties of secretary” under state health programs (<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=8342>)
- [KRS 202A.031](#) – Seventy-two-hour emergency admission
- [KRS 211.180](#) – Functions of cabinet in the regulation of certain health matters – Inspection Fees – Hearing
- [KRS 212.170](#) – Appointment of health officers -- Assistant -- Employees -- Appeals
- [KRS 212.180](#) – Health officer qualifications
- [KRS 212.245](#) – Powers of local health departments
- [KRS 214.010](#) – Physicians and Heads of Families to Report Diseases to Local Board of Health
- [KRS 214.020](#) – Cabinet to Adopt Regulations and Take Other Action to Prevent Spread of Disease
- [902 KAR 2:020](#) – Reportable disease surveillance
- [902 KAR 2:030](#) – Inspections and control procedures
- [902 KAR 2:050](#) – Control procedures; application

### **References**

#### Federal

- Homeland Security Council—[National Strategy for Pandemic Influenza \(2005\)](#)
- US Department of Health and Human Services—[Pandemic Influenza Plan Update \(2017\)](#)
- Centers for Disease Control and Prevention (CDC) – [Updated Preparedness and Response Framework for Influenza Pandemics \(2014\)](#)
- [Preparing for a Pandemic Influenza](#) – A Primer for Governors and Senior State Officials (2006)
- World Health Organization (WHO)—[Pandemic Influenza Risk Management Interim Guidance \(2013\)](#)
- FEMA’s [Incident Action Planning Guide, January 2012](#)

#### State

- Kentucky’s Emergency Operations Plan and ESF 8 – Public Health and Medical Services Annex



- Kentucky Department for Public Health's State Health Operations Support Plan
- [Kentucky Foodborne and Waterborne Outbreak Investigation Manual](#)
- Kentucky Pandemic Influenza Operations Plan
- KDPH Disease Outbreak Specific Plan (DOSP)

#### Local

- Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Simpson and Warren - County Emergency Operations Plans
- Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Simpson and Warren - County ESF 8 – Public Health and Medical Services Annex
- Barren River District Health Department's Department Operations Center Plan
- Barren River District Health Department's Strategic National Stockpile (SNS) Plan
- Barren River District Health Department's Point of Dispensing Book
- Barren River District Health Department's Continuity of Operations Plan (COOP)
- Region 4 Healthcare Emergency Area 4 Resource Team (HEART) Emergency Operations Plan
- Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Simpson and Warren - County Fatality Management Plan

Books and Guidance's- [Attachment 5](#): Outbreak Resources

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**ATTACHMENT 1: ACRONYM LIST**

<b>Acronym</b>	<b>Title</b>
AAR/IP	After Action Report/Improvement Plan
ARC	American Red Cross
CDC	U.S. Centers for Disease Control and Prevention
CHFS	Cabinet for Health and Family Services
COOP	Continuity of Operations
DOC	Department Operations Center
DOSP	Disease Outbreak Support Plan
EMA	Emergency Management Agency
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ERRT	Epidemiology Rapid Response Team or Epi Rapid Response Team
ESF	Emergency Support Function
FAN	Functional and Access Needs
HAN	Health Alert Network
HCC	Healthcare Coalition
HPC	Healthcare Preparedness Coordinator
HIPAA	Health Insurance Portability and Accountability Act
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
JIC	Joint Information Center
KAR	Kentucky Administrative Regulation
KDPH	Kentucky Department for Public Health
KCCRB	Kentucky Community Crisis Response Board
KCCRT	Kentucky Community Crisis Response Team
KDLS	Kentucky Division of Laboratory Services
KHELPS	Kentucky Health Emergency Listing of Professionals for Surge
KPHAST	Kentucky Public Health Assistance and Support Team
KRS	Kentucky Revised Statute
KYEM	Kentucky Emergency Management
LHD	Local Health Department
MRC	Medical Reserve Corps
MYTEP	Multiyear Training and Exercise Plan
NIMS	National Incident Management System
NEDSS	National Electronic Disease Surveillance System
PPE	Personal Protective Equipment
RPC	Regional Preparedness Coordinator
SHOC	State Health Operations Center
SNS	Strategic National Stockpile
VOAD	Volunteer Organizations Active in Disasters

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## ATTACHMENT 2: STEPS OF AN OUTBREAK INVESTIGATION

### INTRODUCTION

#### 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.

#### Purpose of an Outbreak Investigation

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.

