



Indiana State Department of Health

COVID-19 RESPONSE PLAN

Indiana State Department of Health

March 2020

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PROMULGATION STATEMENT

Kristina Box, MD, FACOG
State Health Commissioner
Indiana State Department of Health

COVID-19 Response Plan PROMULGATION

The primary role of government is to provide for the welfare of its citizens. The welfare and safety of citizens is never more threatened than during disasters. The goal of emergency management is to ensure that mitigation, preparedness, response, and recovery actions exist so that public welfare and safety is preserved.

The COVID-19 Response Plan provides a comprehensive framework for state-wide emergency management. It addresses the roles and responsibilities of government organizations and provides a link to local, State, Federal, and private organizations and resources that may be activated to address disasters and emergencies in the State of Indiana.

The COVID-19 Response Plan ensures consistency with current policy guidance and describes the interrelationship with other levels of government. The plan will continue to evolve, responding to lessons learned from actual disaster and emergency experiences, ongoing planning efforts, training and exercise activities, and Federal guidance.

Therefore, in recognition of the emergency management responsibilities of state government and with the authority vested in me as the State Health Commissioner of the State of Indiana, I hereby promulgate the COVID-19 Response Plan.



Kristina Box, MD, FACOG
State Health Commissioner
Indiana State Department of Health

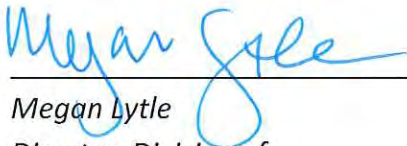
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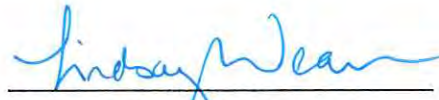
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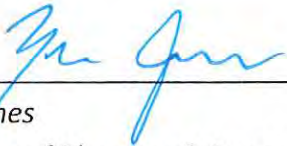
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EXECUTIVE SUMMARY

The Indiana State Department of Health (ISDH) is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in almost 70 locations internationally, including in the United States. The virus has been named “SARS-CoV-2,” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”). On January 24, 2020, ISDH activated its Incident Command Structure (ICS) in response to COVID-19. On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a “public health emergency of international concern” (PHEIC). On January 31, 2020, the U.S. Health and Human Services Secretary declared a public health emergency (PHE) for the United States to aid the nation’s healthcare community in responding to COVID-19. The Indiana State Department of Health (ISDH) COVID-19 Response Plan addresses incident management responsibilities for COVID-19. The primary purpose of this plan is to describe ISDH efforts to prevent and/or control the spread of COVID-19 in Indiana in response to confirmed cases and to the risk of community spread in Indiana.

RECORD OF CHANGES

Change #	Date	Part Affected	Date Posted	Who Posted
1	3/6/2020	Final Draft Implemented	3/6/2020	ZJ

RECORD OF DISTRIBUTION

Plan #	Office/Department	Representative	Signature

I. PURPOSE, SCOPE, SITUATION, AND ASSUMPTIONS

A. PURPOSE

The Indiana State Department of Health (ISDH) COVID-19 Response Plan addresses incident management responsibilities for COVID-19. The primary purpose of this plan is to describe ISDH efforts to prevent and/or control the spread of COVID-19 in Indiana in response to confirmed cases and to the risk of community spread in Indiana. This plan is designed to work in coordination with local response efforts and in accordance with the **ISDH Emergency Operation Plan (EOP)**. The ISDH EOP is an extension of the Emergency Support Function 8 (ESF-8, Health and Medical) Annex to the Indiana Department of Homeland Security (IDHS) Comprehensive Emergency Management Plan (CEMP). ISDH actions outlined herein align with the CDC's Pandemic Interval Framework (PIF), beginning with the initiation interval with the first confirmed case of COVID-19 through the acceleration interval with community spread of COVID-19 occurring.

B. SCOPE

Within this plan, response to COVID-19 is described across the following areas:

- Health surveillance and epidemiologic investigation
- Infection control practices
- Isolation and quarantine considerations
- Housing of infectious individuals
- Transport of infectious individuals
- Emergency procurement
- Health/medical equipment and supplies
- Personal protective equipment
- Public health information
- Coordination with both private partners and state agencies
- Community mitigation measures
- Fatality management

Much of the response activities in this plan are predicated upon CDC guidance. CDC frequently updates a packet of web-linked guidance information. The most up-to-date can be found in **Appendix A: CDC CORONAVIRUS DISEASE (COVID-19) GUIDANCE PACKET**. This Plan coordinates ISDH response actions, staffing, and resources to provide support and assistance to Local Health Departments (LHDs) and District Healthcare Coalitions across Indiana experiencing COVID-19 cases and the risk of community spread of the disease. This plan interfaces with other ISDH plans to provide the foundation for COVID-19 mitigation and response.

C. JURISDICTIONAL BACKGROUND

1. Characteristics

a. Location

Located in the Great Lakes region of the United States, Indiana is the 17th most populous state and 38th in terms of land area. It is comprised of 92 counties.

b. Geography

In terms of land area, Indiana is one of the smallest states west of the Appalachian Mountains, but its topography varies significantly from the northern portion of the state to the southern portion. The northern two-thirds are characterized primarily by flat plains and numerous small lakes, and the effect of Lake Michigan often induces heavy winter precipitation, especially snowfall. In contrast, the unglaciated southern region is characterized by rolling hills, caves, and waterfalls.

c. Demographics

According to the 2016 American Community Survey (ACS) 5-year estimate, Indiana is the 17th most populous state in the nation with 6,589,578 people and a population density of 181 people per square mile. The most populous city is the capital of Indianapolis.

The State of Indiana is becoming increasingly diverse, comprising many cultures and sub-cultures, which are important to consider in emergency preparedness planning.

2. Hazard Profile

a. Natural Hazards

Indiana's unique geography, geology, and meteorology make it vulnerable to earthquakes, floods, tornadoes/high winds, severe winter storms, droughts, and extreme temperatures. Incidents involving other natural hazards, such as subsidence, landslide, and wildfire have been rare or localized and unreported, making the risk to the state as a whole difficult to assess. Also of note but not individually addressed, are the natural hazards, such as hail, that are associated with tornadic-type storms.

b. Technological Hazards

Technological hazards faced by Indiana are wide-ranging and not necessarily unique to the state. They include, but are not limited to, the potential failure of dams and levees, low head dams, a hazardous material release incident, structural fires, the failure of

communication systems, the failure of public utilities, and air transportation incidents. These hazards are frequently unpredictable and all have the capacity to affect the people of Indiana on a localized or widespread scale.

c. Human Hazards

Human hazards are far less predictable than either technological or natural hazards. Their frequency and potential severity is much harder to gauge, so they are harder to be prepared for. Regardless, Indiana faces potential risks from cyberattacks, active shooters, arson, CBRNE attacks, hostage situations, riots, and potential terrorism. Though these attacks are harder to predict, their effects on the people of Indiana are potentially devastating. They should always be considered during planning.

D. PLANNING ASSUMPTIONS AND LIMITATIONS

As it is impossible to address every variable that may impact the effectiveness of a plan. Every plan will inevitably rely upon a number of assumptions and possess a number of limitations. It is important to provide as comprehensive a list as possible of those assumptions and limitations so that the audience is made aware of the conditions that must exist for successful execution of the plan as well as what the caveats may be to the plans content.

1. Planning Assumptions

- COVID-19 may cause a pandemic and will likely impact large numbers of the population in Indiana.
- Prior to COVID-19 becoming established in significant parts of the U.S., isolation and quarantine of COVID-19 confirmed cases, or groups of cases, will be recommended by federal authorities as a viable containment strategy.
- Public information and education of the general public will be critical to obtaining adherence with community containment measures.
- Until vaccine is developed, non-pharmaceutical containment measures will be the most effective means of minimizing illness and death due to COVID-19.
- Once COVID-19 becomes established in the U.S., it will begin to spread across the nation and will rapidly exhaust local, state and federal response resources and/or capabilities.
- A COVID-19 vaccine may not be developed/available or will be in short supply when community spread begins occurring in Indiana.
- ISDH will receive numerous requests for guidance from local, regional and state stakeholders, many of which will exceed the available guidance from federal authorities, requiring ISDH and the State of Indiana to issue guidance for the state.

- Medical care facilities may become overwhelmed with ill patients affected by the incident, as well as by individuals who may be worried that they are affected (“worried-well”).
- Due to increased demand, medical supplies and pharmaceuticals will be in short supply for the immediate care and/or treatment of individuals.
- Disruptions to transportation may adversely affect the supply of pharmaceutical and medical equipment.
- Secondary effects, e.g., supply chain and workforce interruptions, may significantly limit ISDH’s ability to respond to the pandemic.
- Shortages of essential resources could occur, including, but not limited to, pharmaceutical supplies, laboratory reagents, hospital beds, ventilators, decontamination and sterilization resources, personal protective equipment (PPE), and mortuary assets.
- Broad COVID-19 activity in Indiana communities will overwhelm the ability of local communities and healthcare organizations to mount a response.
- The Governor of Indiana may declare an emergency in response to the (anticipated) spread of COVID-19 spread within Indiana communities.
- Without effective interventions, COVID-19 may cause significant morbidity and mortality statewide.
- ISDH assistance in maintaining the continuity of health and medical services will be required.
- ISDH and other response agencies will likely experience significant staffing impacts, requiring utilization of their Continuity of Operations (COOP) plans.
- State-level resources and capabilities will be needed to assist LHDs and healthcare organizations in affected jurisdictions. However, the local demand will exceed state capacity.
- A pandemic may be occurring on a national scale, which would limit the availability of assets to support fatality response-related operations.
- A pandemic may result in prolonged Incident Command System (ICS) operations and eventual increased activations of the State of Indiana Emergency Operations Center (SEOC), requiring numerous trained staff beyond those primarily responsible for responding to infectious disease and/or emergency management incidents.

2. Planning Limitations

- Pandemics evolve slowly. Pandemics come in waves lasting weeks to months, with periods of relatively low activity separating the waves. The number of waves, the timing, and the severity cannot be predicted.
- A vaccine specific for the prevention of the pandemic strain is likely not to be available for several months after the pandemic begins and will remain in inadequate supply for some time thereafter.
- The degree of public compliance with non-pharmaceutical countermeasures is unknown. While the effectiveness of these countermeasures may be surmised from studies of previous pandemics, there is no guarantee of effectiveness.
- Some persons who become ill from COVID-19 may not develop clinically significant symptoms. These persons may be able to transmit COVID-19 to non-infected persons.
- Reduced PPE availability will require augmented utilization and conservation strategies. PPE cache for the critical workforce, including first responders and healthcare providers, will likely remain low early in the response.

II. CONCEPT OF OPERATIONS

A. GENERAL

All emergency incidents originate at the local level. In the event an emergency situation exceeds the capabilities of a local jurisdiction, additional support is available at the district, state and federal levels. In such events, the Indiana Department of Homeland Security (IDHS) is designated as the state coordinating agency. The Executive Director of IDHS is designated as the State Coordinating Officer (SCO). All available state resources will be fully engaged through the Emergency Support Function (ESF) concept.

The ISDH State Health Commissioner is designated as the responsible party for Public Health and Medical Services (ESF-8). The primary mission of the Public Health and Medical Services Emergency Support Function (ESF-8) is to coordinate resources and personnel to support local jurisdictions with ensuring the health and welfare of their residents, before, during, and after emergency or disaster events. ESF-8 provides assistance to the community and its citizens by supporting mitigation, preparedness, response, and recovery operations that include mass casualty and fatality management, mental health services, medical supplies management and distribution, immunizations, epidemiological surveillance and investigation, laboratory services, environmental health, food safety, and acute and long term care.

B. ACTIVATION PROCEDURES

ESF-8 personnel coordinate the activation of medical and health service assets to fulfill specific mission assignments that support essential activities in mitigation, preparedness, response, and recovery efforts. Effective response, as well as ongoing support efforts, is contingent upon the availability of resources and the extent/impact of the incident in the State of Indiana.

The ISDH COVID-19 Response Plan is currently activated. When activating any and all plans, the ISDH Strategic Advisory Committee advises the State Health Commissioner on action to be taken by the Indiana State Department of Health in response to an incident of public health significance. This includes, but is not limited to, recommendations relative to activating the incident command system (ICS). When activating the ISDH COVID-19 Response Plan, the following ISDH Strategic Advisory Committee representatives were consulted:

- State Health Commissioner
- Chief of Staff
- State Epidemiologist
- Division of Emergency Preparedness Director
- Office of Public Affairs Director

- Chief Medical Officer
- Subject Matter Experts

The ISDH COVID-19 Response Plan activation follows the pandemic interval framework for information on the preparedness and response framework. This framework outlines the pre-pandemic intervals of investigation and recognition. The pandemic intervals include initiation, acceleration, deceleration, and preparation. Activation of this plan is occurring during the investigation and recognition phase of the framework. It should be noted that a pandemic is not exclusive to influenza and may involve other infectious diseases, such as coronavirus, COVID-19.

C. STATE PLANNING RESPONSIBILITIES

States will be individually responsible for the coordination of the COVID-19 response within and between their jurisdictions. Specific areas of responsibility include the following:

Identification of public and private sector partners needed for effective planning and response	Development of key components of pandemic preparedness plan: surveillance, distribution of vaccine and antivirals, and communications	Integration of pandemic planning with other planning activities conducted under CDC and HRSA’s bioterrorism preparedness cooperative agreements with states
Coordination with local areas to ensure the development of local plans as called for by the state plan and provide resources, such as templates to assist in the planning process	Development of data management systems needed to implement components of the plan	Assistance to local areas in exercising plans; coordination with adjoining jurisdiction

While ISDH bears responsibility for the lead agency for Public Health and Medical-related planning, a number of state and partnering agencies are critical for the efficient execution of response operations. These partner agencies are further described in the assignment of responsibilities section.

D. FEDERAL PLANNING RESPONSIBILITIES

Federal roles (Centers for Disease Control and Prevention) during a pandemic incident include:

Surveillance in the US and globally	Epidemiological investigation in the US and globally	Development and use of diagnostic laboratory test and reagents
Determination of populations at highest risk and strategies for vaccination and antiviral use	Vaccine evaluation and licensure	Assessment of measure to decrease transmission (such as travel restrictions, isolation, and quarantine)
Deployment of federally purchased vaccine	Deployment of antiviral agents in the Strategic National Stockpile (SNS)	Evaluation of the efficacy of response measures
Evaluation of vaccine safety	Deployment of the Commissioned Corps Readiness Force and Epidemic Intelligence Service officers	Medical and public health communications

E. DEMOBILIZATION AND RECOVERY

Demobilization and recovery procedure occur when the incident has been mitigated and operations are back to routine levels. Deactivation can be informed by the CDC’s preparedness and response framework. Deactivation of a pandemic response will occur at the end of the deceleration phase and the beginning of the preparation phase. The preparation phase continues the planning cycle for the next pandemic.

F. ADDITIONAL PLANNING CONSIDERATIONS

1. Access and Functional Needs

The State of Indiana works with public, private and non-profit organizations to build a culture of preparedness and readiness for emergencies and disasters that goes beyond meeting the legal requisites of people with disabilities as defined by the most current version of the Americans with Disabilities Act (ADA). IDHS integrates Federal Emergency Management Agency’s Access and Functional Needs Framework, which identifies an individual’s actual needs during an emergency rather than classifying them as “special needs” or “handicapped.”

