Kanawha Putnam Emergency Management Plan Functional Annex	
Biological Events **Revised December 2025; Reviewed Biennially**	**A17**

Coordination:	
Primary Agency:	Kanawha Charleston Health Department Putnam County Health Department
Support Agencies:	• Kanawha County Emergency Ambulance Service • Putnam County Emergency Ambulance Service • Medbase • Hospitals • Charleston Fire and Emergency Medical Services • Medical Examiner and Mortuary Services • American Red Cross • Social Services Agencies • Urgent Care Centers • Primary Care Clinics • WV Poison Center • Kanawha Valley Regional Transportation Authority (KRT)

I. Introduction

This section of the All-Hazard Plan entails the plans of emergency response organizations to specific emergency risks and disaster such as Bioterrorism. While the causes of emergencies vary greatly, the effects of emergencies do not. Many of the same tasks apply to multiple types of emergencies and disasters. This Plan can incorporate all potential hazards and provide a consistent set of core responses.

A. Purpose

The purpose of the Biological Event Annex is to establish methods and procedures to be used in emergency planning to respond to public health emergencies and incidents of biological terrorism (or Bioterrorism).

B. Scope of Work

The scope of this annex encompasses aspects of preparedness, active investigation, emergency response, recovery, and maintenance during a public health emergency/biological event occurring in the communities of Kanawha and Putnam Counties.

II. Situation and Assumptions

Today biological terrorism and other public health emergencies could threaten the safety and health of the citizens of Kanawha and Putnam Counties. The goal is to minimize the impact of adverse events on the population.

Deliberate release of a biological agent may be either overt or covert. Overt, or the open spread of a biological agent would most likely cause immediate concern, triggering rapid efforts to identify the agent and to initiate appropriate response.

Covert, or the hidden use of these agents, will delay recognition and response time. Either scenario can result in large scale impacts that can quickly overwhelm the public health and medical care community. Detection, response and disease control of an infectious disease outbreak is most likely to occur locally, but it will be necessary to collaborate with the State and other community partners to effectively coordinate all response efforts.

A. The Kanawha Charleston Health Department and Putnam County Health Department are responsible for the protection of the health and welfare of the citizens within its jurisdiction.

B. A public health emergency may involve as few as one and as many as thousands of exposed or infected individuals.

C. The use of a biologic agent may only be apparent days or weeks after release.

D. A bioterrorism incident is a multi-disciplinary, multi-jurisdictional event that will require interagency planning and response approaches as well as cooperative partnerships between local, state and federal governments.

E. Upon discovering the use of a Bioterrorism agent, the event automatically becomes a criminal investigation under the

jurisdiction of the FBI.

F. The community response to a public health emergency is likely to be associated with high levels of anxiety, fear and hysteria.

G. Hospital capacity will likely be limited.

III. Concepts of Operations

This section describes the Health Director's role in a local biological event or public health emergency and in cooperation with other jurisdictions, other services and the State and Federal governments.

A. General

The Kanawha Charleston Health Department and/or Putnam County Health Department will maintain as its top priority the performance of public health disease control activities to minimize the likelihood that the disease will spread to new populations. The local health department Director will collaborate with local medical care providers and EMS for the provision of medical care services to ill patients. The Directors of the Health Department have a key role and legal responsibility for disease reporting, disease investigation and imposition of isolation and quarantine measures at the local level.

To manage the preparedness response of the public health emergency the activities are divided into the (1) the Preparedness Phase, (2) the Response/Emergency Phase and (3) Recovery Phase.

1. The concept of operations for the Preparedness Phase for the Health Director includes:

   a. Develop community and regional partnerships that will enable bioterrorism and public health emergency planning to integrate within the Emergency Operations Center response structure.

   b. Enhance communication among traditional and non-traditional public health partners and ensure a system is in place to receive reports of immediately notifiable conditions or suspicious findings, thus facilitating active public health surveillance among traditional and non-traditional public health partners for rapid detection of a biological event. Health Alert Network (HAN)

c. Ensure that emergency public health risk communication plan is in place and tested regularly.

d. Establish and maintain policies and procedures related to all aspects of bioterrorism response including notification (Notification Procedures for Local and State Public Health Department in the Event of a Bioterrorism Incident) and call-down procedures, lab procedures and safe handling of specimens, chain of custody, chain of command, as well as a detention plan quarantine of person(s).

e. Coordinate with other local emergency responders and partners to prepare and deliver a public health emergency education campaign ready to be launched immediately upon detection of a biological event.

f. Ensure opportunities for staff training, volunteer training and other forms of workforce development that will ensure a qualified workforce and provide safety equipment needed to protect personnel at appropriate response levels.