#### 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, 2012. 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 that which is expected for person, place, and time.
- 3. Verify the Diagnosis**
  - a. Determine the causative 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, weeks, months, years; time clustering, seasonal).

**6. Develop Hypotheses**

- a. Hypothesis: a supposition or conjecture as to the source of the agent, the method of transmission, and the exposure that caused the disease based on collected data;
- b. Rationale, credible, defensible, and testable.

**7. Evaluate Hypotheses (Analyze and Interpret the Data)**

- a. Compare hypothesis with established data;
- 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**

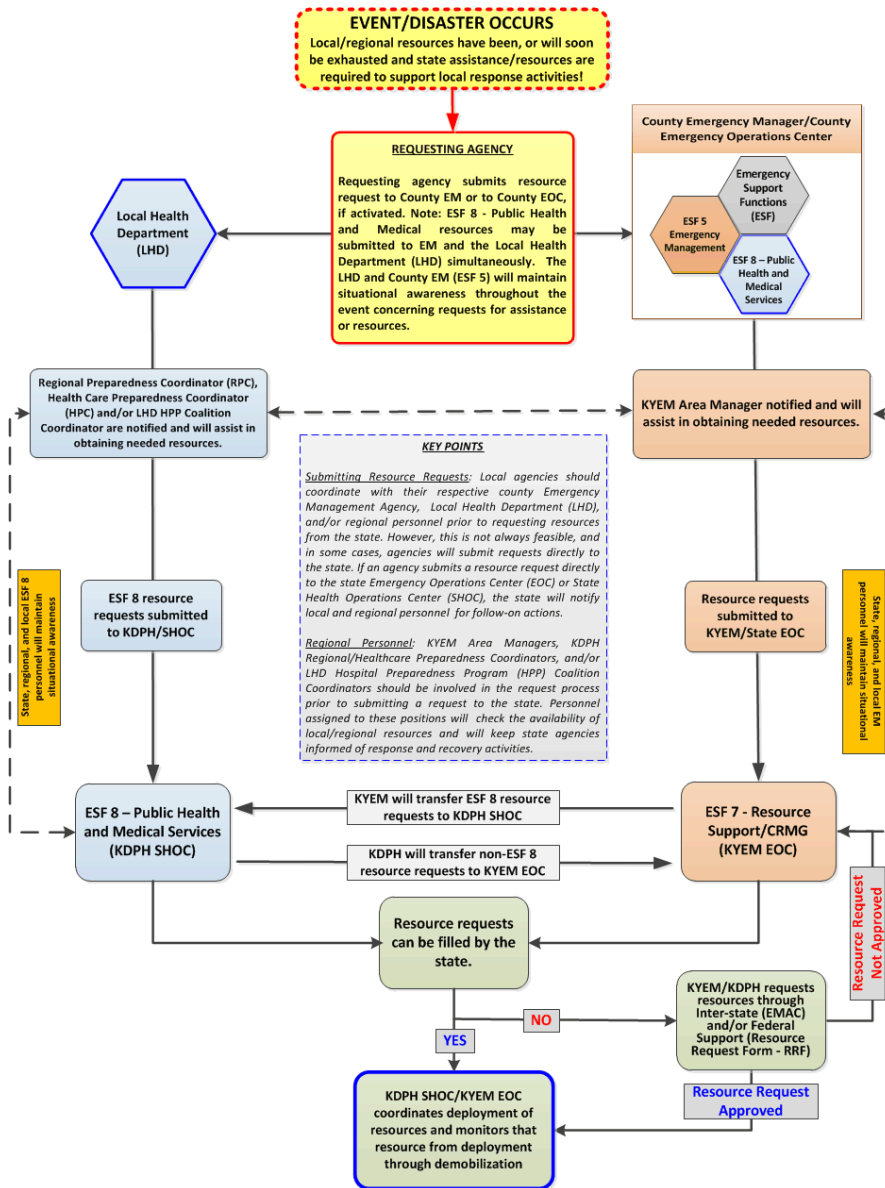
- a. If source of outbreak is implicated, interrupt source of infection or contamination and implement prevention measures if available (e.g., vaccination, isolation and/or quarantine, and treatment of cases).