This framework is inclusive, as it also identifies people with temporary needs or those who do not identify themselves as having a disability. This includes women who are pregnant, children, older individuals and those individuals with limited English communication.

For the purposes of emergency preparedness and response “needs” are organized into five categories:

Response Needs Categories (C-MIST)	
Categories	Definitions
C – Communications	Includes people who have limited or no ability to speak, see, hear or understand; may not be able to hear announcements, see signs, understand messages or verbalize their concerns during an incident or emergency
M – Medical	Includes individuals requiring assistance in managing activities of daily living such as eating, dressing, grooming, transferring and going to the restroom
I – Independence	Includes people who are able to function independently if they have their assistive devices and/or equipment; items consist of mobility aids such as wheelchairs, walkers, canes, crutches; communication aids; medical equipment, such as catheters, oxygen, syringes, medications and service animals
S – Supervision	Includes people with supervision needs; may include those who have psychiatric conditions, such as dementia, Alzheimer’s, Schizophrenia, depression or severe mental illness; addiction problems; brain injury, or become anxious due to transfer trauma
T – Transportation	Emergency response requires mobility, and this category includes people who are unable to drive because of disability, age, temporary injury, poverty, addiction, legal restriction or have no access to a vehicle; wheelchair accessible transportation may be necessary

At-risk groups, also referred to as populations with functional and access needs, require special attention in a disaster. During incidents, populations with specific functional and access needs are more likely to be adversely affected. These populations may include, but are not limited to, people with disabilities, older adults, and populations with limited English proficiency. Advanced planning is essential to ensuring that the specific needs of populations with access and functional needs are met. These needs may include assistance, accommodation or modification for mobility, communication, transportation, safety, or health maintenance.

2. Pediatrics

During an emergency or public health incident, young children are typically at a higher risk. They have yet to develop the resources, knowledge, or understanding to effectively cope with disasters, and they are more susceptible to injury and disease. Young children are also

more vulnerable when they are separated from their parents or guardians, for example, at school or in daycare.

Pediatric-focused resources, experts, and facilities should be pre-identified in order to provide specialized support to children. Pediatric planning includes ensuring there is sufficient access to age-appropriate medical supplies, mental health and age-appropriate support resources, coordination with dedicated children's healthcare facilities, and reunification with family members. Strategic partnerships should be formed when relevant and may include pediatric medical professionals and child-serving institutions such as schools and daycare centers.

3. Aging Populations

With many illnesses, older adults face higher risks of contracting the disease and/or experiencing complications, particularly if they also have chronic medical conditions. Consequently, there often are additional prevention and treatment recommendations for these populations. Aging adult strategic partnerships should be formed when relevant and may include geriatric medical professionals, long-term care facilities, and centers for aging.

III. DIRECTION, ORGANIZATION, AND COORDINATION

The emergence of novel viruses with pandemic potential, as well as other emerging infectious disease, poses a threat to the state, national, and global health security. There are a growing need to align statewide, national, and international response policies and incident management systems. In the United States, the U.S. Department of Health and Human Services (HHS) has collaborated with the World Health Organization (WHO) to build international capacities in the areas of surveillance, laboratory, human resources, response, research, and vaccine manufacturing. The state of Indiana, in collaboration with HHS's guidance documents and materials, has developed procedures and protocols that follow these international and domestic standards of pandemic response.

A. DIRECTION

The overall authority for direction and control of the response is defined within this section. It includes reference that a medical emergency incident rests with the Governor, in conjunction with the State Health Commissioner (Title 10, IC 10-14-3, of the Indiana Code). The Governor Succession Act is contained in Article 5, Executive, of the Indiana State Constitution. The Governor is assisted in the exercise of direction and control activities by his/her staff in the coordination of activities by the Indiana State Department of Health. The ISDH maintains a constant liaison with the Federal Government, state agencies, disaster relief organizations and other state disaster agencies.

B. ORGANIZATION

1. Principle of Incident Management

The National Incident Management System (NIMS) provides a unified approach to incident command, standard command and management structures and an emphasis on preparedness, mutual aid and resource management. NIMS is not an operational incident management or resource allocation plan, but a template to guide all levels of government, including private sector and nongovernmental organizations, to work together to prepare for, prevent, respond to, and recover from emergency incidents. NIMS implementation include process, operational and technical standards integrated into emergency response plans, procedures, and policies.

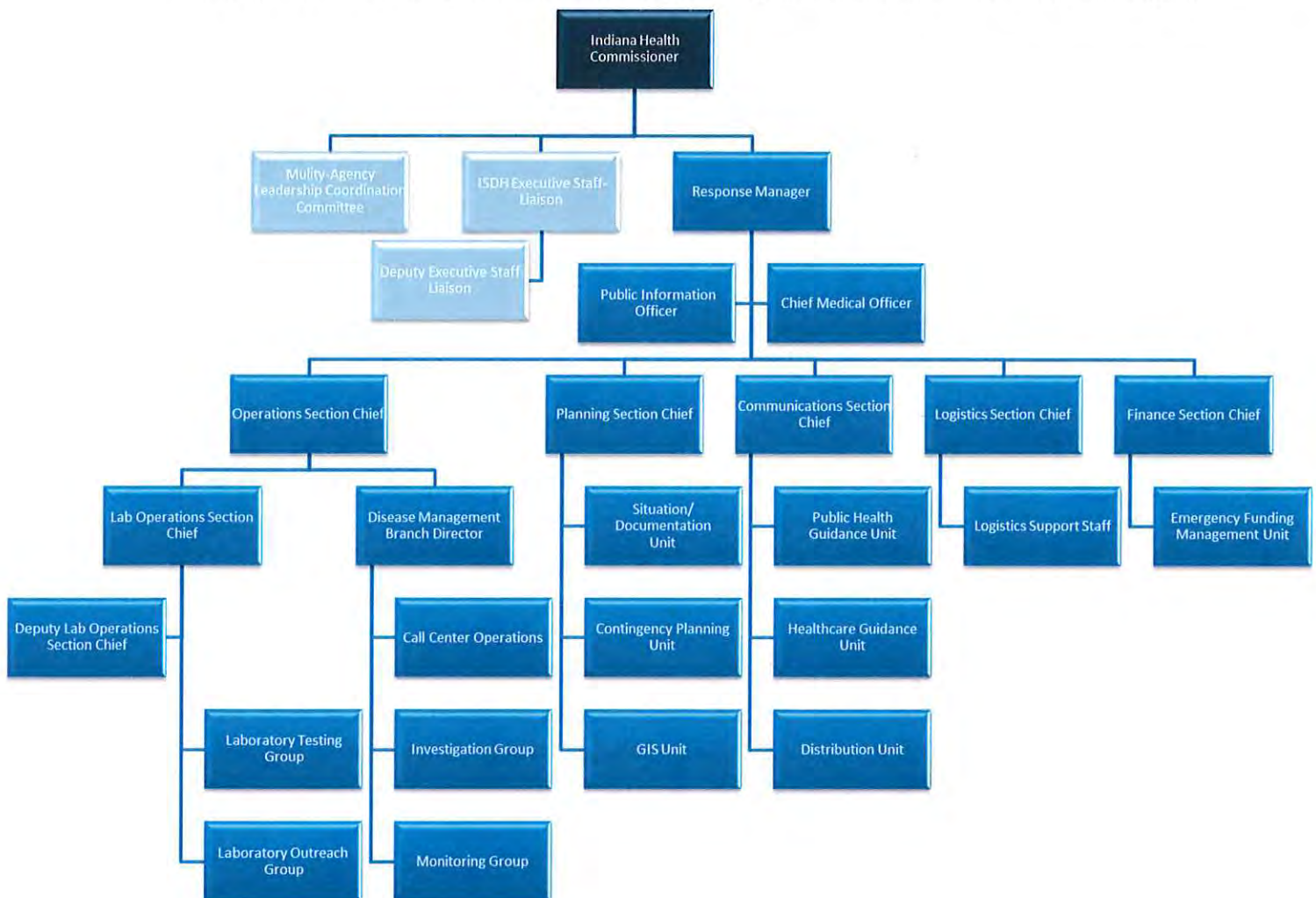
NIMS establishes the Incident Command System (ICS) as the organizational structure to be implemented to effectively and efficiently command and manage domestic incidents regardless of cause, size, or complexity. The ICS structure is a standardized, all-hazard incident management concept which provides an integrated organizational structure that is

able to adapt to the complexities and needs of single or multiple incidents regardless of jurisdictional boundaries.

Homeland Security Presidential Directive 5 (HSPF-5) requires all federal agencies and departments to adopt NIMS. The State of Indiana adopted NIMS as the State standard for incident management in Executive Order 05-09, or any subsequent Executive Order which replaces or supersedes it.

2. COVID-19 Incident Command Structure (ICS)

The ICS structure is a standardized, on-scene, all-hazard incident management concept which provides an integrated organizational structure that is able to adapt to the complexities and needs of single or multiple incidents regardless of jurisdictional boundaries. The structure expands and contracts dependent on the needs of the response. For the COVID-19 Response, the following ICS Organizational Chart has been developed:



C. POLICIES AND PROCESSES

The ISDH develops, implements, and coordinates statewide policies and processes to mitigate a COVID-19 pandemic within state authorities, regulations, agreements, and frameworks. The agency continues to lead a unified and coordinated operational and policy structure and process for preparedness and response to public health emergencies, and maintain a system of response exercises and improvements based on lessons learned.

1. Planning Coordination

A pandemic affects the whole of society. No single agency or organization can effectively prepare for a pandemic independently. A comprehensive, coordinated, whole-of-government, whole-of-society approach to pandemic preparedness is required.

To forestall the rigidity of previous pandemic definitions, the WHO describes a situation that is serious sudden, unusual, or unexpected; carries implications for public health beyond the affected state's border; and may require immediate international action as a Public Health Emergency of International Concern (PHEIC). In the process of evaluating a potential pandemic situation, the WHO performs a risk assessment, but because countries may face different risks at different times, each country is encouraged to perform their own risk assessments.

2. Severity

Severity assessments are conducted at the community, national and global levels. Severity assessments are done when public health decisions are needed. Answering the following questions can help to determine risk in the jurisdiction in question:

- How rapidly are the new cases occurring?
- What groups of people (e.g. age or high risk) will become severely ill and die?
- What types of illness and complications are being seen?
- Is the virus sensitive to antiviral agents?
- How many people will become ill?
- What is the impact on the healthcare sector including utilization and workforce?
- Data from the above questions are considered in the context of three indicators:
- Transmissibility – the ease of movement of the virus between individuals, communities, and countries
- Seriousness of Disease – the level of clinical severity
- Impact – on the healthcare sector

While the WHO looks at pandemic risk and severity from a global perspective, it encourages countries to look at the risk and severity of the pandemic in their own jurisdictions based on observations at local, state and national levels, using the same observation tools as the WHO uses for the global level.

In addition to the global WHO perspective, the CDC also looks at assessing risk for the United States.

Ten scientific criteria are grouped into three overarching categories. The IRAT cannot predict the next pandemic. Its focus is on the perceived potential of novel influenza viruses as estimated by subject matter experts using the IRAT evaluation criteria and available data.

The ten criteria in the three categories are as follows:

Properties of the Virus

- Genomic variation—how quickly the virus mutates
- Receptor binding—host preference (human or animal)
- Transmission in lab animals—transmission efficiency in lab animals
- Antiviral treatment susceptibility/resistance—how well the virus responds to antiviral medication

Attributes of the Population

- Existing immunity—whether the human population has existing immunity protection
- Disease severity and pathogenesis—measures the severity of illness
- Antigenic relationship to vaccine candidates—is the virus similar to previously manufactured vaccines

Ecology and Epidemiology

- Global distribution in animals—how widespread is the disease in animals
- Infection in animal species—what kinds of animals are impacted and the likelihood of contact with humans
- Human infections—whether human infections are occurring and how

After evaluation of the ten criteria, the score falls into three risk classifications: low, moderate, and high. The subject matter experts then have a more scientific measurement of risk and severity in the United States. See **Pandemic Severity Assessment Framework (PSAF) of the ISDH Pandemic Influenza State Operations Plan** for more details.

D. INTERNAL COORDINATION

1. ISDH COVID-19 ICS Positions

COVID-19 COMMAND AND GENERAL STAFF	
Positions	Responsibilities
RESPONSE MANAGER	<ul style="list-style-type: none"> • Overall Response Coordination • Incident Decision Making • Goals and Objectives Delegation • Appropriate ICS Staffing • CDC Updates
PUBLIC INFORMATION OFFICER	<ul style="list-style-type: none"> • Media Liaison • External Communications Support for Local Partners • Press Releases • When activated, Joint Information Center (JIC) Integration
EXECUTIVE STAFF LIAISON	<ul style="list-style-type: none"> • Liaison to the Governor's Office • Direct and Immediate Communication Pathway with the Response Manager • ISDH Executive Staff Situational Updates • Promote Agency-wide utilization of the ISDH Incident Command System (ICS)
CHIEF MEDICAL OFFICER	<ul style="list-style-type: none"> • Healthcare Liaison • Assist in the development of guidance documentation • Healthcare Provider Outreach
OPERATIONS SECTION CHIEF	<ul style="list-style-type: none"> • Overall Operational Coordination • Provide Situational Assessment of Response Objectives • Facilitate Coordinated Operational Tasks • Oversee Laboratory and Disease Management Branches
PLANNING SECTION CHIEF	<ul style="list-style-type: none"> • Internal Reporting Standards • Strategic Planning and Operations Support • Response Goals and Objectives • Evaluate ICS Best Practices
COMMUNICATIONS SECTION CHIEF	<ul style="list-style-type: none"> • Create Guidance Documentation • Distribute Guidance Documentation • Approve Guidance Documentation
LOGISTIC SECTION CHIEF	<ul style="list-style-type: none"> • Resource Requests • Communications/ IT • Administrative Support
FINANCE SECTION CHIEF	<ul style="list-style-type: none"> • Time Tracking • Emergency Procurement • Emergency Funding Management

2. ISDH Strategic Advisory Committee

The committee serves as the ISDH Executive Policy team, directing agency-wide goals and objectives, serving as liaison to the Governor's Office, advising on public health emergency declarations, determining the allocation of limited resources, and providing overall command and authority to the ISDH response. The committee will convene to review current employee absenteeism rates, review emerging threats, and determine if action is needed. Recommendations can vary from minimalistic mitigation strategies to the full closure of an ISDH location. If disruption of services occurs, the ISDH COOP will be activated.

3. Crisis and Emergency Risk Communications Plan

The ISDH utilizes Crisis and Emergency Risk Communication (CERC) during outbreaks and other disasters. CERC is a communication principle by the CDC built on 6 main principles:

1. **Be First:** Crises are time-sensitive. Communicating information quickly is crucial. For members of the public, the first source of information often becomes the preferred source.
2. **Be Right:** Accuracy establishes credibility. Information can include what is known, what is not known, and what is being done to fill in the gaps.
3. **Be Credible:** Honesty and truthfulness should not be compromised during crises.
4. **Express Empathy:** Crises create harm, and the suffering should be acknowledged in words. Addressing what people are feeling, and the challenges they face, builds trust and rapport.
5. **Promote Action:** Giving people meaningful things to do calms anxiety, helps restore order, and promotes some sense of control.
6. **Show Respect:** Respectful communication is particularly important when people feel vulnerable. Respectful communication promotes cooperation and rapport.