2. In the Response/Emergency Phase the Health Directors will work with Emergency Operations Center, WV Public Health Commissioner, the State Epidemiology Department and State and Local Emergency Managers to:

   a. Assure epidemiologic capacity to investigate a biological threat using objective tests to confirm the diagnosis.

   b. Coordinate the investigation with local, state and /or federal law enforcement officials.

   c. Activate risk communication plan(s) and provide information on the nature of the emergency and protective action messages across various media for the public to implement and adhere to.

   d. Mobilize necessary local health department staff and volunteers to respond to public health emergencies.

   e. Mobilize local, regional and state partnerships to set up and execute appropriate necessary responses (mass care clinics, mass decontamination, mass vaccination, request and activation

of Strategic National Stockpile (SNS), mass mortuary assistance, mental health support, etc.).

f. Facilitate access to community, mental health, social services, and other necessary services for special needs population during a crisis.

g. Protect health and ensure safety of residents, staff and volunteers in the case of a biological event by ensuring infection control and worker safety precautions are being adhered to, as well as overseeing the enforcing of laws and regulations such as quarantine and/or isolation.

3. During the Recovery Phase the Health Director will continue to work in consultation with the WV State Health Director and the State Epidemiology Department as needed to:

a. Continue with response phase activities as needed.

b. Conduct environmental health remediation and monitoring as necessary or required.

c. Continue public health surveillance and monitoring of illness and death resulting from a public health emergency.

d. Evaluate and assess response and remediation for a biological event.

e. Assist staff with completing required documentation of expenditures for State and federal reimbursement purpose.

B. Inter-jurisdictional Relationship

1. Mutual aid arrangements, both formal and informal, have been established to assure assistance for biological health and medical services to or from neighboring jurisdictions, State or outside of the State are required. Each primary and supporting agency is responsible for initiating and maintaining appropriate agreements.

C. Organization and Assignment of Responsibilities

1. Office of Emergency Management - EOC coordinator

In the event of a bioterrorism attack or a public health emergency, the

local health coordinator assumes a significant amount of authority and responsibility within their jurisdiction. Command and Control of any incident is vested in and recognized as the responsibility of the jurisdiction where the incident or event occurs. The scope of operations needed for managing a bioterrorism event will likely involve public health in the Incident Command System/Unified Command System (ICS/UCS).

Because there may not be a “scene” in a bioterrorism attack, it will most likely be the local health department that recognizes that there has been an attack. Under the Unified Command System, a multiple-agency command post is established to integrate resources and personnel at the incident scene.

The following is a list of possible public health emergency triggers that would cause a local EOC to open:

a. Large numbers of patients with similar symptoms of disease.

b. Large numbers of patients with unexplained symptoms, diseases, or deaths.

c. Higher than expected morbidity and mortality associated with a common disease and/or failure to respond to traditional therapy.

d. A single case of a disease caused by an uncommon agent.

e. Multiple unusual or unexplained clinical syndromes in the same patient.

f. Disease with an unusual geographic or seasonal distribution.

g. Unusual typical patient distribution.

h. Endemic disease with a sudden unexplained increase in incidence.

i. Simultaneous clusters of similar illness in noncontiguous areas.

j. Pathogens or toxins transmitted through aerosol, food, or water contamination which is suggestive of sabotage.

k. Ill persons presenting at nearly the same time from a point source (e.g., a tight cluster of patients meeting case definition)

with a compressed epidemiological curve (the rate of change of new cases is significantly higher than predicted based or historical or modeling data).

l. Illness in person exposed to common ventilation systems when illness is observed in those in proximity to those systems.

m. Death or illness among animals that may be unexplained or attributed to an agent of bioterrorism that precedes or accompanies illness or death in humans.

2. Public Health Coordinator - EOC

Upon activation, or upon declaration or imminent declaration of an emergency or disaster:

a. Monitor surveillance and epidemiologic capacity to detect, evaluate, and respond effectively to terrorism events.

b. Many bioterrorism events will not be identified in a sudden impact manner that most emergencies are portrayed. Instead, it could be the recognition of an unusual illness or cluster of illnesses or increases in requests for medical services or a specific diagnosis.

c. Maintain effective public health surveillance with the assistance of physicians, schools, hospitals, daycare centers or nursing homes in the reporting of suspicious findings consistent with bioterrorism agents.

(1) Support continued passive disease reporting from health care providers, laboratories, hospitals, school health and other entities based on WV State laws and regulations.