**10. Communicate Findings and Prepare Report of the Investigation**

- a. Disseminate information from outbreak investigation report to other local, state, and federal agencies involved;
- b. Disseminate outbreak investigation report to community partners and stakeholders.

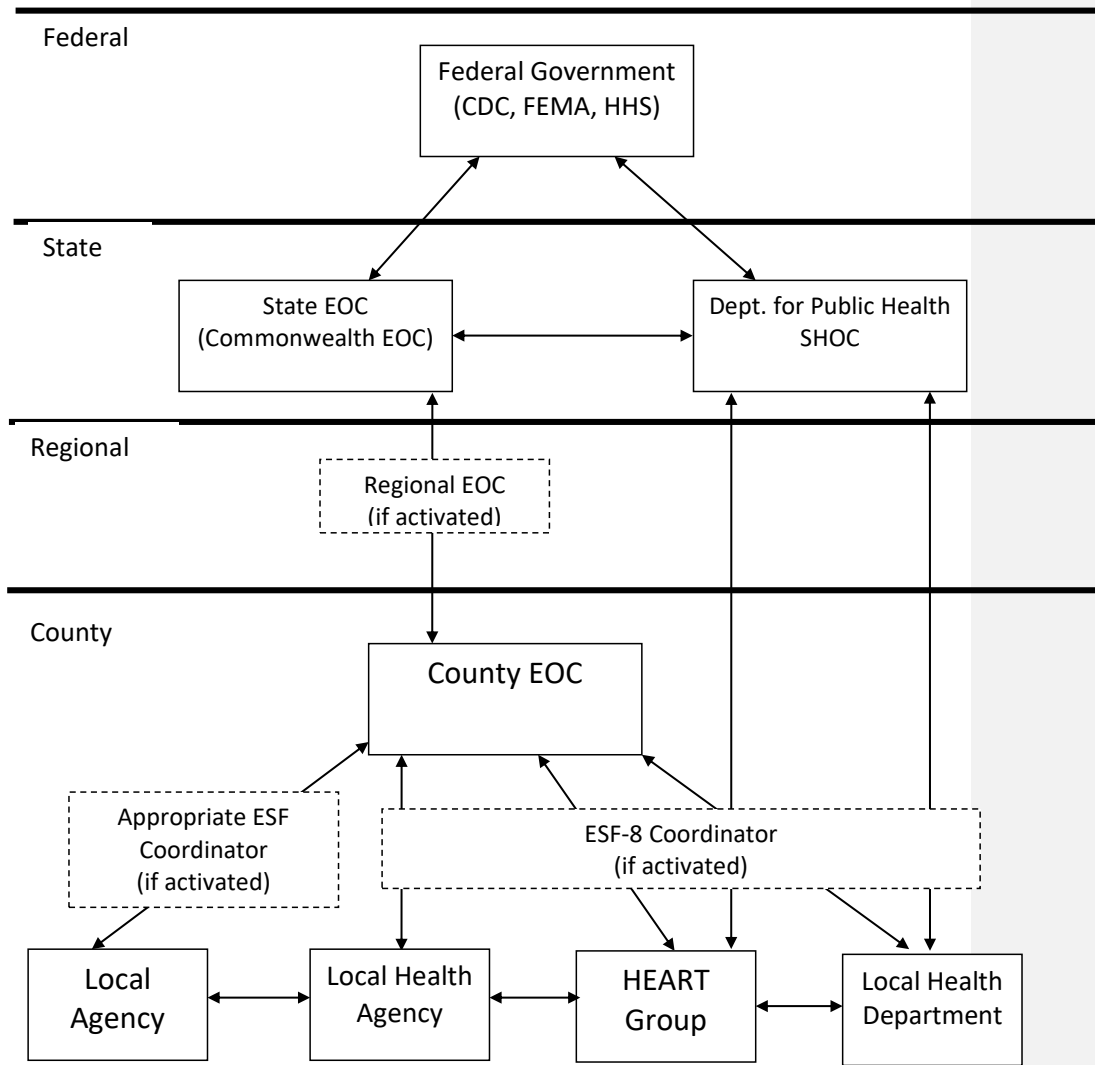
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### ATTACHMENT 3: KENTUCKY'S ESF 8 RESOURCE REQUEST FLOWCHART

