

BIOLOGICAL INCIDENT ANNEX (BIA)

I. AGENCIES

Primary Agency

- Johnson County Health Department (JCHD)

Supporting Agencies

- Johnson County Emergency Management & Homeland Security (JCEMHS)
- Johnson County Environmental Department (JCED)
- Johnson County Medical Action (Med-Act)
- Johnson County Mental Health (JCMH)
- Johnson County Sheriff's Office (JCSO)
- Kansas Dept. of Health & Environment (KDHE)

II. INTRODUCTION

The Johnson County Health Department (JCHD) and community partners must be prepared to rapidly identify and respond to a wide range of situations that threaten the health of the public. Proper planning and response can diminish this threat and the impact of a public health emergency to our community. In addition to naturally occurring disasters, such as Tornados and Ice Storms, Johnson County resident's health could be placed at risk by infectious and communicable diseases, which can be intentional or naturally occurring.

The Biological Incident Annex (BIA) is the base document, of which the operational appendices and attachments refer to, and replaces the Public Health Emergency Plan. The BIA and its supporting appendices and attachments are considered an annex to the Johnson County Local Emergency Operations Plan (LEOP). The BIA was created and is maintained by the JCHD Public Health Emergency Program (PHEP). All information in the BIA, its appendices and attachments are guidelines and should be modified as needed. Portions of this document, because of their operational nature, may not be considered for release to non-approved agencies and persons. This annex and its supporting appendices and attachments meet the State of Kansas guidelines for both preparedness and pandemic influenza planning.

II. a. PURPOSE

Biological Incident Annex (BIA):

The purpose of the BIA is to describe the actions, roles, and responsibilities associated with a coordinated response to a disease occurrence of known or unknown origin (e.g. anthrax, smallpox, pandemic influenza and/or other naturally occurring or intentional disease outbreaks, zoonotic disease) that would require additional assistance from Johnson County government and/or outside entities. Actions described within this document may be implemented with or without an emergency declaration. Any one of the appendices or attachments may be used independently of the BIA base document. Public Health operations are not limited to the specific operations outlined in this document. This document can be utilized as a resource for any Emergency Support Function (ESF) #8 Health and Medical Services emergency or incident, as needed (*Attachment ____ - Emergency Support Function #8 Health and Medical Services Annex to the National Response Plan*).

BIA Appendices and Attachments:

The appendices of this document should be considered Standard Operating Guides (SOGs) for JCHD and can be used in and for a multitude of emergencies and incidents.

Appendix 1: Dispensing and Vaccination – Outlines concept of operations relating to pill and vaccine dispensing. It includes information referring to priority prophylaxis, dispensing guides, and dispensing site management.

Appendix 2: Strategic National Stockpile (SNS) Request and Management - Details SNS request and management procedures for local public health and community requests.

Appendix 3: Communications - Details emergency and non-emergency communications including risk and tactical communication. Guides regarding information management, redundant communication uses, and how and when to use communication equipment are included.

Appendix 4: Community Disease Containment - Outlines community disease containment issues, including decision making information in the event of a real or perceived health threat in our community. It includes guides for isolation and quarantine processes. Also included is an outline of the day to day surveillance and epidemiology investigation activities of JCHD as well as response guides.

Appendix 5: Continuity of Operations Plan – Outlines the continuity of operations for JCHD in the event of a minor to major building loss or a significant loss of staff.

JCHD SOGs and operational attachments can be located via the table of contents in this document.

II. b. SCOPE

In Kansas, infectious and communicable diseases are required to be reported and tracked (*Attachment 1 - KDHE Reportable Diseases in Kansas*). The U.S. Centers for Disease Control and Prevention (CDC) and its partners have developed a list of critical agents that may be used in biological terrorism (<http://www.bt.cdc.gov/agent>). The highest priority agents (category A) are organisms that are believed to pose an immediate risk to national security and are included on the 2006 Reportable Diseases in Kansas list (*Attachment 1*).

The BIA, and its operational appendices and attachments, are to be considered an operational document for JCHD in instances related specifically to biological incident response; Public Health is the lead agency and will utilize this document. In instances where JCHD is not the lead agency, portions of this document may be utilized in county support and response as it relates to the specific situation. The Incident Command System (ICS) and Unified Command (UC) will be utilized as necessary by JCHD in response to a public health emergency or incident.