(2) Inform and educate reporting sources of current disease reporting requirements on an annual basis and as new reporting requirements are implemented.

d. Non-traditional syndromic surveillance emergency partners include:

(1) Emergency Departments and Intensive Care Unit Admissions

(2) First responder, EMS 911 call-ins

(3) WV Poison Center

(4) Pharmacy Surveillance

(5) School and Workplace Absenteeism

(6) Unusual trends in animals from veterinarians or others.

e. Maintain disease specific protocols and standard operating procedures for investigation of infectious agents associated with bioterrorism related conditions.

(1) Laboratory diagnosis is a critical step in the timely control of a bioterrorism event. The WV State Office of Laboratory Services in a biological event will provide reference for specimen packaging and transport. Local law enforcement and the FBI will maintain the proper chain of custody over specimens from the time of collection.

f. Information on laboratory testing, including proper collecting, handling, shipping, transporting and submission procedures should be developed and readily available for distribution.

(1) To ensure consistent, reliable and continuous flow of information to the public and media, procedures have been put in place to secure needed resources to assist in the operation of the public information operation center during a public health emergency.

(2) Provide training and education to staff members and cross-training with other members of the public health emergency response team to ensure understanding and effectiveness of response to public health emergency.

(3) Coordinates support to certain segments of the population that may have special needs or require special services to ensure their protection. Special population currently with the department's area of responsibility:

(a) Senior/Disabled Housing Complexes

(b) Family Complexes for Disabled

(c) Long Term Care Facilities

(d) Group Homes/Assisted Living Facilities

(e) Schools

(f) Homeless Shelters

(g) Non-English Speaking

(h) Blind and Hearing Impaired

(i) Incarcerated and Institutionalized Populations

D. Mass Immunization, Prophylaxis and Pharmaceutical Stockpiles

The Kanawha Charleston Health Department and Putnam County Health Department have designated specific sites for clinics throughout their communities if needed to provide vaccinations and other prophylaxis regimens to the general public. The detail of these sites and their plans are part of the health departments Strategic National Stockpile Plans that is a portion of the Public Health Departments Threat Preparedness Plans.

E. Quarantine and Isolation

1. Isolation is the physical separation and confinement of an individual, group of individuals present within a geographic area who are infected with a communicable disease are contaminated, or who the health commissioner reasonably believes to be infected with a communicable disease or to be contaminated, in order to prevent or limit the transmission of the disease or the general public.

2. Quarantine is the physical separation and confinement of an individual, group of individuals, or individuals present within a geographic area that are exposed to a communicable disease or are contaminated. The decision of whether to quarantine or isolate individuals will be based primarily on the type of event and the nature of the disease agent.
3. The Kanawha Charleston Health Department and Putnam County Health Department and in coordination with State and Federal agencies will take the lead role in isolation and quarantine measures in their communities.

F. Patient Decontamination

1. In the event of a bioterrorism emergency, it may be necessary to perform patient decontamination.

2. The Incident Commander will make the decision to initiate decontamination. Depending on the circumstance decontamination may best be performed on site, at an adjacent site, the Emergency Department of the hospital or at a site in the community.

3. The goals will be to perform decontamination quickly, effectively, and without causing contamination of emergency rooms or cross-contamination of patient, responders, or other staff.

4. Local hospitals and Fire Departments have developed plans and performed drills to assure timely deployment of effective decontamination in a field setting. Local public health's role is to ensure that the capability exists and that patients can be decontaminated in a timely matter during bioterrorism events.

G. Security and Crowd Control

1. Security and crowd control will need to be provided at several locations in the event of a public health emergency. Local police have developed plans to assure adequate security and crowd control.

2. Once it is determined that a biological agent has been released, the site of the release immediately become a crime scene. Public health will coordinate with law enforcement officials to determine the proper notification procedures in the event of a bioterrorism incident.

H. Mass Care

The location of mass care facilities will be based partly on the hazard agent involved. Coordination among agencies must exist in order to protect evacuees and other victims from the effects of a bioterrorism event. These actions include, but are not limited to, providing temporary shelter, food, clothing and other essential life support needs to those people that have been displaced from their homes because of the emergency or threat of a bioterrorism emergency.

I. Mental Health Care

Availability of mental health providers, clergy, and other counselors to families is critically important. A list of support services is prepared and ready for distribution to families during a bioterrorism event, or other disaster, to help them deal with the effects of a public health emergency.

J. Protection of Public Health Staff and other First Responders

In the event of a bioterrorism emergency local public health staff, other responders and volunteers from various agencies will perform public health disease control activities. Staff and responders will be trained on the appropriate precautions to limit the likelihood of becoming infected while performing their emergency duties during a bioterrorism event. Personal protective equipment (PPE) should be made available to those at risk of having contact with infected individuals or those suspected to be infected.