The ISDH Office of Public Affairs maintains an ISDH CERC Plan. This plan may be activated during the onset of an outbreak. As the situation expands and moves from a local emergency to a statewide emergency, public affairs will coordinate more closely with other state agencies, including the implementation of the State Joint Information Center (JIC).

E. MULTI-AGENCY COORDINATION

The evolution of the size and complexity of hazards and threats has demonstrated the need for effective planning and coordinated emergency response. These events also show disasters have

no geographical, economic or social boundaries and involve multiple jurisdictions, agencies and organizations. In order to effectively manage efforts of a multi-agency coordination system, the State of Indiana has adapted its planning and response capability based upon the following operational constructs:

1. State Emergency Operations Center (SEOC)

The Indiana State Emergency Operations Center (SEOC) is the IDHS-managed physical location where multi-agency coordination occurs. The purpose of the State EOC is to provide a central coordination hub for the support of local, district, and state needs. The State EOC can be configured to expand or contract as necessary to respond to different levels of incidents requiring state assistance. The State EOC levels of activation are as follows:

Level	Name of Level	Description	Example
IV	Daily Ops	Normal daily operations; Watch Desk is monitoring activities within and around the state	Tornado Watch
An actual or potential for Incident of State Significance will drive the need for an increase in the activation/staffing levels			
III	Active Emergency Conditions	A situation has or may occur which requires an increase in activation of the state EOC, to include: Section Chiefs, JIC may be set up, Limited ESF Staffing, May have FED presence	Large Tornado >EF-3
II	Significant Emergency Conditions	A situation has or may occur which requires an increase in activation of the state EOC, to include: Section Chiefs, Full ESF Staffing, JIC will be set up, Policy group will be activated, Will have FED presence	Major Flooding
I	Full Emergency Conditions	A situation has or may occur which requires an increase in activation of the state EOC, to include: Section Chiefs, Full ESF Staffing, JIC will be set up, Policy Group is activated, Governor or designee present in Policy Group	Large Earthquake

The State EOC is staffed and organized with the Emergency Support Function (ESF) concept incorporated into an Incident Command System (ICS) structure. Agencies that represent ESF positions are activated in the State EOC during an incident to execute the response phase of emergency management. The designated primary and support agencies for the ESF positions in the State EOC can be arranged and tasked as needed by the IDHS Response Division Director of Operations. The elevated activation level is determined by the pandemic and the need for coordination and resource support. The ESF primary agencies remain responsible for the coordination of all phases of emergency management as outlined in their respective ESF annexes, regardless of their State EOC staffing assignments.

2. Executive Policy Group

Emergencies and disasters can produce issues requiring prompt decisions to serve short and long-term emergency management needs. The Executive Policy Group is a function of IDHS that may be established to address issues concerning the safety and welfare of Indiana residents, property and the environment.

The Executive Policy Group may be activated to advise the Governor, local officials and the public and recommend protective actions to be taken during a radiological release. The Executive Policy Group may assemble in the SEOC to assist in coordination and decision-making.

The composition of the Executive Policy Group consists of stakeholders with the authority to make policy-related decisions or make suggestions to support the state's response and technical evaluation during an incident, but varies depending upon the type, size and complexity of the incident. The IDHS Executive Director or their designee will serve as chairperson of the Executive Policy Group. The Executive Policy group should consist of lead agency representatives from relevant ESFs as well as subject matter experts as necessary.

This section should identify which ESFs would be relevant for a Policy based on the situation described in this plan as well as identifying their contact information. In addition to the makeup of the policy group, this section should identify who had the authority to activate the policy group and what the trigger for activation should be.

3. Joint Information Center

A Joint Information Center (JIC) is a physical or virtual operation wherein public information officers (PIOs) and other relevant staff from multiple agencies and organizations coordinate in order disseminate timely, relevant and accurate official information. By coordinating between multiple agencies, information staff can ensure that the information being relayed to the public is consistent between agencies.

During an incident or planned event, providing coordinated and timely public information is critical to helping the affected community. Effective and accurate communication to the public about an incident can save lives and property, and can also help to ensure credibility and public trust. This vital public safety information is disseminated through various media outlets, including television, radio, print and the Internet. The JIC includes representatives from multiple agencies and organizations collaborating to provide a unified message regarding response and recovery efforts to the public. The ISDH Office of Public Affairs (OPA) is involved with these activities. Information regarding the provision of assistance is communicated in an accessible format from the JIC.

4. Scientific Advisory Committee

The ISDH COVID-19 Scientific Advisory Committee serves to fully understanding the capacity of the Indiana healthcare system and the roles each member should play should community transmission occur. This Advisory Committee assists healthcare partners and the public have the most accurate, up-to-date information available and understand the steps they can take to keep themselves healthy and care for those who are ill.

5. Multi-Agency Leadership Coordination Committee

A multiagency coordination (MAC) system is a combination of facilities, equipment, personnel, procedures, and communications integrated into a common system with responsibility for coordinating and supporting domestic incident management activities. The primary functions of multiagency coordination systems are to support incident management policies and priorities, facilitate logistics support and resource tracking, inform resource allocation decisions using incident management priorities, coordinate incident related information, and coordinate interagency and intergovernmental issues regarding incident management policies, priorities, and strategies.

6. Indiana Districts

The district organization and planning concept is comprised of multiple jurisdictions, disciplines, and agencies. Together they focus on common strategic goals and objectives to satisfy and meet national, state, and local homeland security and public safety needs. By coming together, many counties, local governments and the State benefit from sharing resources, eliminating redundancy in critical response activities and coordinating emergency planning, training, and exercise activities.

The district organization and planning concept is comprised of multiple jurisdictions, disciplines, and agencies. Together they focus on common strategic goals and objectives to satisfy and meet national, state, and local homeland security, public safety, public health, and healthcare needs. By coming together, many counties, local governments and the state benefit from sharing resources, eliminating redundancy in critical response activities and

coordinating emergency planning, training, and exercise activities. The State of Indiana, in conjunction with multiple agencies, have created the following Homeland Security and Public Health Preparedness Districts.

While each District varies in infrastructure, organization, hazards, and other facets, several commonalities of Districts include: District Planning Councils, Healthcare Coalitions, Indiana District Response Task Forces, and other elements.

F. SURGE SUPPORT

1. Finance

ISDH will be receiving \$250,000 at this time for COVID-19 response activities via the Public Health Crisis Cooperative Agreement. The Centers for Disease Control and Prevention (CDC) will be providing an official Notice of Award for eligible states and territories to receiving funding.

2. Medical Surge

Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. Following the initial impact, medical surge supports the delivery of medical care and associated public health services, including disease surveillance, epidemiological inquiry, laboratory diagnostic services, and environmental health assessments.

Each Healthcare Coalition (HCC) within the state of Indiana maintains a pediatric surge annex. This pediatric-focused operational annex is an annex to a coalition's HCC Response Plan. It is intended to be a high-level response plan, identifying the experts and specialized resources that exist within the HCC, the mechanisms/ processes that will be used to determine which patients go to which facilities, and an understanding of how many children each facility will need to plan to receive.

3. Medical Reserve Corps (MRC)

The Medical Reserve Corps (MRC) is a national network of volunteers, organized locally to improve the health and safety of their communities. MRC volunteers include medical and public health professionals, as well as other community members without healthcare backgrounds. MRC units engage these volunteers to strengthen public health, improve emergency response capabilities, and build community resiliency. MRCs are maintained by the county local health department (LHD) and are a function of the county.

During a medical surge situation, MRC volunteers may potentially be called upon to provide support. This section should define the procedures used for activation and who has the authority to activate MRC volunteers.

4. State Emergency Registry of Volunteers for Indiana (SERV-IN)

The State Emergency Registry of Volunteers for Indiana (SERV-IN) is an electronic registration system and database of local, regional, and statewide programs who desire to assist public health and healthcare systems during an event or disaster. SERV-IN is comprised of local volunteer coordinators who mobilize medical and non-medical volunteers to respond to emergencies within the community, or if the volunteer is interested, within the state. SERV-IN was created to assist in the process.

During a surge situation, SERV-IN may be used to call relevant volunteers to support a variety of operations. This section should define the procedures used for activation, including defining who has the authority to trigger the activation.

IV. COMMUNITY MITIGATION MEASURES

The goals of community mitigation are to slow the spread of a novel coronavirus virus in communities through the use of non-pharmaceutical interventions (NPI) and other appropriate health measures. The first line of defense against COVID-19 is community mitigation. These measures may help reduce the spread of other respiratory infectious diseases. In the initial months and stages of the pandemic, when the most effective countermeasure – vaccines, are not yet broadly available, NPIs can be effective.

A. NPI PUBLIC AWARENESS

The ISDH engages in public awareness activities on the implementation of non-pharmaceutical interventions (NPIs) to slow the spread of disease. NPIs are readily available behaviors or actions and response measures people and communities can take to help slow the spread of respiratory viruses such as coronavirus. Enhanced understanding of NPI use and capacity can greatly increase a community's resilience. Also, using multiple NPIs simultaneously, called layering, can reduce COVID-19 transmission in communities before vaccines are readily available. A few prevention actions include: staying home when sick, covering coughs and sneezes, frequently and appropriate hand-washing, and routine cleaning of frequently touched surfaces. It is encouraged that these be practiced at all time, especially during a pandemic. Literature and information on NPIs is readily available in multiple languages for the general public. This information is continually updated to reflect current best practice and effectiveness.

B. NPI PUBLIC HEALTH GUIDANCE

Updated guidance is provided to public health officials across the state on the use of non-pharmaceutical interventions (NPIs) by the general public and in key community settings (schools, childcare settings, workplaces, and mass gatherings). Guidance on how to improve communication to these key community settings is also provided. For the general public, it is recommended that resources such as websites, posters, checklists, and fact sheets be used to communicate and educate NPIs. When developing communication materials, it is best to use plain language. Clear language should be used to deliver easy-to-understand and actionable messages. ISDH has developed pre-pandemic planning guidance and related planning tools to assist local health department officials prepare for a potential pandemic and take action to slow the spread of the coronavirus throughout their communities. ISDH continues to collect data on the effectiveness of specific combinations NPIs used to reduce the spread of coronavirus. Finally, it is essential to integrate behavioral health, organizational, and resilience research in communications about NPI and community resilience.

1. Community Containment

The legal basis for instituting community containment measures already exists in state and local law. Indiana Code 16-41-9-1.5 provides the legal authority and procedures for establishing involuntary quarantine or isolation of individuals or groups. Based on the most current information available, the Indiana State Health Commissioner and local health officers will advise when the use of isolation and quarantine measure should become necessary. Canceling mass gatherings may become necessary as a method to help reduce and control transmission of COVID-19 infection.

Types of community containment typically used in a pandemic situation are described below:

1. Social Distancing

Social distancing refers to interventions designed to reduce personal interactions. This includes measures such as encouraging telework. Another term similar to social distancing is self-shielding. This refers to the self-imposed exclusion from infected persons or those perceived to be infected (e.g. staying home from work or school during a pandemic event).

Social distancing is the most useful when used early on during the pandemic and only remains useful if it is not discontinued prematurely.

Social distancing measures can be applied on a community-wide basis (e.g., snow days, when all activities are canceled as a result of a major snowstorm) or applied to groups of persons (e.g., canceling public events, schools, or public transportation services).

2. Restrictions on Mass Gatherings

A restriction on mass gatherings is a limit on or outright banning of mass gatherings while a pandemic is active. This strategy keeps people from spreading the disease inadvertently, particularly in places like schools where there is consistently a high volume of people.

Because restrictions on mass gatherings and, to a lesser extent, quarantine and isolation might be used in response to a COVID-19 pandemic, the ISDH continues to inform judges, the Attorney General's Office, county attorneys, law enforcement and public safety officials, and others about existing laws to enable needed restrictive measures, with the goal of implementing such restrictions with minimal delay following a decision to institute their use.

3. Isolation and Quarantine

Isolation is the physical separation of an individual or group of individuals with a contagious disease from the general public. Isolation is used to separate ill persons who have a communicable disease from those who are healthy. Quarantine is the physical separation or restriction of movement of an individual or group of individuals who have been exposed to a highly infectious disease during the disease's period of communicability. Quarantine is used to separate and restrict the movement of non-symptomatic persons who may have been exposed to a communicable disease to see if they become ill.

The current consensus is that quarantine and isolation will be most beneficial at the beginning of a pandemic when the restriction on an exposed or infected person might delay the introduction of a novel virus. Once a pandemic strain has become established in Indiana, quarantine and isolation would be of limited practical value.

Based on CDC recommendations, the ISDH will provide guidance to LHDs, healthcare providers, and the public regarding steps that individuals and organizations can take to reduce exposure risks to pandemic coronavirus. Should a vaccine become available, the ISDH protocol for mass prophylaxis will be followed. LHDs have developed mass prophylaxis plans in recent years. However, large-scale vaccination will, of necessity, be a collaborative effort among public health, hospital and the whole range of medical care

providers (managed care organizations, community health centers, providers in private practice).

Because vaccines will be in limited supply when first available, the ISDH, in consultation with CDC and others, will recommend which population groups will have the highest priority for receiving the vaccine. However, each state will need to consider modifications of these priority groups.

C. SUPPORT OF LOCAL INFRASTRUCTURE

The ISDH aids in the support of state and local public health officials preparing for, and utilizing non-pharmaceutical interventions during a pandemic response. Prior to pandemic strikes, clear communication, ongoing communication, and collaboration among public health officials and community planners (schools and child care facilities, institutions of higher education, and businesses) can lay the groundwork for an optimal pandemic response. The establishment and timely use of existing lines of communication will help ensure the consistency and effectiveness of information. Information from the ISDH aids in local decision making.

V. ACTIONS PRIOR TO IMMEDIATE COMMUNITY SPREAD

When community spread is determined to be imminent anywhere within State of Indiana, ISDH will initiate preparation for the issuance of statewide guidance by actively collaborating with statewide agencies, boards and associations. ISDH will recommend that LHDs collaborate with local schools, daycares, colleges/universities and other partners to support their response and will provide a community engagement guide listing key local partnerships, to include homeless shelters, long-term care centers, and medical facilities, that support local-level planning efforts.

ISDH recognizes the need and importance for statewide collaboration for the development of guidance and unified messaging to successfully lead disease containment and mitigation before the virus begins to circulate within the community.

It is anticipated, at this phase, that inventories of PPE will be impacted due to global shortages or rationing in response to the COVID-19 outbreak. Normal distribution mechanisms will be unable to provide PPE necessary for standard healthcare operations. PPE provided by ISDH will strictly be in support of local health departments and other local/regional healthcare coalition partners.

A. ISDH RESPONSE

Imminent spread of COVID-19 to Indiana will continue ISDH's aggressive messaging and conservative recommendations. ISDH will be activated at a heightened response posture to

address increased agency-wide support in establishing and fulfilling expanding agency objectives plus provision of resource support and increasing coordination with state and local partners. The ISDH DOC and State EOC may be activated to support statewide response as COVID-19 community spread becomes more likely. ISDH leadership will review ISDH COVID-19 Incident Command Structure and update an expanded incident management structure to effectively manage the incident.