Plans and SOGs that are developed for a coordinated response in the event of a public health emergency or incident are scalable to the magnitude and severity of the incident and available resources.

In the event that critical resources are insufficient to meet the needs for response in Johnson County, Johnson County Emergency Management & Homeland Security (JCEMHS), in coordination and conjunction with critical response agencies within the county will make recommendations for allocation of resources.

Activities conducted by JCHD in response to a public health emergency or incident (i.e. biological terrorism incident, pandemic influenza, emerging infectious disease, or a novel pathogen outbreak) may require numerous activities within the scope of the core public health functions, assessment, policy development and assurance. Roles and responsibilities related to these activities are detailed in section IV, Roles and Responsibilities (pages 7-8), of this annex.

As the lead county agency for public health issues related to a public health emergency, JCHD plays a major role in helping to coordinate the county's public health emergency preparedness efforts. JCHD works regularly with a broad cross-section of public health system partners, not just in Johnson County, but also in surrounding counties and across the Kansas City metropolitan area.

III. PLANNING ASSUMPTIONS AND CONSIDERATIONS

Like natural disasters and manmade emergencies/incidents, public health emergencies/incidents are local issues with the potential for regional, statewide, and national significance. The nature of disease is such that all communities are vulnerable to communicable diseases, whether a naturally occurring outbreak, or a biological terrorism incident.

Effective local public health emergency preparedness and response is possible only through a partnership between the elements of the public health system, the first responder community, and various support agencies. Therefore, this plan is fully integrated with the Johnson County Local Emergency Operations Plan (LEOP). In addition, this plan has been coordinated with the State of Kansas Public Health Emergency Response Plan and the Kansas City Metropolitan Medical Response System (KCMRS), as well as other local and regional plans.

- A. Any biological incident, communicable or otherwise:
- Has the potential to infect large numbers of residents, and presents a public health emergency or incident.
 - May have a delayed onset with observable symptoms emerging beyond the infectious period.
- B. A biological incident annex at the local level:
- Incorporates ongoing surveillance.
 - References a well-defined and coordinated communication and response plan.
 - Is based on collaboration among leadership and community partners.
 - Works in concert with state and federal agencies.
 - Relies on local resources.
 - Addresses prevention and therapeutic measures (vaccine and antiviral agents) for healthcare providers, other first responders and personnel who maintain critical public services.
- C. Coordination:
- A public health emergency would be a multi-disciplinary, multi-jurisdictional incident requiring broad interagency planning and response approaches, as well as cooperative partnerships between local, state, and federal governments (*BIA, VII. Authorities, Kansas Statutes Annotated, Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA)/Mutual Aid Agreement (MAA)*).
 - The Public Health Director will meet, inform, and coordinate policy with the Board of County Commissioners (BOCC) and/or BOCC Chair and the County Manager's Office during a public health emergency.
 - Johnson County hospitals are reviewing and updating current hospital surge capacity plans.

- Large businesses within Johnson County (those with 500 or more employees) are being encouraged to dispense medication to their employees and family members in a mass prophylaxis incident as a closed dispensing site.

D. Equipment and supplies:

- Responders and medical personnel may be at risk of becoming casualties in certain kinds of public health emergencies. Proper personal protective equipment (PPE) for responders and forensic personnel is critical to protect these individuals from exposure to communicable disease.
- JCHD maintains an inventory of supplies and equipment that would be needed in the event of a public health emergency or incident.

IV. CONCEPT OF OPERATIONS

A. Command and Control

The command and control of a public health emergency will be dependent on the nature of the emergency. Factors such as duration, nature, severity, and impact of the emergency or incident on local resources will affect the structure of the command and control system utilized in response. JCHD will implement twelve hour operational periods for the duration of the response. Shift change procedures are included on all job action sheets (JAS).

Johnson County uses the Incident Command System (ICS) in accordance with National Incident Management System (NIMS) requirements (*Attachment 5 – ICS Command and General Staff*). Johnson County also has an emergency call down roster that will be utilized during a public health emergency (*Attachment C – JCHD Emergency Call Down Roster*).