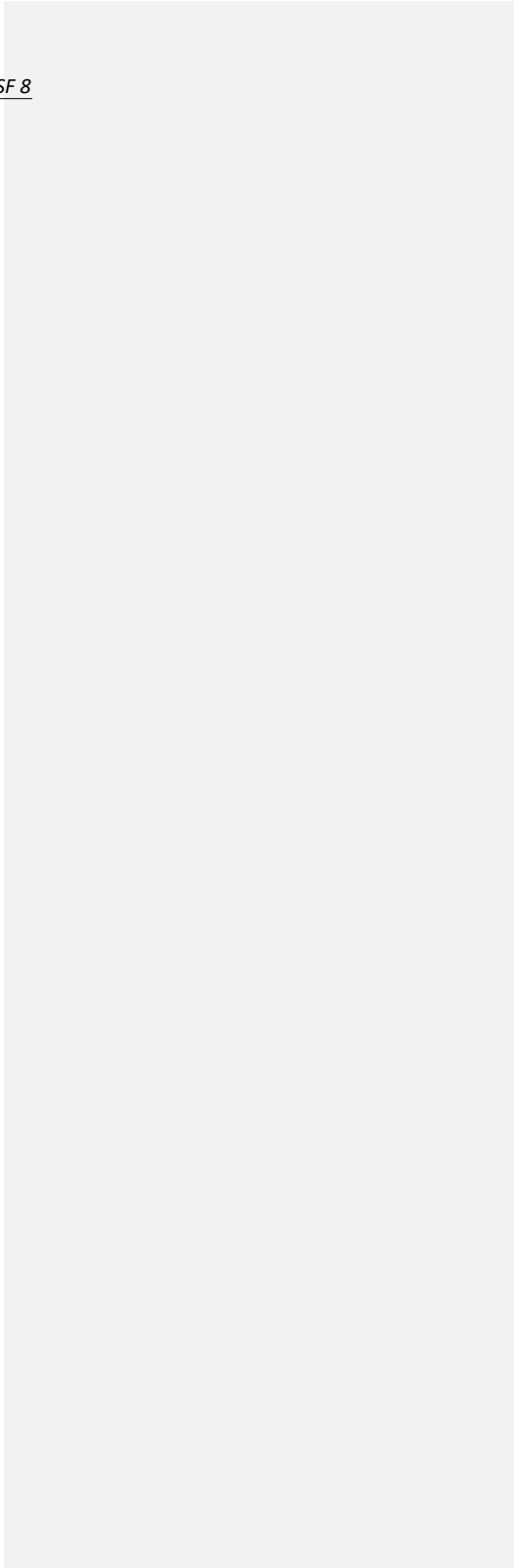


### Attachment 4 Coordination Vertically and Horizontally


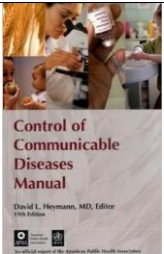
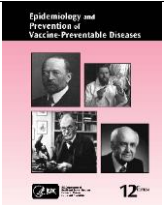
How healthcare system coordinates vertically and horizontally (C1, F2, P2, 3)  
Request resources from Local, State, and Federal levels of emergency ops (C1, F4, P2, 3)  
Coordinate healthcare organization operations with local or state EOCs (C1, F2, P2, 6)








**ATTACHMENT 5: OUTBREAK RESOURCES**

<p>RED Book</p>	
<p>Control of Communicable Diseases Manual</p>	
<p>Epidemiology and Prevention of Vaccine-Preventable Diseases</p>	
<p>Managing Infectious Disease in Child Care and Schools</p>	
<p>Kentucky Foodborne and Waterborne Outbreak Investigation Manual</p>	