B. STATE PARTNER ENGAGEMENT

ISDH will proactively engage state-level partners prior to COVID-19 community spread within Indiana. ISDH will be responsible for developing a weekly conference call agenda and providing the most up-to-date situational awareness about the disease to facilitate a common operating picture.

State agency participants will be asked to provide updates on their agency's preparation, barriers encountered, best practices and any other pertinent information that may help other agencies plan and prepare. These weekly conference calls will continue until either the State EOC opens, or until the threat of community spread of COVID-19 is epidemiologically demonstrated to have diminished.

- Key points for inclusion in the ISDH-developed conference call agenda will be:
- Current international, national, and state COVID-19 statistics, situation and trends;
- Projected timing of COVID-19 transmission into or within Indiana, depending on the current epidemiologic picture;
- Recommended guidance from CDC and ISDH for other state agencies to be aware of and put into effect for employee safety or business continuity;
- Notable occurrences that state agencies are aware of, such as shortages or community issues ISDH may not be aware of;
- Resource-level information, especially with regards to staffing;
- Review of upcoming, recommended public health interventions, for which state enterprise must plan to effectively implement;
- Cascading impacts from potential community spread: What impacts could occur, how would it impact each agency, and what strategies can be implemented to address?
- Outstanding concerns from state agencies that require immediate problem-solving, including cascading impacts from the implementation of public health interventions;
- Any workgroups that need to be formed to address planning needs before the next meeting.

Unless replaced by another body, these meetings will serve as the forum to ready state agencies for the implementation of public health strategies to contain the spread of COVID-19 within Indiana. State agencies will be asked to facilitate readiness for implementation within

their industries to ensure that when public health interventions are effected, cascading impacts have been pre-identified, and there is a plan in place to address them

C. LHD COORDINATION

In anticipation of community spread of COVID-19 in Indiana, ISDH will maintain consistent coordination with LHDs to align response activities and maintain situational awareness. ISDH will increase frequency of statewide calls with LHDs to be available to provide resources and answer questions. Statewide calls with LHDs will reinforce guidance provided by CDC and inform LHDs of any ongoing developments or impacts to Indiana. ISDH will continue to use weekly webinars, IHANs, and the ISDH website to provide LHDs with the most up-to-date resources and guidance developed by ISDH and other available resources from the CDC. ISDH will coordinate with LHDs for consistent communication efforts statewide through recurring, statewide stakeholder calls, e.g., PIOs, ERCs, epidemiologists, health commissioners, etc.

Additionally, ISDH will initiate statewide webinars to address critical preparedness actions that LHDs should facilitate within their communities. Planned webinar topics will include the following:

- Investigation and epidemiologic investigations during community spread;
- Specimen coordination during community spread;
- Engaging key partners, e.g., EMA, EMS, and hospitals, for response to community spread of COVID-19;
- Preparedness planning for populations with access and functional needs;
- Communication and messaging planning—what to do now and preparing for community spread;
- Preparing for school closures;
- Preparing for cancellation of community events

D. TRAVEL AND GENERAL PUBLIC GUIDANCE

The Indiana State Department of Health (ISDH) has developed a *Novel Coronavirus: What You Need to Know* document (**Appendix F**). This document describes how COVID-19 spreads and the symptoms associated with the disease. This document is available in English, Chinese, and Spanish.

A patient travel poster has been developed for display in healthcare facilities (**Appendix E**). This document provides a warning message for patients to warn their healthcare provider if they have travel history and symptoms of COVID-19. This is available in English and Chinese. A visitor alert document was developed for long term care (LTC) facilities to address the risk of visitors on the health of residence. See **Appendix D** for the LTC Visitor Alert Posters.

E. PREPARE FOR LARGE-SCALE ISOLATION OR QUARANTINE

It is anticipated that Indiana will have to prepare for the isolation or quarantine of large numbers of people. ISDH will review planning with state agency partners for the possibility of large-scale isolation or quarantine housing and associated support service.

State agencies and organizations such as the American Red Cross, FSSA, ING, DNR, and IDOA will be asked to begin cataloging updated lists of suitable quarantine facilities that could adequately support large numbers of persons. State agencies will also be asked to prepare to assist with provision of essential services and resources to these large congregate sites, including the provision of PPE.

F. EVENT CANCELLATION

It is possible that imminent spread of COVID-19 will require the canceling of some events or facilities within select industries, though not on the scale that is anticipated during community spread. Closures may include schools, business or mass gatherings (e.g., social, cultural, religious, and political events). ISDH will conduct outreach to social, cultural and religious groups within Indiana.

ISDH legal counsel, Office of Public Affairs, and LHDs will coordinate recommendations for closures or provide counsel when local bodies report a decision to close their establishments.

Public Information Coordination

When spread of COVID-19 is imminent, ISDH will be postured to ensure public and statewide partners are kept informed of the most current guidance and on ongoing recommendations.

ISDH will initiate an enhanced media campaign led by the ISDH Office of Public Affairs. Updates will be made to the ISDH website and social media channels. ISDH will leverage existing social media channels to disseminate information to manage uncertainty and to provide the public with regular channels through which they can get updated information. ISDH will monitor media and local feedback to gather community concerns and apply feedback to the ISDH communications strategy.

ISDH will issue developed messages about public health advice and ensure that messaging is consistent across all channels. Messaging will address infection control and social distancing, to include non-pharmaceutical interventions. ISDH will target at-risk populations, as well as the general public. To build and manage an effective public messaging campaign, the ISDH PIO and AFN representative will collaborate to develop targeted social media messaging, public service announcements, and print media.

In collaboration with the ISDH Leadership, the Office of Public Affairs (OPA) will develop short, multimedia videos featuring the State Health Commissioner and ISDH Chief Medical Officer to present key information, e.g., explain the disease etiology, symptoms, transmission, how to protect oneself, what to do if someone gets sick, and address emerging topics public interest.

Daycare, School and Colleges/University Closures and Guidance

ISDH guidance developed in conjunction with the Family and Social Services Administration, Indiana Department of Education and Commission for Higher Education will be shared through internal partners within ISDH and through external partners. Webinars will be created to support stakeholders on the most current guidance and recommended precautions. Messaging products will include risk communication packets on school closures and webinars for daycares, which will be developed and implemented monthly and more frequently as directed by ISDH Leadership. ISDH has created **Novel Coronavirus (COVID-19) Guidance for Schools (Appendix B)** and a **letter from Dr. Box to the school community of Indiana (Appendix C)**.

Activate School Closure Tracking

ISDH will collaborate with the statewide Indiana Department of Education (IDOE) partners to establish a track metric to allow for agency updates on closures and absenteeism data collection.

Private Partner Engagement

As spread of COVID-19 becomes imminent, ISDH will begin outreach to private partners. As private partners respond, ISDH will compile a running list of partners with whom to share COVID-19 situational awareness and tailored guidance documents to preemptively address business community needs.

ISDH will assist the business community across Indiana with maintaining their operations and provision of the best-available information to both their workers and customers. ISDH will also ask business partners for assistance when shortages of products arise, as Hoosiers prepare for COVID-19. The two largest areas ISDH will focus on with private partners are information sharing and resource sharing to mitigate COVID-19 effects on communities. ISDH may also ask for information on consumer product numbers or shortages being experienced, along with possible solutions from other businesses if shortages are occurring.

G. ISDH STAFF MANAGEMENT AND POLICY DEVELOPMENT

Imminent spread of COVID-19 will require ISDH to begin preparing for the possibility of significant staffing impacts. The ISDH Human Resources (HR) and the State Personnel Department (SPD) will develop a plan to overcome staffing challenges to ensure ISDH retains a

viable workforce to support a state-level response to COVID-19. ISDH program areas will be required to meet and determine each program area's critical workforce needs and how those will intertwine with COVID-19 response operation needs.

ISDH Human Resources (HR) will evaluate the current ISDH workforce that can be relocated within the agency to backfill response roles or support critical areas of service delivery for Hoosiers. Secondly, ISDH HR will participate in discussions with SPD on the viability and policy development necessary for inter-agency staff loans for common positions and classifications.

Pandemic Sick Leave Policy Development

ISDH recognizes establishing human resource policies for staff call-offs prior to community spread will best posture ISDH for staff retention through the pandemic cycle. SPD will establish policies for state employees who do not have sufficient leave balances, to support extended time-off work due to illness or care for dependents.

Agency Infection Control

ISDH HR and ISDH Admin Services will collaborate to implement deep-cleaning at ISDH, through execution of continued engagement with building services. Additionally, ISDH will maintain hand sanitizers at readily available locations in ISDH-operated buildings.

H. PERSONAL PROTECTIVE EQUIPMENT

ISDH is utilizing EMResource for tracking of local healthcare resources. EMResource is a web-based resource management and communication tool developed by Juvare. EMResource is used by healthcare, public health, first responders, and other healthcare and government agencies. This system is utilized to monitor and notify changes in resources statuses such as diversions, EOC activation, resource availability, and other information.

Upon the imminent spread of COVID-19 in Indiana, it is assumed that limited resources of PPE will be available. ISDH will take the following actions to continue to mitigate any spread of the virus:

1. Develop document for "COVID-19 Strategies for Optimizing PPE and Re-use".
 - a. Guidance on who needs N-95 Masks
 - b. Hierarchy of Controls --- Engineering Controls, Administrative Controls, and PPE
 - c. Conventional capacity strategies and contingency capacity strategies

2. ISDH will increase the frequency of tracking of critical statewide caches of PPE. ISDH will be the primary point of contact for allocation and distribution of state medical resources housed within the RSS warehouse.
3. ISDH will update quotes (or acquire new quotes) to purchase supplies based on established minimum inventory levels to be maintained at the RSS warehouse. The ISDH Finance Division will provide consultation in the event emergency procurement of supplies is necessary.
4. ISDH will request additional supplies from CDC (or request that the vendor hold be lifted) in order to ensure clear supply chain to address pending surge.
5. Upon approval to release PPE resources, ISDH will initiate partial activation of the RSS warehouse and activate ISDH staff to fulfill PPE inventory mission requests in accordance with the **ISDH Medical Countermeasures Plan**.
6. ISDH will be made aware of an impending request for RSS staff to support escalated RSS operations, as needed. ISDH will put RSS staff on alert. Alerted staff will be scheduled for ongoing training at the warehouse, to ensure they maintain readiness following their training after confirmation of a confirmed case of COVID-19.
7. ISDH Leadership and COVID-19 Incident Command will begin allocation determinations based on severity and risk of exposure.
8. Distribute PPE to medical and non-medical first responders and other public service entities in the event of a shortage, according to recommendations from the CDC and advisory committee
9. Leverage existing resources to mitigate impact on state operations, in accordance with recommendations from the CDC and advisory committee

I. FUNDING AND EMERGENCY PROCUREMENT

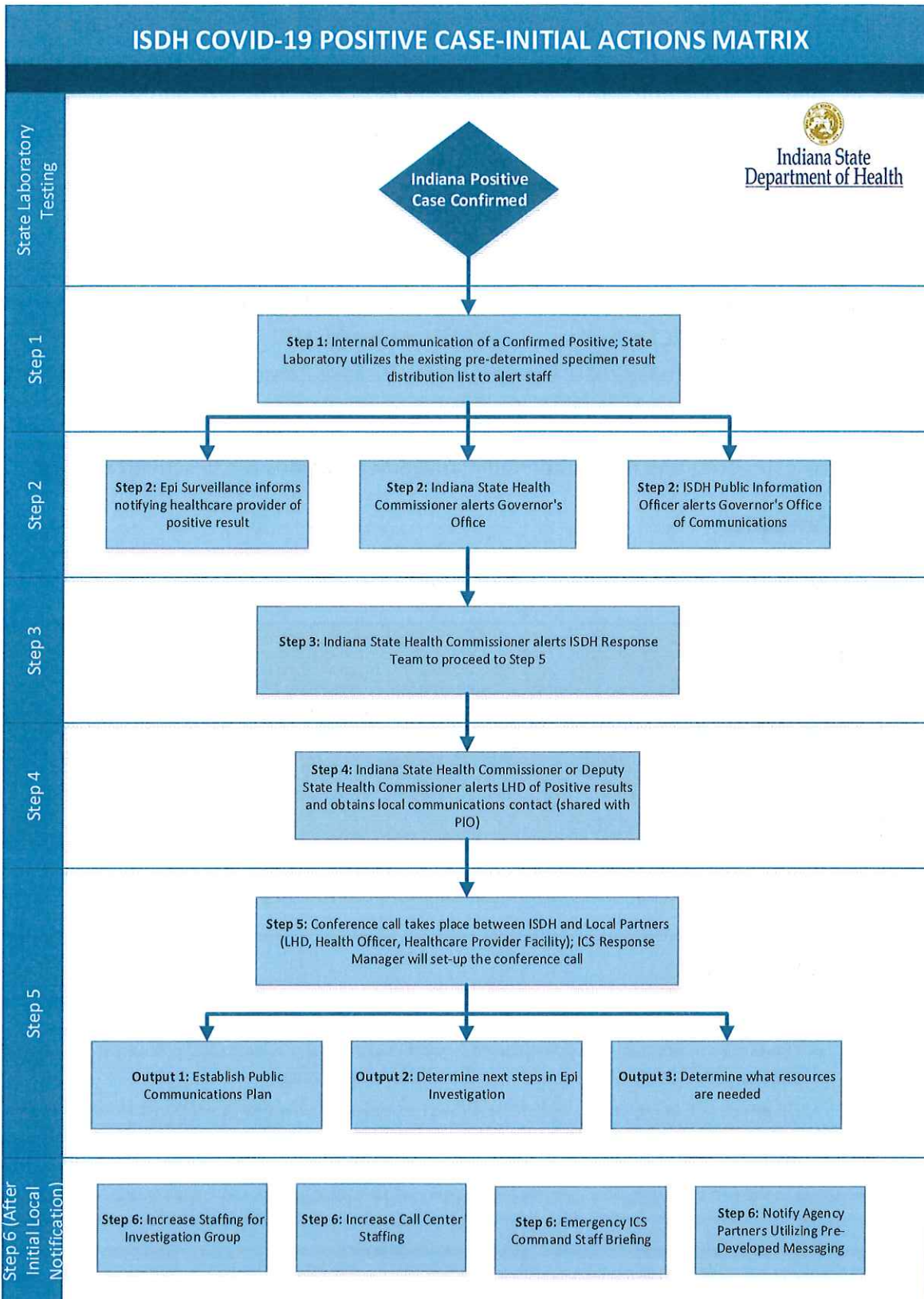
1. Undeclared Emergency

Finance has the ability to make discretionary purchases based on the situation at hand. These discretionary purchases have a limit and should only be made when absolutely necessary. However, they allow responders to more freely request equipment or supplies. See the **ISDH Administrative Preparedness Plan** for more details.

J. ONGOING COORDINATION

ISDH, in coordination with the LHDs, will support daily operations in preparation for community spread. ISDH will continue to communicate and coordinate with state partners and the LHDs about any needs and/or services required to effectively support COVID-19 operations and additional response activities.

K. IMMEDIATE ACTIONS UPON CONFIRMED COVID-19 CASE



VI. ACTIONS DURING COMMUNITY SPREAD

Community spread of COVID-19 will require the implementation and operationalization of ongoing local and statewide planning efforts. Coordination will expand at the state level to meet local requests for supplies to include the dissemination of PPE and guidance for addressing medical shortages, surge and the eventual receipt of medical counter measures.