- ICS will be used in all situations that require the activation of this annex or its appendices and will utilize 12 hour operational periods or we will function under operational periods as is dictated by the incident and/or event.
- JCEMHS is the lead county agency for coordinating the overall preparedness and response to any terrorist incident, including bioterrorism (BT).
- JCHD is the lead county agency for public health issues related to a public health emergency or incident.
- JCEMHS and JCHD will work together closely to ensure the adequacy of the county's public health emergency preparedness and response efforts.
- JCHD staff must be trained on a regular basis to be properly prepared to respond to a public health emergency.
- Unified Command (UC) will be utilized.
- Health and medical resources will be coordinated through the Johnson County Emergency Operations Center (EOC).

- Public health emergency response activities will be directed from the Johnson County Health Department Operations Center (JCHDOC) (applicable attachments are in development).

Line of Succession

- The JCHD Public Health Emergency Coordinator (PHEC) will serve as the Incident Commander (IC).
- In the event that the PHEC is unable to serve as the IC, the Disease Containment Division Director (DCDD) will serve as the IC.
- If the DCDD is unavailable, the Disease Containment Program Manager (DCPM) will assume the IC position.

B. Levels of Activation

Johnson County Health Department utilizes activation levels that mirror the levels used by KDHE and JCEMHS (*Attachment 2 – KDHE & JCHD Levels of Activation*).

C. Special Considerations

Bioterrorism (BT) – Category A and B Agents:

Within this annex, BT is defined as the intentional or threatened use of viruses, bacteria, fungi, or toxins from living organisms to produce disease or death in humans, animals, or plants to disseminate terror among the population resulting in a public health emergency or incident (*Attachment 3 – Bioterrorism Category A and B Agents*).

Pandemic Influenza:

Currently, it is impossible to predict the exact onset of an influenza pandemic. There may be weeks to years from the identification of a novel influenza virus to the time that widespread outbreaks begin to occur. Because multiple and prolonged outbreaks may occur simultaneously, the allocation and distribution of human and material resources will likely be affected. The World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC) have defined phases of a pandemic in order to facilitate coordinated plans (*Attachment 4 – Special Considerations for Pandemic Influenza*).

Suspicious Substances

1. Because there is no definitive or reliable field test for biological agents, all potential BT samples are transported to the Kansas Department of Health and Environment Laboratory (KDHE-L) for testing. A major component of this process is to maintain the chain of custody.

D. Standard Operating Guides (SOGs)

- The information provided in this annex is provided to identify the roles, responsibilities and legal authorities necessary for an effective response to a public health emergency or incident.
- County agencies are responsible for maintaining SOGs that describe the implementation of actions. These SOGs include specific checklists, forms, and Job Action Sheets (JAS) for all roles identified in ICS.
- JCHD is required to develop and maintain SOGs for internal use only.
- Utilization of the appendices and corresponding attachments can be independent of the BIA and other appendices.
- Supporting attachments are informational and/or operational in nature.

E. Information Systems

A communicable disease outbreak will require a systematic approach to collecting, analyzing and reporting data. The applications listed below are available to facilitate the process. Detailed information regarding these applications can be found in *Appendix 3 – Communication*.

- Public Health Information eXchange (PHIX)
- Kansas Electronic Disease Surveillance System (KS-EDSS)
- Kansas Immunization Registry (KS WebIZ)
- WebEOC
- EMSsystem

F. Notifications

JCHD may be notified of a public health emergency or incident through a variety of informational pathways including, but not limited to:

- Terrorism Early Warning Group (<http://www.kctew.org/>)
- Media coverage
- JCHD surveillance systems (*Appendix 4 – Community Disease Containment, IV. Concept of Operations, A. Surveillance*).

Notifications to various entities will be made in accordance with *Appendix 3 - Communication*.