<p>Kentucky Division of Laboratory Services (DLS)—Collection and Packaging Instructions for Specimen</p> <p><a href="https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx">https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx</a></p>	<p><b>Collection and Packaging</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Multishipper Instructions</a></li> <li>• <a href="#">Enteric Collection and Packaging Guidelines</a></li> <li>• <a href="#">Food Collection 2018</a></li> <li>• <a href="#">Method for Sputum Collection</a></li> <li>• <a href="#">Multishipper with Cold Pack Blood</a></li> <li>• <a href="#">Multishipper with Cold Pack Hepatitis A</a></li> <li>• <a href="#">Multishipper with Cold Pack Hepatitis C</a></li> <li>• <a href="#">Multishipper with Cold Pack Virus-Swab</a></li> <li>• <a href="#">Newborn Screening Collection</a></li> <li>• <a href="#">Norovirus Collection and Packaging 2018</a></li> <li>• <a href="#">Rabies Packaging</a></li> <li>• <a href="#">Water Collection</a></li> <li>• <a href="#">Water Sample Collection 2018</a></li> <li>• <a href="#">Zika Virus Collection and Packaging 2018</a></li> </ul>
<p>Food Code, 2017</p> <p><a href="https://www.fda.gov/food/fda-food-code/food-code-2017">https://www.fda.gov/food/fda-food-code/food-code-2017</a></p>	
<p>CSTE Nationally Notifiable Disease Definitions</p> <p><a href="https://wwwn.cdc.gov/nndss/conditions/">https://wwwn.cdc.gov/nndss/conditions/</a></p>	

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## ATTACHMENT 6 –

### CROSS REFERENCE TO RELEVANT SECTIONS IN BRDHD'S ALL HAZARD PLAN

Category	Description	Tab	Heading
Implementation	A listing of appropriate triggers for the presence of an outbreak and implementation of the DOSP	Tab 8	<ul style="list-style-type: none"> <li>• Epidemiologic clues that may signal a bioterrorism attack</li> <li>• Biological Event Sequence Narrative</li> <li>• Communicable Disease Cluster Investigation Protocol</li> <li>• Investigating Reports of Communicable Disease</li> <li>• Declaration of an Outbreak</li> </ul>
Staffing Considerations for Outbreak Investigations	Identification of roles and responsibilities of local health department and regional staff	Tab 8	<ul style="list-style-type: none"> <li>• ERRT Member's Roles and Responsibilities Table</li> </ul>
	Description of the activation and use of the local health department's Epi Rapid Response Team (ERRT)	Tab 8	<ul style="list-style-type: none"> <li>• ERRT Activation Flow Diagram</li> <li>• Biological Event Sequence</li> <li>• Biological Event Sequence Narrative</li> <li>• Communicable Disease Cluster Investigation Protocol</li> </ul>
	Description of the use of the Incident Command System (ICS) during an outbreak response	Tab 8	<ul style="list-style-type: none"> <li>• ERRT Activation Flow Diagram</li> <li>• Biological Event Sequence</li> <li>• Biological Event Sequence Narrative</li> <li>• Communicable Disease Cluster Investigation Protocol</li> <li>• Outbreak Investigation and Management</li> <li>• Declaration of an Outbreak</li> </ul>
	Statement detailing the appropriate activation of the Department Operations Center (DOC) during an outbreak response	Tab 8	<ul style="list-style-type: none"> <li>• ERRT Activation Flow Diagram</li> <li>• Biological Event Sequence</li> <li>• Biological Event Sequence Narrative</li> <li>• Communicable Disease Cluster Investigation Protocol</li> <li>• Declaration of an Outbreak</li> </ul>
	Description of the use of the Kentucky Public Health Assistance Team (K-PHAST) when staffing needs of the outbreak investigation overcome availability on the local level	Tab 8	Added to the All Hazard Plan during the revisions/updates in 2017
Epidemiologic Investigation	Identification of roles and responsibilities of the Regional Epidemiologist and other	Tab 8	<ul style="list-style-type: none"> <li>• The Responsibilities of the ERRT</li> <li>• Responsibilities of Environmental Health Representatives on the ERRT</li> <li>• ERRT Member's Roles and Responsibilities</li> </ul>