A. COMMUNITY SPREAD RESPONSE OBJECTIVES

1. COVID-19 Case Assessment

Immediately following confirmation of a positive case of COVID-19, the IDSH Epidemiology Resource Center (ERC) will assess, in coordination with LHDs, risk categories for case contacts. As of February 2020, the Centers for Disease Control and Prevention (CDC) has announced risk categories to include high risk, medium risk, and low risk.

The risk categories and recommended management actions are described below.

Risk Categories

The CDC defines a person at high risk as depicted in the graphic below.

High Risk

- Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection **without using recommended precautions** for [home care](#) and [home isolation](#)
 - The same risk assessment applies for the above-listed exposures to a person diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing.
- Travel from Hubei Province, China

The CDC defines a person at medium risk as depicted in the graphic below.

Medium Risk

- Close contact with a person with symptomatic laboratory-confirmed COVID-19 infection, and not having any exposures that meet a high-risk definition.
 - The same risk assessment applies for close contact with a person diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing.
 - On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction ([refer to graphic above](#))
- Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection **while consistently using recommended precautions** for [home care](#) and [home isolation](#)
- Travel from mainland China outside Hubei Province AND not having any exposures that meet a high-risk definition

The CDC defines a person at low risk as depicted in the graphic below.

Low Risk

- Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact
- On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed COVID-19 but not within 6 feet (2 meters) ([refer to graphic above](#)) AND not having any exposures that meet a medium- or a high-risk definition ([refer to graphic above](#))

The CDC defines a person with no identifiable risk as depicted in the graphic below.

No Identifiable Risk

- Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

This category includes contacts of asymptomatic people exposed to COVID-19. The CDC does not recommend testing, symptom monitoring or special management for people exposed to asymptomatic people with potential exposures to SARS-CoV-2 (such as in a household), i.e., “contacts of contacts;” these people are not considered exposed to SARS-CoV-2.

ISDH will inform and educate state partners through situational briefings on the following: monitoring and self-reporting process, guidance quarantine, incubation time period for COVID-19, asymptomatic travelers and exposure considerations.

Recommended Management Actions

The public health actions recommended by the CDC are included in the tables below. When a choice exists within the guidance, ISDH will take the more conservative approach in the management of persons at risk for COVID-19.

SYMPTOMATIC¹

Risk Category	Movement Restrictions and Public Activities	Medical Evaluation	Travel
High risk	Immediate isolation.	Medical evaluation is recommended; diagnostic testing for COVID-19 should be guided by CDC's PUI definition but is recommended for symptomatic people with a known high-risk exposure. If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.	Controlled; air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.
Medium risk	Immediate isolation.	Medical evaluation and care should be guided by clinical presentation; diagnostic testing for COVID-19 should be guided by CDC's PUI definition . If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.	Controlled; air travel only via approved air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.
Low risk	Recommendation to avoid contact with others and public activities while symptomatic	Person should seek health advice to determine if medical evaluation is needed. If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for COVID-19 should be guided by CDC's PUI definition .	Recommendation to not travel on long-distance commercial conveyances or local public transport while symptomatic
No Identifiable Risk ²	No restriction	Routine medical care	No restriction

ASYMPTOMATIC

Risk Category	Movement Restrictions and Public Activities	Monitoring	Travel
High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	Travelers from mainland China outside Hubei Province with no known high-risk exposure: Self-monitoring with public health supervision All others in this category: Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able to return if they become symptomatic during travel.
Low risk	No restriction	Self-observation	No restriction
No Identifiable Risk	No restriction	None	No restriction

EMS = Emergency medical services

HCF = healthcare facility

PUI = Person Under Investigation for COVID-19

¹For the purpose of this document: subjective or measured fever, cough, or difficulty breathing.

²No restrictions on travel, movement, or activities due to COVID-19 concerns; however, restrictions might be recommended if the person is known or reasonably believed to have another communicable disease that poses a public health threat if others are exposed in community or travel settings.

2. Isolation and Quarantine

Indiana's Isolation and Quarantine Statute is IC 16-41-9-1.5. It allows for the State Health Commissioner, the State Health Commissioner's designee, a Local Health Officer, or an authorized health or hospital corporation to order a person or persons into isolation or quarantine. Isolated patients will likely be hospitalized so their needs will be addressed in the hospital.

People in quarantine will likely be housed at home or moved to a separate living facility. Large quarantine shelters will be unlikely. While in quarantine, the local jurisdiction should provide quarantined individuals with food and other daily living needs. The local health

department should also provide daily health checks to see if anyone has developed symptoms of COVID-19. Lastly, the local health department should work with local partners to help quarantined people meet other basic needs.

The local health officer has three options to initiate isolation or quarantine of individuals known or suspected of having COVID-19, depending on urgency and exposure risk. A person who knowingly and intentionally violates a condition of isolation or quarantine commits a Class A misdemeanor. State and local law enforcement agencies will cooperate with the local health officer to enforce an order of isolation and quarantine if it becomes necessary.

3. Housing Assessment

The purpose of the housing assessment is to determine the best location that a confirmed case and the case contact(s) should reside during their infectious/monitoring period to protect the public's health. This assessment will be done for each confirmed case and all case contacts, regardless of whether they will be issued quarantine orders.

ISDH, in coordination with the local health department (LHD), will assess the current living situation of both a confirmed case and the case contacts to identify the best approach for meeting their needs and reducing exposures. The ISDH Epidemiology Resource Center (ERC) will contribute to this assessment.

Housing assessments will be guided by the risk category assigned to the individual. Specific considerations include the following:

- Confirmed Case
 - Does the case require hospitalization to manage their illness?
 - Do they have a residence in Indiana?
 - Is the residence safe?
 - Would legal isolation at the residence risk exposing the case's identity to the public?
 - Is the residence appropriate for the case to remain in for the duration of their legal isolation?
 - Is the case capable of adhering to precautions that will be recommended as part of home care or isolation? This is especially important for children and other individuals with access and functional needs.
 - Does the case share the residence with other individuals?
 - If so, can the other individuals remain in residence during the isolation period without creating a public health risk?

- If not, can the other individuals be relocated so the case is alone in the residence?
- Case Contacts under Quarantine Orders
 - Do they have a residence in Indiana?
 - Is the residence safe?
 - Would legal quarantine at the residence risk exposing the contact's identity to the public?
 - Is the residence appropriate for the contact to remain in for the duration of their legal quarantine?
 - Is the contact capable of adhering to precautions that will be recommended as part of legal quarantine? This is especially important for children and other individuals with access and functional needs.
 - Does the contact share the residence with other individuals?
 - If so, can the other individuals remain in the residence during the quarantine period without creating a public health risk?
 - If not, can the other individuals be relocated so the contact is alone in their residence?
- Case Contacts under Self-Monitoring
 - Do they have a residence in Indiana?
 - Is the residence safe?
 - Would self-monitoring at the residence risk exposing the contact's identity to the public?
 - Is the residence appropriate for the contact to remain in for the duration of their monitoring period?
 - Is the contact capable of adhering to precautions that will be recommended as part of self-monitoring? This is especially important for children and other individuals with access and functional needs.
 - Does the contact share the residence with other individuals?
 - If so, can the other individuals remain in the residence during the self-monitoring period without creating a public health risk?
 - If not, can the other individuals be relocated so the contact is alone in their residence?

Should a residence be found to be inadequate for the case or any case contact, ISDH and the LHD will collaborate to identify alternate housing. Should the local resources not meet the needs for the individual under isolation or quarantine, or should the LHD not have any local resources disposable for isolation or quarantine housing, ISDH will either:

- Move the individual(s) to alternate housing.

- Relocate other members of the household to alternate housing to allow the case/contact to remain at home

4. Public Communications

Following confirmation of a case, ISDH will issue a press release. (Note: If it is the first case, ISDH will also conduct a press conference.) The Office of Public Affairs and the Epidemiology Resource Center will work collaboratively to provide all applicable information. The press release will be made available to the public through the ISDH website. Social media posts will also provide the public with an update on confirmed COVID-19 case(s) in Indiana. All public messaging will withhold any identifiable personal information as well as the jurisdiction, or location, of the isolation or quarantine.

Public messaging will address the following:

- The number of confirmed cases;
- The county of the confirmed case(s);
- That public health has identified case contacts and assessed their risk;
- That isolation and quarantine orders have been issued, as appropriate;
- Any other applicable public health actions that have been taken to protect the community;
- What a confirmed case means for the community;
- Actions community members can take to remain healthy;
- Actions ISDH will be taking in the coming days in response to the confirmed case.

ISDH Office of Public Affairs (OPA) and Office of Legislative Affairs will engage and notify legislators of any case in Indiana and of the issuance of an isolation/quarantine order, as applicable.

ISDH will disseminate information to the public about prevention strategies including non-pharmaceutical interventions (NPIs). NPI are strategies for slowing the spread of communicable diseases without the use of vaccine, antivirals or antibiotics. The goal in implementing NPIs is to reduce the number of ill individuals by reducing exposure. NPI strategies may include:

- Hand hygiene: washing hands often with soap and water for at least 20 seconds; especially after going to the bathroom, before eating; and after coughing or sneezing. Using an alcohol-based sanitizer with 60%-95% alcohol when soap and water are not readily available.
- Respiratory etiquette: covering coughs and sneezes with a tissue to then be thrown in the trash can.

- Environmental health actions: routine cleaning of frequently touched surfaces and objects.
- Voluntary home isolation when sick with respiratory disease symptoms.
- Voluntary PPE for ill individuals.

ISDH will communicate recommended NPIs and other recommendations to audiences through local and statewide media outlets, the ISDH COVID-19 website, and ISDH social media accounts. ISDH will also leverage these platforms to provide the public with regular channels through which they can get updated information and to gather and apply local feedback and concerns to ISDH strategy. ISDH Office of Public Affairs in coordination with the ISDH Epidemiology Resource Center will provide an evaluation of risk of COVID-19 through a visual map charting the overall risk for Indiana.

5. ISDH will ensure that guidance is provided to the case and any identified contacts on the following topics:

- [Guidance on respiratory etiquette and hand hygiene]
- [Guidance on home disinfection and cleaning]
- [Guidance on seeking emergency medical care]

[Guidance will also be provided to any individuals who will be sharing a residence with the case/contact during their isolation/quarantine/monitoring period.]

6. Emergency Procurement

a. Undeclared Emergency

Whenever possible, procurement processes should follow the standard operating procedures laid out in the earlier procurement section. However, steps may be taken to expedite procurement in emergency situations. Time sensitive purchases, with the potential to seriously impair the function of an agency if not expedited, may request that bidder responses be provided as soon as necessary: bypassing the requirement that provides bidders seven business days to respond (for purchases over \$5,000) to be bypassed. The requirement to solicit responses from at least three bidders may also be suspended if the essential purchase can only be made from a single source. Only the bidder capable of meeting the agency's reasonable requirements will be solicited.

The bidder must supply a letter or memo from the manufacturer certifying that the requested item or product is not available from another source. A price quote should also be included. It will also be necessary to provide a price comparison of a similar product to prove that the quoted price is fair and reasonable.

Finance has the ability to make discretionary purchases based on the situation at hand. These discretionary purchases have a limit and should only be made when absolutely necessary. However, they allow responders to more freely request equipment or supplies that they need in order to carry out a successful response. See the **ISDH Administrative Preparedness Plan** for more details.

b. Declared Emergency

As provided for by Indiana Code IC 5-22-10, special purchasing methods may be used when “there exists, under emergency conditions, a threat to public health, welfare or safety.” Under these circumstances, standard practices can be circumvented. These unique circumstances include a declared emergency. The need for this type of purchase must qualify under at least one of the criteria in 5-22- 10 and justification must be provided explaining why this type of purchasing method applies. The special purchasing methods are referenced within the Legal Authorities section and can be read in full on the Indiana General Assembly Indiana Code web page. See the **ISDH Administrative Preparedness Plan** for more details.

7. Wraparound Service Facilitator

Wraparound services support an isolated/quarantined/monitored individual with basic living needs (food, water, access to medical care, shelter) with consideration to the restrictions the individual is under. The agency issuing an isolation or quarantine order assumes responsibility for procuring these services. Public health will also offer these services to individuals under self-monitoring to support their adherence to provide guidance. To maximize coordination of all wraparound services, ISDH will work the LHD to designate an LHD staff member to serve as the facilitator for the wraparound services provided for quarantined individual.

The wraparound facilitator will be asked to develop and retain a schedule of all wraparound activities to include scheduled appointments for the quarantined individual. ISDH will remain informed through contact with wraparound facilitator of all activities concerning the case/contact being served.

8. Wraparound Services

Due to the restrictive nature of self-monitoring or legal isolation/quarantine, the state of Indiana remains ready to provide guidance on any required wraparound services, including the following:

- Food/meals

- Transportation
- Security/Order Enforcement
- Medical Monitoring and Treatment
- Translation Services
- Behavioral Health
- Laundering
- Caregiving
- Alternate School or Work Arrangements

If family members can assist in wraparound services, coordination will be done through the LHD and reported to ISDH. The providing agency may seek reimbursement from the individual, as determined.

B. CONSIDERATIONS OF CASCADING IMPACTS

As COVID-19 spreads through regions of Indiana to become statewide, the response actions must also grow to consider the cascading effects and their associated impacts on Hoosiers. Shortages of resources and staffing throughout Indiana may negatively impact Indiana’s population through limitations on life-sustaining resources and services. At the direction of the governor’s office, state partners will monitor, plan and support the following list of resources and service as one or more items may be affected. Possible effects or shortages may include (note: the below list is not all potential shortfall possible):

- Food
- Water
- Life-maintaining medications
- Utility services, e.g., electricity, gas, water, sanitation (refuse collection and sewer), heating oil delivery, etc.
- Staffing or resource shortages at Critical Infrastructure and Key Resources (CIKR) sectors, such as:
 - Agriculture and Food
 - Banking and Finance
 - Chemical
 - Commercial Facilities
 - Communications
 - Critical Manufacturing
 - Dams
 - Defense Industrial Base
 - Emergency Services
 - Energy
 - Government Facilities
 - Healthcare and Public Health

- Information Technology
- National Monuments and Icons
- Nuclear Reactors, Materials and Waste
- Postal and Shipping
- Transportation Systems
- Water

ISDH will work with local, state, federal and non-governmental organizations to plan for these potential impacts, in advance, and address cascading effects as COVID-19 affects Indiana communities. This will entail working closely with State EOC partners to gather information on where problems are beginning to develop and attempting to find real-world solutions given the resources on hand.

ISDH will work with the policy and advisory groups to educate them on the incoming information being collected through any and all channels and the estimated areas of greatest concern that require immediate tailored response actions. ISDH will not be able to address and correct, nor foresee, every potential problem, but sustained situational awareness and sharing of the best available guidance, practices, and information between all levels of government may alleviate or avoid worst possible outcomes.

Cascading effects concerning food and water safety will be addressed by Indiana Department of Environmental Management (IDEM). ISDH would also address issues around supporting WIC recipients and other clients who receive support through the Children with Medical Disabilities program.

C. ISDH RESPONSE

When community spread is identified to be occurring in Indiana, ISDH will be at full activation to establish and fulfill objectives and provide adequate resource support and coordination with state and local partners. ISDH leadership will organize in an expanded incident management structure to effectively manage response needs. See ISDH COVID-19 Incident Command Structure for more details.