G. Special Populations

Various populations with special needs live within Johnson County; therefore their needs must be identified and addressed. Outreach to these groups is an ongoing task. The special needs groups in Johnson County consist of any vulnerable populations or groups whose needs are not fully addressed by traditional service providers or those who feel they cannot comfortably or safely use the standard resources offered in

disaster preparedness, relief, and recovery. The following groups identified in Johnson County include, but are not limited to:

- Senior citizens (long-term care facilities, housing for elders, gathering places)
- Children (day care centers, schools)
- Disabled with a physical or mental impairment (walking, seeing, hearing, speaking, breathing, learning, working, homebound, cognitive)
- Disenfranchised groups (cultural, ethnic, minorities)
- Faith-based groups (may have specific beliefs regarding illness, treatment, quarantine, or death)
- Low literacy groups
- Non-English speaking groups
- Health care providers (hospital employees, healthcare workers, first responders, laboratory technicians)
- Inmates (local jails)

H. Safety and Security

Life safety is of the utmost importance during any public health emergency or incident. Personal safety should always be at the forefront of any individual's actions during response and recovery. Use of force by law enforcement personnel for security purposes shall be at the discretion of the Johnson County Sheriff's Office based on the event and coordination with other law enforcement agencies and jurisdictions.

V. ROLES AND RESPONSIBILITIES

A. Johnson County Health Department will:

- Be the lead agency in a public health emergency or incident.
- Determine need for activation of the BIA and/or its supporting appendices and attachments.
- Activate the BIA and/or its supporting appendices and attachments when appropriate to support any county emergency or incident.
- Notify supporting agencies and regional partners of the emergency or incident.
- Notify health department emergency operations partners of activation.
- Address public health concerns/issues in support of any county emergency or incident.

B. Johnson County Emergency Management and Homeland Security (JCEMHS) will:

- Notify JCHD when a public health emergency or incident occurs.
- Assist in resource requests.
- Coordinate county resources.
- Coordinate response efforts.
- Establish and manage the EOC.

C. Johnson County Environmental Department (JCED) will:

- Provide support as needed.

D. Johnson County Medical Action (Med-Act) will:

- Provide support as needed.

E. Johnson County Mental Health (JCMH) will:

- Provide support as needed.

F. Johnson County Sherriff's Office (JCSO) will:

- Create, maintain, and coordinate all security plans.
- Provide support as needed.

G. Kansas Department of Health and Environment (KDHE) will:

- Be a resource for information.
- Provide support as needed.

VI. ADMINISTRATION AND SUPPORT

A. Agreements

- JCHD is a member of the Kansas City Metropolitan Region 15 as well as a member of the KCMMRS. In the event of a localized emergency, assets (human and equipment) from the region may be requested.
- JCHD maintains facility agreements for potential dispensing operations.

B. Expenditures and Record Keeping

- All expenditures related to the response will be documented, including supplies, staff time, and purchase/procurement. Documentation is required for all potential reimbursement.

C. After Action Review and Report

- Once the emergency or incident is considered closed, an after action review will be conducted with all personnel who responded. Questions that should be asked include:
 - Did we follow the plans and operating guides?
 - What worked well?
 - What could we have done better?
- Based on the after action review, an after action report (AAR) is completed using Homeland Security Exercise and Evaluation Program (HSEEP) format for submittal to the Kansas Department of Health and Environment within 60 days of the completion of the exercise.

D. Corrective Action Plan (CAP)

- Upon completion of the AAR, a Corrective Action Plan (CAP) will be developed in HSEEP format.
- The CAP will be assessed periodically to ensure that improvements are completed and documented.

G. Annual Review Process and Maintenance

- The Public Health Emergency Program (PHEP) will provide ongoing maintenance of the BIA and its supporting appendices and attachments. PHEP will revise and update the plan when necessary, but no less than annually to incorporate National Incident Management System (NIMS) and any other appropriate guidelines or requirements in all aspects of this plan.
- JCHD will maintain and update this annex and its appendices and attachments, and will provide all involved community partners with a copy. A copy of this guide will be maintained at JCHD as well as Johnson County Emergency Management & Homeland Security (JCEMHS).
- The plan will be updated as necessitated by the following:
 - Updated information from the CDC regarding public health emergency issues (e.g. isolation/quarantine, Severe Acute Respiratory Syndrome (SARS), Smallpox, etc.).
 - Updated information from KDHE regarding public health emergency issues (e.g. isolation/quarantine, SARS, Smallpox, disease reporting, etc.).
 - Lessons learned from the exercising of this plan.
 - Lessons learned from the exercising of the plans of other jurisdictions.
 - Lessons learned from the implementation of this plan.
 - Lessons learned from the implementation of the plans of other jurisdictions.