	local health department staff in the investigation		Table
	Description of surveillance methods utilized in the jurisdiction that may notify the local health department to the presence of an outbreak	Tab 8	<ul style="list-style-type: none"> <li>• Investigating Reports of Communicable Disease – Notification Phase</li> <li>• Outbreak Investigation and Management</li> <li>• Possible Steps During an Outbreak Investigation                             <ul style="list-style-type: none"> <li>○ D- Internal and External Notification</li> <li>○ F- Active surveillance-case finding</li> </ul> </li> </ul>
	Description of the methodology used during the investigation. This section should include details regarding survey design, subject interview, and data analysis.	Tab 8	<ul style="list-style-type: none"> <li>• Possible Steps During an Outbreak Investigation                             <ul style="list-style-type: none"> <li>○ G- Data collection, analysis and management</li> </ul> </li> </ul>
	Description of the procurement of laboratory specimens (clinical and environmental) and shipping of specimens to the Kentucky Division of Laboratory Services (DLS)	Tab 8 Tab 9	<ul style="list-style-type: none"> <li>• Possible Steps During an Outbreak Investigation                             <ul style="list-style-type: none"> <li>○ H- Specimen collection, laboratory testing, and evidence management</li> </ul> </li> <li>• Laboratory Data and Sample Testing                             <ul style="list-style-type: none"> <li>○ Packaging and Shipping</li> <li>○ Transportation</li> <li>○ Laboratory Chain of Custody Form</li> </ul> </li> </ul>
Mitigation and Control	Identification of roles and responsibilities in implementing control measures	Tab 8	<ul style="list-style-type: none"> <li>• Epidemiological Response                             <ul style="list-style-type: none"> <li>○ ERRT Member's Roles-Responsibilities Table</li> </ul> </li> </ul>
	Listing of appropriate literature available to guide control measures and other aspects of the investigation	Tab 8	<ul style="list-style-type: none"> <li>• Epidemiological Response                             <ul style="list-style-type: none"> <li>○ Control Measures</li> </ul> </li> </ul>
	Triggers for administering post-exposure prophylaxis (PEP)	Tab 12	<ul style="list-style-type: none"> <li>• Mass Patient Care System / Shelter</li> </ul>
	Reference the point of distribution (POD) plan for the jurisdiction	Tab 10	<ul style="list-style-type: none"> <li>• BRDHD Managing PODs</li> </ul>
	Description of implementing non-pharmaceutical interventions in the jurisdiction to prevent further spread of the outbreak	Tab 11	<ul style="list-style-type: none"> <li>• Non-Pharmaceutical Interventions</li> </ul>

Communication	Identification of the roles and responsibilities of the Public Information Officer (PIO) during an outbreak response	Tab 7 Tab 8	<ul style="list-style-type: none"> <li>• Communications</li> <li>• Epidemiological Response               <ul style="list-style-type: none"> <li>○ Communications</li> </ul> </li> </ul>
	Identification of the roles and responsibilities of appropriate local health department staff in distributing internal and external communications	Tab 6 Tab 7	<ul style="list-style-type: none"> <li>• Staff Responsibilities</li> <li>• Communications</li> </ul>
	Description of the distribution of appropriate information to appropriate healthcare providers	Tab 7	<ul style="list-style-type: none"> <li>• Communications</li> </ul>
	Description of notifications between local, state, and federal public health agencies	Tab 7	<ul style="list-style-type: none"> <li>• Communications</li> </ul>
	Description of notifications made to appropriate ESF-8 partners	Tab 7	<ul style="list-style-type: none"> <li>• Communications</li> </ul>
	Evaluation	Identification of the roles and responsibilities of local health department staff in developing after action reports (AARs)	Tab 1 Tab 17
Identification of the roles and responsibilities of the Regional Epidemiologist in developing final outbreak reports		Tab 1 Tab 8	<ul style="list-style-type: none"> <li>• BRDHD Snapshot of Functions</li> <li>• Epidemiological Response</li> </ul>
Provisions made for testing and evaluating the effectiveness of the DOSP plan		Tab 8	<ul style="list-style-type: none"> <li>• Epidemiological Response</li> <li>• Revising and Exercising the Major Outbreak Plan</li> </ul>
A section allowing for the tracking of revisions made to plan		Tab 8	<ul style="list-style-type: none"> <li>• Epidemiological Response               <ul style="list-style-type: none"> <li>○ Revising and Exercising the Major Outbreak Plan</li> </ul> </li> </ul>