ISDH Response Staff Management

The demand for enhanced activities in response to COVID-19 community spread will require ISDH to implement agency decompression by shifting staff previously identified to directly support response efforts.

ISDH has also identified the number of critical employees necessary from each area to support a COVID-19 response. In the event the response staffing is impacted, and necessary functions are unable to be met, ISDH HR and ISDH Finance will be contacted to assist in staff reassignment/emergency hiring. See the **ISDH Emergency Preparedness Plan** for details.

D. STATE PARTNER ENGAGEMENT

ISDH will continue to engage state-level partners (both inside and outside State EOC ESF-8 operation), in cooperation with IDHS, as COVID-19 community spread is observed within Indiana. ISDH will remain the lead agency and provide the most up-to-date situational awareness to facilitate a common operating picture among state partners.

State agency participants will be asked to provide updates on their agency's actions, barriers encountered, best practices and any other pertinent information that may help other state agencies with their response operations. Statewide coordination calls will focus on increasing efficiency and effectiveness of all state partners involved with the response to COVID-19 community spread. These weekly conferences may continue even if the State EOC is open, or the community spread of COVID-19 appears to be decreasing within Indiana, depending on the need for health information enterprise-wide.

Key points for inclusion in the ISDH-developed conference call agenda will be:

- Current international, national, and state COVID-19 statistics, situation and trends to foster situational awareness and a common operating picture.
- Projected timing of COVID-19 transmission into new areas/regions of Indiana depending on the current epidemiologic picture. If COVID-19 is being found statewide, this item may be discontinued and replaced with information on where COVID-19 rates appear to be decreasing in severity.
- Updated, recommended guidance from the CDC and ISDH for other state agencies to be aware of and put into effect for employee safety or state enterprise continuity.
- Notable occurrences that state agencies are aware of, such as shortages or community impacts.
- Resource-level information, especially with regards to partner staffing and critical life-sustaining resources, such as food, water, medication, utilities, transportation and housing
- Outstanding concerns from state agencies that require immediate problem-solving
 - Public health interventions
 - Timing for implementation
 - Areas for implementation
 - Scope of implementation
 - Effectiveness of plans to mitigate impacts from the interventions, reported by all state agencies, across all industries
- Implementation of legislative solutions for legally required actions that may be incompatible with response to community spread of COVID-19.

ISDH will work within ESF-8 (Public Health and Medical Services) as the lead agency during State EOC operations. The ISDH Department Operations Center (DOC) and RSS Warehouse will

actively be monitoring WebEOC for missions assigned to ISDH by the ESF-8 Desk, and by other ESFs to which ISDH is a support agency. The DOC is tasked as the coordination node to both the State EOC and RSS Warehouse (when RSS operation are occurring). ISDH response staff will be present at the State EOC, ISDH DOC, and RSS Warehouse to manage, coordinate, and fulfill mission requests for state assistance from local, state or federal authorities.

Large-Scale Isolation and Quarantine

It is anticipated that Indiana will have to prepare for the isolation or quarantine of large numbers of people. ISDH will review planning with state agency partners for the possibility of large-scale isolation or quarantine housing and associated support service.

State agencies and organizations such as the American Red Cross, FSSA, ING, DNR, and IDOA will be asked to begin cataloging updated lists of suitable quarantine facilities that could adequately support large numbers of persons. State agencies will also be asked to prepare to assist with provision of essential services and resources to these large congregate sites, including the provision of PPE.

Local Health Department Coordination

With community spread of COVID-19 in Indiana, ISDH will maintain consistent coordination with LHDs to align response activities and maintain situational awareness. Statewide calls with LHDs will reinforce guidance provided by the CDC and inform LHDs of any ongoing developments or impacts to Indiana. ISDH will continue to use IHANs and weekly webinars to provide LHDs with the most up-to-date resources and guidance developed by ISDH and other available resources from the CDC. ISDH will coordinate with LHDs for consistent communication efforts statewide through statewide via media templates.

ISDH will remain available to provide support to LHDs to include:

- Investigation and epidemiologic support
- Specimen coordination for testing
- Coordinated community response
- Communication and messaging support

It is anticipated that some areas could become overwhelmed due to increased workload or unavailability of staff. ISDH will support the movement of resources and personnel within the state, as requested.

E. EVENT CANCELLATION

When there is community spread of COVID-19, event cancellation is a non-pharmaceutical intervention available at the state and local levels. Decisions at the state level will be made in

consultation with the governor's office and other state agencies. Local Health Officers or their designees can make the decisions that are best for their communities, taking into consideration the following:

- Current statewide outlook for COVID-19 infection in Indiana;
- Recommended number of participants to stay below (e.g., 250, 500, 1000+ participants);
- Recommendations to work with local event participants or an event advisory committee to coordinate event cancellation with minimal economic disturbance and community displeasure;
- Best practices, if available, for rescheduling or restructuring large events to still accommodate the event (e.g., splitting an event in smaller events over more dates, setting an event quota, video/television/recording options)

Public Information Coordination

When there is community spread anywhere within Indiana, ISDH will ensure public and statewide partners are kept informed of the most current guidance and ongoing recommendations.

ISDH will initiate an enhanced media campaign led by the Office of Public Affairs. Updates will be made to the ISDH website, and social media channels. ISDH will leverage existing social media channels to disseminate information to manage uncertainty, and to provide the public with regular channels through which they can receive updated information. ISDH will monitor media and local feedback to gather community concerns and apply feedback to the ISDH communications strategy. A key topic will be information about public health recommendations, informed by the epidemiologic situation in the state.

ISDH will disseminate messages about public health advice and ensure that messaging is consistent across all channels. ISDH will target at-risk groups for the communication dissemination and guidance.

Internal ISDH programs will collaborate to establish an agency call center, if not already established. The call center will be dedicated to addressing questions from the public and other specific, identified audiences. Call center scripts will be adapted from CDC guidance. Public call center lines will provide information to address general public concerns and mitigation strategies. Maintenance of scripts and staffing of call centers may include agency and/or temporary contract staff. ISDH will coordinate external information and messaging through the support of the Joint Information Center by providing PIO representatives.

School Health Engagement

In community spread of COVID-19, the ISDH Epidemiology Resource Center (ERC) will support messaging updates on COVID-19 through weekly LHD and healthcare provider calls. Messaging to school nurses and school boards will be disseminated through the Indiana Department of Education (IDOE). ISDH will continue to provide school-closure data and monitor the spread of illness among the education community. ISDH has developed guidance for schools (**Appendix B**) and sent a letter from the state health commissioner to the school community (**Appendix C**).

Private Partner Engagement

As the spread of COVID-19 becomes community-wide either within a region of Indiana or statewide, ISDH will continue to engage private partners to support the business community as a whole.

Key points for inclusion in the ISDH private partner engagement:

- Current international, national, and state COVID-19 statistics, situation and trends for situational awareness
 - Projected timing of COVID-19 transmission into new areas/regions of Indiana depending on the current epidemiologic picture. If COVID-19 is being found statewide, this item may be discontinued and replaced with information on where COVID-19 rates appear to be decreasing in severity.
 - Updated recommended guidance from CDC and ISDH for private partners to be aware of and put into effect for employee safety or business continuity
 - Notable occurrences that private partners are aware of, such as shortages or community-level issues ISDH may not be aware of; cascading impacts from community spread
 - Resource-level information, especially with regards to partner staffing and critical, life-sustaining resources such as food, water, medication, utilities, and housing
 - Outstanding concerns from private partners that require immediate problem-solving
- ISDH will assist private partners in the business community across Indiana with maintaining their operations and provide the best available information for both their workers and customers. ISDH will also ask private business partners for assistance when shortages of products arise, as Hoosiers prepare for COVID-19. The two (2) largest areas ISDH will continue to focus on with private partners are information sharing and resource sharing to mitigate COVID-19 effects as community spread occurs. ISDH may also ask for information on consumer product numbers or shortages being experienced, plus possible solutions from other businesses if shortages are occurring.

F. INVENTORY MANAGEMENT (PPE)

ISDH may receive a “push” of materials from the CDC when there is community spread of COVID-19 in Indiana, which would trigger the distribution of PPE and other healthcare-related

resources. Conservation of PPE resources will be needed prior to the availability of resources being distributed. ISDH will conduct the following actions related to PPE strategies in this phase:

1. Healthcare and Responder Safety Policy Group to publish guidance on standards of care. Additional considerations to include:
 - Designation of specific COVID-19 hospitals.
 - Limited staffing
 - Limited resources
 - Integrated and ongoing community and provider engagement;
 - Assurances regarding legal authority and environment;
 - Homecare instead of extended hospital stays;
 - Early discharges;
 - Impacts on patient intake (perception, resources);
 - CDC recommendations, statewide NPI guidance and surge concerns.
2. The ISDH RSS will be fully activated operating in accordance with the ISDH Medical Countermeasures Plan. Distribution needs will be assessed based on the severity or escalation of the event, and prioritization guidance established by the CDC.
3. ISDH will adapt RFIs and shift indicators for the weekly survey to address altered standards of care.
4. ISDH will request that ISDH activate RSS Responders to support warehouse operations. ISDH RSS responders will be activated and mobilized in support of RSS operations.
5. Mitigate impact of COVID-19 on public services and consolidate federal requests for support to include resources throughout the state.
6. ISDH will work IDHS to determine the need for EMAC requests, if viable, for resources.

G. ISDH PROCUREMENT OF RESOURCES

a. Undeclared Emergency

Whenever possible, procurement processes should follow the standard operating procedures laid out in the earlier procurement section. However, steps may be taken to expedite procurement in emergency situations. Time sensitive purchases, with the potential to seriously impair the function of an agency if not expedited, may request that bidder responses be provided as soon as necessary: bypassing the requirement that provides bidders seven business days to respond (for purchases over \$5,000) to be bypassed. The requirement to solicit responses from at least three bidders may also be suspended if the essential purchase can only be made from a single source. Only the bidder capable of meeting the agency's reasonable requirements will be solicited.

The bidder must supply a letter or memo from the manufacturer certifying that the requested item or product is not available from another source. A price quote should also be included. It will also be necessary to provide a price comparison of a similar product to prove that the quoted price is fair and reasonable.

Finance has the ability to make discretionary purchases based on the situation at hand. These discretionary purchases have a limit and should only be made when absolutely necessary. However, they allow responders to more freely request equipment or supplies that they need in order to carry out a successful response. See the **ISDH Administrative Preparedness Plan** for more details.

b. Declared Emergency

As provided for by Indiana Code IC 5-22-10, special purchasing methods may be used when “there exists, under emergency conditions, a threat to public health, welfare or safety.” Under these circumstances, standard practices can be circumvented. These unique circumstances include a declared emergency. The need for this type of purchase must qualify under at least one of the criteria in 5-22-10 and justification must be provided explaining why this type of purchasing method applies. The special purchasing methods are referenced within the Legal Authorities section and can be read in full on the Indiana General Assembly Indiana Code web page. See the **ISDH Administrative Preparedness Plan** for more details.

H. MASS FATALITY DUE TO COVID-19

Vital Records will continue to provide guidance on utilization of the incident marker for COVID-19. Individual stakeholders, i.e. coroners, funeral directors, physicians, and local registrars, will designate fatalities with the marker as appropriate.

Once all death certificates have been registered by all local stakeholders, the vital record registry can be queried for a final, official death count for COVID-19. The length of time it will take for all death certificates to be registered is entirely dependent on the nature of the incident and the jurisdiction in which it occurs. In a complex, long-term incident, like community spread of COVID-19, the final count may take months to identify.

The spread of COVID-19 within Indiana communities may produce additional fatalities in addition to the normal daily fatalities that occur in Indiana. Dependent on the timing, local mortuary assets, and nature of the pathogen, local jurisdictions may become overwhelmed.

VII. SURVEILLANCE, EPIDEMIOLOGY, AND LABORATORY ACTIVITIES

A fundamental component of pandemic preparedness is the continual surveillance, epidemiologic, and laboratory activities of the Indiana State Department of Health (ISDH) to monitor and characterize seasonal and emerging threats. Existing surveillance networks rely on national and statewide data from public health partners to monitor seasonal, novel, and animal influenza infections.

A. EXPAND MONITORING CAPACITY

The ISDH is currently engaging in activities to expand our capacity to monitor and characterize seasonal and novel viruses and infections. The use of existing surveillance networks at the state, national, and international (SLTT) levels enable prompt response to novel threats. Through collaboration with other SLTT health departments; public health, clinical and academic laboratories, vital statistics offices, health care providers, and emergency departments, the ISDH is able to expand our abilities to collect, compile, and analyze information on year-round statewide influenza activity. Local health departments play a critical role in influenza surveillance. While the information collected only pertains to the citizens within the specific county's jurisdiction, this information can be used in state-level decision making. Hospital staff and other health care workers must understand the protocol for obtaining and submitting suspect pandemic specimens to the ISDH Laboratory for testing. Local Health Departments (LHD) also assist ISDH in identifying and recruiting health care providers in local jurisdictions to participate in sentinel surveillance.

1. Disease Surveillance

The term disease surveillance refers to the voluntary and required systematic reporting and analysis of signs, symptoms, and other pertinent indicators of illness to identify disease and characterize disease transmission and spread, as well as the actions required to respond to potential outbreaks to include case determination and the identification/tracking of contacts of known/suspected cases of the disease.

The ISDH uses different surveillance components to monitor coronavirus activity in Indiana. These components assist in determining where, when, and what novel viruses are circulating, and also in determining the level of COVID-19 activity. Prior to and during a pandemic, the ISDH will disseminate surveillance information to LHD, hospitals and other stakeholders via the Indiana Health Alert Network (IHAN) and other means. The surveillance components include:

a. Public Health Emergency Surveillance System (PHESS)

The PHESS, the ISDH syndromic surveillance system, incorporates data from participating hospital emergency department (ED) and urgent care facility chief complaints. Chief complaints are categorized into various medical category syndrome, including a respiratory syndrome. PHESS alerts are generated when syndromic counts exceed baseline values. Alerts are then analyzed for the necessity of detailed follow-up by medical records review. In addition to the passive surveillance of investigating alerts as they come in, queries to be run within the system to search for patient chief complaints and discharge diagnoses related to the key phrases being searched.

b. Reporting School Absenteeism

Per 512 IAC 1-2-2, Indiana public schools and accredited nonpublic schools must report student absenteeism rates ≥ 20 percent to the LHD and the state attendance officer at the Indiana Department of Education (IDOE). It is the role of the LHD to assist the school with guidance and recommendations regarding any needed cleaning procedures, exclusion of students, communications (letters) to parents, closing a school or the school corporation, and limitations on extracurricular activities or use of the school over the weekend. LHDs determine if the increased absenteeism rate is possibly outbreak related and notify the ISDH.

2. Communication

The ISDH Epidemiology Resource Center (ERC) staff members review the epidemiology of coronavirus cases and other communicable diseases and disseminate pertinent information to the field Epidemiologists and LHDs. The field Epidemiologists receive reports of ILI in their own districts as well as reports from their surrounding districts and then provide relevant case information to the LHDs within their districts. The field serve as the liaisons between the ISDH and the LHD, healthcare facilities, and other stakeholders within their districts. The field Epidemiologists also assist LHDs with investigations of ILI in institutions or other special settings.

B. ISDH LABORATORY TESTING

Now that the CDC's diagnostic test has been authorized by FDA under the EUA, the International Reagent Resource (IRR) has delivered an initial shipment of 900 test kits to the Indiana State Department of Health Laboratories (ISDHL). It is anticipated that additional testing materials will be delivered in the coming weeks.