H. Release of Documents

- The BIA and each of its appendices are available for review by open online access.
- Operational attachments are subject to review before release to ensure confidentiality of operational and private information.

I. Drills and Exercise

- This document and the pursuant appendices and attachments will be drilled and exercised based on State and grant requirements.

VIII. ACRONYM/TERM DEFINITION LIST

KANSAS STATUTES ANNOTATED	
<p>Governor</p> <ul style="list-style-type: none"> • Declare state of disaster emergency 	K.S.A. 48-924
<p>Chair of the Board of County Commissioners</p> <ul style="list-style-type: none"> • Local disaster emergency • Other commission members • Activates the response and recovery 	K.S.A. 48-932 K.S.A. 48-932 K.S.A. 48-932
<p>The Board of County Commissioners (Local Board of Health)</p> <ul style="list-style-type: none"> • Maintain supervision over cases of infectious • Communicate to the Secretary of KDHE • Prohibit public gatherings 	K.S.A. 65-119 K.S.A. 65-119 K.S.A. 65-119
<p>General Public</p> <ul style="list-style-type: none"> • Duty to act and manage their affairs during disaster • Providing personal service, property 	K.S.A. 48-933 K.S.A. 48-933
<p>Secretary of the Department of Health and Environment</p> <ul style="list-style-type: none"> • Exercises general supervision over the health of residents of the state • Shall investigate outbreaks and epidemics of disease • May quarantine any area whenever the local health officer neglects to properly isolate and quarantine persons afflicted with or exposed to infectious or contagious diseases • Has the authority to issue orders requiring persons to seek appropriate and necessary evaluation and treatment, or to be quarantined or isolated • May order any law enforcement officer to assist the secretary in enforcing these orders. 	K.S.A. 65-101 K.S.A. 65-101 K.S.A. 65-126 K.S.A. 65-129b K.S.A. 65-129b
<p>Local Health Officer</p> <ul style="list-style-type: none"> • Serves in an advisory capacity • Investigate infectious, contagious or communicable disease • Prevent the spread of the disease • Has the same powers and responsibilities as: <ul style="list-style-type: none"> ○ Local Board of Health ○ Secretary of the Department of Health and Environment 	K.S.A. 65-20 K.S.A. 65-202 K.S.A. 65-119 K.S.A. 65-129b
<p>Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA)/Mutual Aid Agreement (MAA)</p> <ul style="list-style-type: none"> • Rendering of aid to local municipalities • Interlocal agreement mechanism 	K.S.A 12-16, 117 K.S.A 12-2901
<p>Confidentiality of Documentation</p> <ul style="list-style-type: none"> • Protects emergency information or procedures of public agencies 	K.S.A. 45-221 (12)

AAR	After Action Report
BIA	Biological Incident Annex
BT	Bioterrorism
CDC	Centers for Disease Control and Prevention
CAP	Corrective Action Plan
DCDD	Disease Containment Division Director
DCPM	Disease Containment Program Manager
EOC	Emergency Operations Center
HSEEP	Homeland Security Exercise and Evaluation Program
IC	Incident Commander
ICS	Incident Command System
JAS	Job Action Sheet
JCEMHS	Johnson County Emergency Management and Homeland Security
JCED	Johnson County Environmental Department
JCHD	Johnson County Health Department
JCHDOC	Johnson County Health Department Operations Center
JCMH	Johnson County Mental Health
JCSO	Johnson County Sheriff's Office
KCMMRS	Kansas City Metropolitan Medical Response System
KDHE	Kansas Department of Health and Environment
KDHE-L	Kansas Department of Health and Environment Laboratory
KS-EDSS	Kansas Electronic Disease Surveillance System
LEOP	Local Emergency Operations Plan
NIMS	National Incident Management System
PHEC	Public Health Emergency Coordinator
PHEP	Public Health Emergency Program
PHIX	Public Health Information Exchange
PPE	Personal Protective Equipment
SARS	Severe Acute Respiratory Syndrome
SOG	Standard Operating Guide
UC	Unified Command
WHO	World Health Organization