K. Mass Fatality Management

Although mass fatality management may not be a direct responsibility of public health, the local public health department must ensure that the mass fatality management capability exists in a bioterrorism scenario. In a public health emergency, all efforts are intended to reduce death and suffering. However, it is possible for fatalities to occur in large numbers. The WV Office of State Medical Examiner has developed a statewide plan for mass fatality management.

L. Recovery Phase

Recovery is the effect to restore the basic infrastructure and the social and economics of a community back to normal safety standards. Recovery entails providing for basic human needs following a public health emergency and once stability is achieved the community can begin public health recovery efforts for the long term.

M. Continued Surveillance

During the recovery phase of a biological event, the local public health department will participate in continued public health surveillance and monitoring of illness and death resulting from biological event.

N. Re-entry Consideration

Re-entry criteria to a contaminated area will be determined immediately following the incident by the local Fire Department/HAZMAT teams. This information will be relayed through the EOC to all concerned and responding parties.

Environmental decontamination (DECON) or clean-up occurs after the event and is executed by an environmental contractor.

O. Responding Agencies Responsibilities

1. The responsibility of the primary and supporting agencies is to provide leadership, expertise, and authorities to implement critical and specific aspects to the biological response and emergency.

2. The agencies are responsible for:

   a. Orchestrating a coordinated delivery of those functions and procedures identified in the Functional Annex A08—Health and Medical Annex.

   b. Providing staff for operations functions at fixed and field facilities.

   c. Notifying and sub-tasking cooperating agencies.

   d. Managing tasks with cooperating agencies, as well as appropriate jurisdictional and State agencies.

   e. Working with appropriate private-sector organizations to maximize use of available resources.

   f. Supporting and keeping Emergency Operations Center and other organizations informed of activities.

   g. Planning for short- and long-term support to incident management and recovery operations.

   h. Maintain trained personnel to provide appropriate support.

IV. Authorities and References

A. WV Code, Chapter 15, Article 5, Emergency Services - Authority of State to undertake actions to protect life and safety in response to disaster

B. WV Code Chapter 16, Public Health-Defines roles and responsibilities of the Commissioner -State Health Officer as well as those of Local Health Officers and Boards of Health. Specifically defines authorities of State Health Officer/Local Health Commissioner to undertake actions necessary to control spread of disease. Contains authorities to undertake specific actions related to specific diseases (e.g., TB) or procedures (e.g., immunizations.)

C. WV 64 CSR 7 Reportable Disease Regulation - Defines proactive processes through which diseases and conditions are reported to public health, responsibilities of reporting parties reporting and in assisting in investigation and defines State and local health officer authorities related to quarantine, isolation, and placarding. Also delineates circumstances under which confidential disease information may be shared.

D. WV Code Chapter 27, Article 1A - Creates the Department of Mental Health and divisions for promoting the development of behavioral health. Allows for the establishment and authority of the Data Integration and Security Division within WVDHHR.

E. WV Code Chapter 29B, Article 1, Section 4, subsection (1) - Defines certain plans and documents maintained for purposes of emergency response to be exempt from Freedom of Information Act Requests for security purposes.

F. WV Code Chapter 61, Article 12- Authorities of the Chief Medical Examiner.

V. Administration and Logistics

This section describes administrative and general support requirements for accomplishment of a biological incident or public health emergency.

A. Administration

1. Unlike some natural disasters, the administration and logistics for response to a terrorist incident requires special consideration. There may or may not be any warning. The event may not be immediately apparent and emergency response personnel and first responders could be in danger themselves of becoming casualties before the actual identification of the event is determined. Incidents could escalate quickly from one scene to multiple locations or jurisdictions.

2. The general support requirements and resources that will be needed are the same that were identified in the Health and Medical Annex with specific requirements of Medical Response Teams and Augmentation Personnel.

B. Logistics

1. This section addresses the arrangements that have been made to provide support needs of the organizations performing in biological incidents and/or public health emergencies.

2. The types of supplies that are needed to respond to a biological or public health emergency are not different than those needed for a natural disease. For example, personal protective equipment or respirators for appropriate hazards should be available and stockpiled.

C. Functional Annex A08—Health and Medical Annex lists specific resources which include:

1. Sources of Medical supplies and equipment

2. Acquisition of medical/health equipment and supplies

3. Transportation of medical/health supplies, personnel and equipment

4. Shelter and feeding of field, health and medical personnel and patients

5. Identification and selection of suitable facilities to serve a temporary

morgue and supplies needed for dealing with a mass fatality situation.