Pre-authorization and epidemiology consultation must be obtained before specimens can be submitted to the ISDHL and/or the Centers for Disease Control and Prevention (CDC). Unauthorized specimens will NOT be accepted for testing. Specimen collection includes the following specimen types:

- Nasopharyngeal swab
- Oropharyngeal swab
- Bronchoalveolar lavage, tracheal aspirate, pleural fluid OR sputum
- Serum

The process for submitting specimens to ISDHL involves healthcare providers collecting samples from patients who meet the CDC criteria for testing. They then send those samples to ISDH, where testing occurs. The turnaround time for testing is typically within a day, depending on when the samples arrive at the ISDH lab. Any test that comes back positive at the ISDHL will be considered a presumptive positive and the samples will be sent on to the CDC laboratory for further confirmation. The state and local health department will assist clinicians to collect, store, and ship specimens appropriately, including during after-hours or on weekends/holidays, when requested.

VIII. MEDICAL COUNTERMEASURES: DIAGNOSTIC DEVICES, VACCINES, THERAPEUTICS, AND RESPIRATORY DEVICES

Although not available at this time, Medical Countermeasures (MCM) can be utilized during pandemic events. The following will provide the basic framework for when they do become available. MCMs are essential to the public health response to counteract the impact of epidemics and pandemics. A variety of tools can be used to detect, prevent, and/or treat coronaviruses including diagnostic devices, antiviral drugs, vaccines, respiratory protective devices, and other therapeutics. Multiple characteristics of the pandemic virus must be known before the most effective MCM can be determined. A few of these characteristics are its transmissibility, virulence, antigenic properties, and susceptibility and clinical responsiveness to antiviral drugs. Vaccination is generally the most effective medical intervention for mitigating the impact of an evolving pandemic. A vaccine for COVID-19 is still in development, so the following scenarios would apply once a vaccine is available.

A. MASS PROPHYLAXIS

One method to control the spread of infectious disease is the provision of mass prophylaxis to the exposed or at-risk populations. Mass prophylaxis refers to the practice of providing medicine to a large group in order to treat or prevent a potential disease outbreak. This disease-containment method is not always appropriate and requires the expenditure of great

amounts of resources, thus careful consideration must be given to the decision to provide mass prophylaxis.

The decision to activate mass prophylaxis is made based on a number of recommendations such as pre vs post exposure, available resources, population size, and others. This treatment scheme comes with various complications; the resources expended during mass intervention are enormous in terms of expense associated with time, supplies, and personnel. Logistical parameters and public perception also present significant challenges. However, it has the capability to treat huge numbers of people very quickly and in some cases, is the best way to respond to an infectious disease outbreak.

Emergencies and public health crises begin on a local level. However, when deciding whether or not to enact a mass prophylaxis plan the Indiana State Department of Health (ISDH) will consult with multiple stakeholders including the CDC. The decision to provide mass prophylaxis does not rest upon one agency alone, and several factors will influence the decision to intervene. Once the decision to activate mass prophylaxis should occur, both the burden and responsibility are shouldered by all involved agencies.

A general description of the mass prophylaxis activation process is below:



IX. HEALTH CARE SYSTEM PREPAREDNESS AND RESPONSE ACTIVITIES

Pandemic COVID-19 has the potential to place a strain on the state of Indiana’s healthcare system. Pandemic preparedness requires engagement from the entire healthcare community, and health care assets from across the spectrum of care. It is important that the health care sector has identified gaps in preparedness, determined specific priorities, and developed plans for building and sustaining health care delivery.

A. HEALTH CARE ACCESS

Access to appropriate care, including behavioral health care, during a pandemic, is essential for health systems to maintain. The ISDH leverages Health Care Coalitions (HCCs), including

behavioral health stakeholders, to serve as a hub for common communication and coordination of a public health response. Healthcare systems at all levels (federal, state, and local) will be able to share equipment and resources. The agency collaborates with healthcare systems around the state to expand and improve their reach. A healthcare system's increased reach will enable people to stay at home during a public health emergency, while providing them with full care through the duration of the public health event. Some strategies that can be implemented include home health care, investigating alternative or remote care strategies (nurse triage phone lines and telehealth). While improving access to remote healthcare resources, access to behavioral health programs should also be improved.

B. RESILIENCE

The goal of ISDH's pandemic COVID-19 response activities is to increase the day-to-day resilience of the state's healthcare system before a pandemic event. The private sector is essential to delivering the majority of health care services in the United State. All health care organizations, public and private must exhibit day-to-day resilience and be prepared to respond when a pandemic arises. An effective health care response to a pandemic requires an overall awareness of the system's capabilities, capacity, and stress to form a common operating picture. At the individual health care facility level, these facilities must be prepared to adjust to varying stressors on the system over time through collaboration with diverse partners, effective sharing of information, and coordinated response activities. The use of parallel and interoperable communication systems to share plans, information, and statuses can facilitate these goals. Facilities may wish to form agreements that enable the sharing of resources, supplies, and personnel to ensure access to appropriate care, including behavioral health care, with special attention to planning for at-risk or vulnerable individuals. Infection control practices are also needed to ensure health care professionals are safe, healthy, and willing to work; and plan to accommodate a sudden influx of patients.

C. HEALTH CARE FACILITY OPERATION

It is important for the ISDH to ensure the ability of healthcare facilities and community health care providers to remain operational and deliver care during a pandemic event. Multiple stakeholders are involved in preparedness efforts. Involvement from a wide variety of health care organizations and providers – not only hospitals – is essential to preparedness efforts. Health care coalitions (HCCs) play a critical role in the planning and coordination of regional health care response. The promotion of key capabilities for health care preparedness that build on interdisciplinary approaches to emergency response, including operational coordination, continuity of service delivery, and the ability to deliver medical care is necessary. During a pandemic event, the establishment of emergency preparedness standards to promote

increased patient safety should be established. An emphasis should be given to the safety of Medicare and Medicaid providers and suppliers to ensure a continuous supply chain flow.

1. Infection Control

Because of the likely initial lack of vaccine and a limited supply of antiviral medications, infection control measures will be the most effective means of controlling the spread of the pandemic COVID-19 virus.

During a pandemic, infection control guideline for health care providers include:

- Isolating infected persons from those who are not infected (reserve airflow rooms are not required)
- Limited contact with visitors and other non-health care personnel
- Promoting spatial separation in common areas (at least 3 feet between infectious and non-symptomatic persons)
- Wearing surgical and procedures mask and gloves (and sometimes a gown) for close contact with infectious patients
- Using airborne precautions, including a fit-tested N95 respirator, for procedures that may aerosolize droplets (intubation, suction, nebulizer treatments, or bronchoscopy)

Health care personnel must be trained in the proper application and removal of personal protective equipment (PPE) and the importance of good hand hygiene after removal.

For patients who are ill with fever and cough and must be in a common area, it is recommended that a surgical or procedure mask be worn to help contain secretions. Proper respiratory etiquette is necessary for anyone with flu-like symptoms:

- Wear a mask or cough into tissues
- Discard the tissues in the trash and wash hands thoroughly
- If a mask or tissue is not available, cough or sneeze into the upper sleeve

In addition to the community containment guidelines, the general public can help stop or slow the spread of the virus by adhering to the following guidelines:

- Cough and sneeze into tissues
- Throw the tissues in the trash and wash your hands
- If tissues are not available, cough or sneeze into your upper sleeve
- Do not use handkerchiefs

Follow normal procedures for cleaning environmental surfaces in the home.

D. HEALTH CARE PROFESSIONAL SAFETY

Health care providers and institutions are recommended to develop policies, practices and establish resources to keep health care professionals safe, healthy, and willing to work during a pandemic. Respiratory therapists, physicians, and other clinicians should be trained on the ventilator models available through the Strategic National Stockpile (SNS). This will ensure that they are competent if the need arises. Health care infrastructure should also focus on infection control training of staff. Other activities health care facilities should engage in are: determining their patient capacity, promoting workforce resilience, implement scope of practice changes to increase the system's capabilities, volunteerism, and credentialing. The use of volunteers from the Medical Reserve Corps (MRC) can help supplement community efforts during a pandemic. Volunteer activities can include but are not limited to vaccine administration, mitigation measures, communications, and education.

X. COMMUNICATIONS AND PUBLIC OUTREACH

The amount of uncertainty that accompanies public health emergencies can often lead to challenges with communication efforts. A pandemic is not a singular event: it is a series of outbreaks that occur at different times in communities over a sustained period of time. The relay of messages must be based on risk communication principles and determined based on time and location of the outbreaks. The public must be informed about the potential threat, kept informed, and provided a solid foundation of relevant and usable information upon which people can base current and future actions. With regards to health care providers and response personnel, they must be kept informed about best practices, availability of resources, and methods to ensure appropriate care. Even as the pandemic evolves and the risk lessens, the effective use of scientifically supported facts can help maintain the public's confidence in the state's public health system. Successful communication relies upon open, honest, transparent, and clear communications grounded in these principles.

A. STATEWIDE COMMUNICATIONS

The ISDH has developed, continually evaluates and deploys a statewide pandemic communications strategy. The communications strategy builds from lessons learned from other local, state, national, and global outbreaks of significance. Early in the pandemic, prevention and mitigation message from public health and health care professionals should emphasize the use of NPIs. This is largely due to the incomplete information available about the novel virus. Public messages will develop and change as the pandemic evolves and vaccines and other MCMs become readily available. Current statistics such as the number of cases and geographic spread are also shared during this phase. Messages pertaining to counterfeit products and fraudulent or exaggerated product claims, particularly products sold over the internet, should

also be distributed. Behavioral health and stress reactions are expected to occur during pandemic events. They must be integrated into messages to mitigate individual psychological harm, increase compliance with public health directives, and promote the resilience of communities. While performing communication campaigns statewide and locally it is important to assess communication efficiencies and gaps in existing communication platforms. Population and message distribution gaps should be assessed.

1. Decision-Making and Communication Tools

During a pandemic, the ISDH anticipates frequent telephone conferences with its counterparts at the CDC. As a functional part of Indiana's Emergency Operations Center (EOC), the ISDH will review the most recent Indiana pandemic COVID-19-related data, CDC information, and expertise from TAG to prepare a briefing for ISDH staff, LHDs, state and local emergency management agencies (EMA), and partner agencies and organizations.

Frequent telephone conferences will be held with Indiana's local health officers to aid them with local response. The Indiana Health Alert Network (IHAN) is utilized for widespread communication of information to all partner agencies and organizations. Through the Public Health Preparedness District system of contacts, the ISDH also provides frequent updates electronically to Indiana hospitals. Communication with health care providers will be maintained through professional and leadership organizations. Through these mechanisms, decisions will be made based on pertinent and recent factual information and will be widely communicated throughout Indiana.

a. Indiana Health Alert Network (IHAN)

The Indiana Health Alert Network (IHAN) is a mass notification system intended to distribute health alerts to healthcare providers and public health professionals across the state of Indiana. The ISDH utilizes the IHAN system to alert local health entities and other partners, including volunteers, about public health emergencies, including pandemic COVID-19. The IHAN communicates urgent information electronically to a wide audience of constituencies through a cascading network.

IHAN alert messages fall into one of the following categories:

Health Alert	Conveys the highest level of importance and warrants immediate action or attention
Health Advisory	Provides important information for a specific incident or situation and may not require immediate action of attention
Health Update	Provides updated information regarding incident or situation and is unlikely to require immediate action
Health Information	Provides general health information which is not considered to be of an emergent nature

a. WebEOC

WebEOC is a crisis information management system, used by the state of Indiana, as a communication platform for local, county and state emergency managers/homeland security partners. This tool is used to help capture emergency and disaster information. The system is a platform, which will support real-time simultaneous information sharing. During an emergency or disaster, the system allows emergency management partners to share information, document issues and track missions supporting local incident commanders. WebEOC is used on a daily basis in Indiana by emergency management personnel at the local, county and state level.

Only personnel who may serve in an operational capacity during an incident should have access to WebEOC. Additionally, sensitive information is contained in this homeland security system, and only vetted personnel will become authorized users. County emergency management directors provide access to county areas in the system. IDHS manages access for all state and federal parties.

XI. ASSIGNMENT OF RESPONSIBILITIES

A. GENERAL

Most departments/agencies of government have emergency functions in addition to their normal, day-to-day duties. These emergency functions in parallel to or complement normal functions. Each department/agency is responsible for developing and maintaining its own emergency management procedures.

B. ASSIGNMENT OF RESPONSIBILITIES

1. Infectious Disease Epidemiology Program

The Infectious Disease Epidemiology (IDE) Program of the Epidemiology Resource Center (ERC) at ISDH is the division responsible for disease surveillance and investigation. ERC staff track symptom and disease occurrence throughout Indiana, integrate the data for a unified picture of public health in Indiana, conduct investigations of most vaccine preventable diseases, and conduct investigations of outbreaks.

2. Public Health Geographics Division

The Public Health Geographics (PHG) team collaborates with many ISDH divisions, state agencies and community partners to provide comprehensive geospatial support in statistical analysis, application development and mapping. The foundation of PHG entails measuring or detecting patterns and relationships within health data and effectively presenting actionable information. Concurrently, PHG coordinates Geographic Information System (GIS) activities within the agency.

3. Finance Division

The Finance Division at ISDH is responsible for procuring and tracking the usage of all resources through ISDH. All records relating to payroll, resource deployments, and expenditures during disaster or event response are maintained by this division. All reimbursements from federal sources and payments to response partners result from this division's efforts. During and following a disaster, it is the Finance Division's responsibility to ensure funds are provided expeditiously and that financial operations are conducted in accordance with established law, policies, regulations, and standards.

4. Office of Public Affairs

The Office of Public Affairs (OPA) strives to ensure that ISDH's objectives and vision are communicated to the public and all relevant stakeholders. The information provided by OPA must be credible, clear, timely, accurate and consistent with the values, goals and initiatives of ISDH. In the case of an emergency, that includes accurate, accessible information on an incident's cause, size and current status, as well as on other matters of general interest to the public, responders and additional stakeholders (both directly and indirectly affected by the disaster or public health emergency).

5. Public Health Laboratories

The ISDH Laboratories (ISDHL) are located at 550 W. 16th Street in Indianapolis, IN. The ISDHL primarily supports State Public Health, Environmental and Food Protection programs. The ISDHL provides specific, high quality laboratory tests, test data, and test interpretations to federal, state, and local health, environmental, and food protection programs. The data from these tests is required for effective and efficient detection and response to public health, environmental, and food protection emergencies as well as for surveillance and detection of communicable diseases, environmental hazards and their health effects, and food contaminations and their health effects.

6. Division of Emergency Preparedness

To mitigate the loss of life, the Division of Emergency Preparedness (DEP) assists Public Health entities, Healthcare Coalitions, Healthcare organizations, and other public health and healthcare partners to respond to and recover from all hazard incidents by identifying, developing, equipping, testing, and executing plans in a timely manner.

7. Immunization Program

The Indiana State Department of Health Immunization Program strives to prevent disease, disability, and death in children, adolescents, and adults through vaccination. In disaster situations, the Immunization Program provides additional vaccines as necessary based upon the nature of the situation.

8. Local Health Department Outreach Division

The Local Health Department Outreach Division supports local health departments and the state by administering and evaluating use of the Local Health Maintenance Fund and the Local Health Department Trust Account as well as serving as the agency liaison for the local health departments and boards of health and providing programmatic and administrative technical assistance and policy support. Additionally, the division also delivers current and robust training opportunities to local health department personnel.

C. SUPPORT FUNCTIONS

A coordinated and effective response to the spread of infectious disease will require the assistance of multiple agencies and partners. No two infectious disease situations are the same, therefore this list should be considered a guideline and should never supersede the best judgement of responders on the scene.

1. ESF 1: Transportation – Indiana Department of Transportation (INDOT)

The Indiana Department of Transportation (INDOT) provides aid to the Indiana Department of Health (IDHS) when activated by the Indiana Department of Homeland Security (IDHS), primarily in response to events that would require the use of the Strategic National Stockpile (SNS). When activated, INDOT will aid in the transportation of medicine and other resources. INDOT is a crucial part of the success of a Receipt, Storage and Saving (RSS) Operation.

2. ESF 2: Communications – Integrated Public Safety Commission (IPSC)

The Integrated Public Safety Commission (IPSC) provides restoration of disrupted communication services and multi-agency communications coordination.

3. ESF 3: Public Works and Engineering – Indiana Department of Administration (IDOA)

The Indiana Department of Administration (IDOA) facilitates communication with critical infrastructure systems and staffing. They are also responsible for facilitating public drinking and wastewater systems coordination related to infectious disease or waste. IDOA serves as a liaison with the Indiana Occupational Safety and Health Administration (IOSHA) with regards to employer PPE training, blood-borne pathogen, exposure control plans, and fit testing requirements.

4. ESF 4: Firefighting and EMS – Indiana Department of Homeland Security (IDHS)

The Indiana Department of Homeland Security (IDHS) provides support for mass decontamination, coordination of Emergency Medical Services (EMS) and firefighting, and coordination of outreach and education for screening and disease response.

5. ESF 5: Emergency Management – Indiana Department of Homeland Security (IDHS)

The Indiana Department of Homeland Security (IDHS) operated the SEOC and state-wide incident management and financial management. They also provide coordination with state resources and resource requests, coordination with local emergency management, provide oversight through an established Executive State Policy Group. The IDHS has the ability to process EMAC, MSU activations, federal requests, and other emergency procedures.

6. ESF 6: Mass Care, Housing, and Human Services – American Red Cross

The American Red Cross provides support for mass care operations, human service needs (food and water) for quarantine, and blood supplies.

7. ESF 7: Resource Support – Indiana Department of Administration (IDOA)

The Indiana Department of Administration (IDOA) provides support provision of additional resources and procurement and overall financial management.

8. ESF 8: Public Health and Medical Services – Indiana State Department of Health (ISDH)

The Indiana State Department of Health (ISDH) provides the following: statewide surveillance and disease investigation, statewide laboratory testing and support, public health messaging and health alerts, food investigations and safety, environmental public health investigations, medical countermeasures and immunizations, support to local public health investigations, implementation of isolation and quarantine, maintain vital records, support healthcare infrastructure and resources, request federal response assistance from HHS, coordinate with district Healthcare Coalitions (HCC) on medical surge, resource allocations, altered standards of care, and hospital decompression, coordinate medical logistics, including MCM assets, mobile hospital, and personal protective equipment (PPE), identification and credential verification of medical volunteers through the State Emergency Registry of Volunteers for Indiana (SERV-IN) system, support medical surge throughout the state, and coordinate with FSSA for local mental health support and social services.

9. ESF 13: Public Safety and Security – Indiana State Police (ISP)

In the case of a SNS-related event, the Indiana State Police (ISP) will play an essential role. The ISP will ensure security as the resources travel to the RSS Warehouse where they will then be distributed to various Points of Dispensing (PODs) in order to get them to the general public. The ISP will also be responsible for escorting these resources of the PODs and providing any necessary security and crowd control.

10. ESF 14: Long-Term Recovery and Mitigation – Indiana Department of Homeland Security (IDHS)

The Indiana Department of Homeland Security (IDHS) provides support to the implementation of long-term recovery needs.

11. ESF 15: External Affairs – Indiana Department of Homeland Security (IDHS)

The Indiana Department of Homeland Security (IDHS) activates and coordinates the Joint Information Center (JIC), works with the ESFs in public information dissemination including incident information, protective actions, and potential adverse effects, coordinate with agency PIOs in public messaging, and disseminate information regarding infectious disease prevention, healthcare information, precautions, and prevention.

12. Indiana National Guard

When activated by the IDHS, the Indiana National Guard (INNG) provides aid to the ISDH particularly in the case of an RSS Operation. In the case of an event that requires the use of RSS, the INNG will always provide personnel of efficiently receive, repackage, and load medicines and equipment into INDOT vehicles. They will also allow the use of the Primary RSS site to receive and then redistribute SNS resources if it is requested that they do so.

13. Indiana Department of Natural Resources (IDNR)

The Indiana Department of Natural Resources (IDNR) provides additional security, resources to remote incident locations, and support with wildlife and zoonotic related disease.

14. Family and Social Services Administration (FSSA)

The mission of the Family and Social Services Administration (FSSA) is to develop, finance and compassionately administer programs to provide healthcare and other social services to Indiana Residents in order enable them to achieve health, self-sufficient and productive lives. The FSSA provides a variety of services to venerable populations with the goal of providing them with crucial resources and support.

D. NON-GOVERNMENTAL ORGANIZATIONS

1. American Red Cross

The American Red Cross works with a network of volunteers, donors and partners in order to aid people affected by disaster across the country and around the world receive shelter and care. Additionally, they aid vulnerable communities in preparedness efforts and ensure access to safe blood and blood products when necessary.

2. Indiana Hospital Association

The Indiana Hospital Association's (IHA) mission is the provide Indiana hospitals with leadership, representation, and support to improve the health of Indiana citizens. The IHA serves to collect, analyze, and distribute required data as well as acting as a connection and coordination agency between hospitals and policymakers when necessary.

XII. PLAN DEVELOPMENT AND MAINTENANCE

A. DEVELOPMENT

The planning and exercise section of the Division of Emergency Preparedness (DEP) has the responsibility of creating, maintaining, exercising, and updating ISDH emergency plans. The DEP exercise and training section has the responsibility of supporting plan development by providing relevant exercises trainings to foster plan development.

B. MAINTENANCE

1. Requirements

The Division of Emergency Preparedness will maintain, distribute, and update the EOP. Responsible officials in State or local agencies should recommend changes and provide updated information periodically (e.g., changes of personnel and available resources). Revisions will be forwarded to people on the distribution list.

2. Review and Update

a. Review

The Basic Plan and its appendices should be reviewed periodically to ensure that the information contained is accurate and current. ISDH DEP must establish a process for the annual review of planning documents by those tasked in those documents, and for preparation and distribution of revisions or changes.

b. Update

i. Changes

Changes should be made to plans and appendices when the documents are no longer current. Changes in planning documents may be needed:

- When hazard consequences or risk areas change
- When the concept of operations for emergencies changes
- When departments, agencies, or groups that perform emergency functions are reorganized and can no longer perform the emergency tasks laid out in planning documents
- When warning and communications systems change
- When additional emergency resources are obtained through acquisition or agreement, the disposition of existing resources changes, or anticipated emergency resources are no longer available

XIII. AUTHORITIES AND REFERENCES

The following provides Indiana code citations related to COVID-19 response activities. The following should not be construed to be an exhaustive list. For additional public health preparedness citations, please reference the **ISDH Administrative Preparedness Plan**. These citations may be used as a reference; however, the full text of the law should be consulted before utilizing or enforcing any law during or in preparation for an emergency. Additionally, the ISDH Office of Legal Affairs and local government counsel should be consulted, whenever necessary.

COVID-19 Emergency Legal Authorities and References		
General		
Code	Usage	Description
IC 10-14-3-11	<i>Governor's Emergency Powers</i>	<p>If emergency is beyond local control, Governor can:</p> <ul style="list-style-type: none"> ○ Assume operational control of all or part of emergency management functions ○ Make, amend, or restrict orders, rules, and regulations ○ Coordinate with other states or federal government ○ Employ any measures regarding recommendations from ISDH or local health departments ○ Use resources from state and local governments ○ Establish agencies, offices, and appoint personnel
IC 10-16-7-7	<i>Activation of National Guard</i>	Governor can activate the Indiana National Guard in cases including public disasters and any time the Governor considers necessary
IC 5-10-13	<i>Death and Disability Benefits for Emergency and Public Safety Employees</i>	<ul style="list-style-type: none"> ▪ "Exposure Risk Disease" including anthrax and smallpox ▪ Applies to state and local employees including individuals at high risk for occupational exposure to an exposure risk disease in the line of duty ▪ Applies to employees diagnosed with health condition caused by exposure risk disease which employee was exposed to while in the line of duty
Disaster Declarations/Proclamations		
Code	Usage	Description
IC 10-14-3-12	<i>Disaster Declaration; Governor's Powers</i>	<ul style="list-style-type: none"> ▪ Disaster declaration procedure ▪ Under a disaster declaration the governor can: <ul style="list-style-type: none"> ○ Suspend provisions of regulatory statutes ○ Use state and local resources

	<i>under a Disaster Declaration</i>	<ul style="list-style-type: none"> ○ Use state agencies and personnel for emergency services ○ Commandeer or use private property ○ Assist in evacuations ○ Suspend or limit the sale of alcohol ○ Make provisions for temporary emergency housing ○ Allow out of state health practitioners to practice in Indiana ○ Give authority to allocate drugs, food, other resources and services
IC 16-19-4-10 IC 16-41-7.5	<i>Public Health Emergency Declaration</i>	Indiana State Health Commissioner has the authority to declare a public health emergency in reference to syringe service programs.
IC 15-17-10-11	<i>Animal Health Emergency Declaration</i>	Board of Animal Health has authority to request emergency funding to address animals that are deemed hazardous to citizens or animals of Indiana
IC 10-14-3-29	<i>Local Disaster Emergency</i>	Local disaster declarations can be made by the principal executive of the local government. Local governments cannot use a disaster declaration to prohibit individuals employed in emergency public service from traveling on highways within the local jurisdiction.

Emergency Rulemaking and Suspension of Laws

Code	Usage	Description
IC 10-14-3-11 IC 10-14-3-12	<i>Governor suspending laws</i>	<ul style="list-style-type: none"> ▪ The governor may make, amend, or restrict orders, rules, and regulations during an emergency ▪ The governor may suspend provisions of regulatory statutes during a disaster declaration
IC 10-14-3-22	<i>State agencies suspending laws</i>	Indiana state agencies may make, amend, and rescind orders, rules, and regulations when necessary for emergency management purposes
IC 10-14-3-22	<i>Local governments suspending laws</i>	Local governments may make, amend, and rescind orders, rules, and regulations when necessary for emergency management purposes

Limiting Transmission

Code	Usage	Description
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IC 16-18-2-91	<i>Dangerous Communicable Disease</i>	Definition of dangerous communicable disease
IC 16-41-6-2	<i>Compulsory Testing for Communicable Diseases</i>	Upon court order, the State Health Commissioner or local health official can compel examination of an individual who may have a communicable disease or other disease that is a serious and present danger to health
IC 16-18-2-302.6 IC 16-19-3-9 IC 16-41-9	<i>Quarantine</i>	<ul style="list-style-type: none"> ▪ Definition of quarantine ▪ ISDH has the authority to quarantine and take measures to prevent and suppress disease ▪ Quarantine procedure
IC 16-18-2-194.5 IC 16-41-9	<i>Isolation</i>	<ul style="list-style-type: none"> ▪ Definition of isolation ▪ Isolation procedure
IC 16-41-9-5	<i>Mentally Ill, Dangerous, or Gravely Disabled Disease Carrier</i>	State or local health officers may detain an individual carrying a dangerous communicable disease if he/she is deemed mentally ill, dangerous, or gravely disabled
IC 16-19-3-10 IC 16-20-1-24	<i>Closing Schools and Churches and Banning Public Gatherings</i>	<ul style="list-style-type: none"> ▪ ISDH has the authority to order schools and churches to close and forbid public gatherings to prevent or stop epidemics ▪ Local health officers have the authority to order schools and churches to close and forbid public gatherings to prevent or stop epidemics
IC 16-41-9-3	<i>Excluding Infected Students from Attending School</i>	<ul style="list-style-type: none"> ▪ Local health officers may exclude a student from school if he/she has a dangerous communicable disease that is transmitted through normal school related contacts and the disease poses a substantial threat to the school community ▪ Students deemed to no longer have the dangerous communicable disease shall be given a certificate of health and readmitted to school
IC 16-20-1-21 IC 16-20-4-18	<i>Local Health Department Communicable Disease Control</i>	Local health departments have the duty and authority to take any action authorized by law or ISDH to control communicable diseases
IC 15-17-10	<i>Diseased Animals</i>	State government and Federal government can examine, quarantine, and condemn diseased or dangerous animals

IC 16-41-5	<i>ISDH Inspection of Private Property</i>	ISDH has situational authority to enter private property to conduct an inspection of communicable disease.
IC 16-20-1-23	<i>Local Health Department Inspection of Private Property</i>	Local health departments have situational authority to enter any premise to inspect, investigate, evaluate, conduct tests, or take samples to determine compliance with public health laws/rules and for prevention and suppression of disease.
IC 16-46-2	<i>Use of State Funds to Prevent Disease</i>	Governor may draw state funds at any time to prevent the introduction or spread of contagious and infectious diseases in Indiana
Treatment		
Code	Code	Code
IC 16-41-9-1.7	<i>Immunizations</i>	<ul style="list-style-type: none"> ▪ Immunization programs must include information on benefits and risks of immunization ▪ No adult can be immunized without his/her consent ▪ No child can be immunized without his/her parent/guardian's consent ▪ Individuals who refuse immunization can be subjected to isolation or quarantine
IC 16-19-4-11 IC 25-0.5-11	<i>Administration of Immunizations by Healthcare Providers</i>	The State Health Commissioner has the authority to issue a standing order, prescription, or protocol allowing pharmacists and providers regulated by any of the licensure boards listed in IC 25-0.5-11 to administer immunizations
IC 16-38-5-2	<i>Documentation of Immunizations</i>	<ul style="list-style-type: none"> ▪ Providers administering immunizations or their designee must provide immunization data to immunization data registry ▪ No emergency exception
IC 10-14-3-23 IC 16-31-1-3 IC 16-41-1-1	<i>Exception to compulsory medical treatment</i>	The government cannot compel an individual to submit to physical examination, medical treatment, or immunization if the individual or his/her guardian decides to rely on spiritual means or prayer to prevent or cure disease or suffering
IC 16-41-16	<i>Infectious Waste</i>	Instructions for handling infectious waste
Points of Dispensing (POD)		

Code	Usage	Description
IC 16-19-11-1 IC 16-19-11-2 IC 16-19-11-3	<i>Security of ISDH Property</i>	<ul style="list-style-type: none"> ▪ The State Health Commissioner can appoint security officers to protect properties owned or occupied by ISDH, including the streets passing through or adjacent to those properties. ▪ Appointed security officers have general police powers, including authority to arrest ▪ ISDH can control traffic and parking around ISDH properties
IC 10-14-3-33.5	<i>Regulation of Firearms during Emergencies</i>	State and local governments cannot prohibit or restrict the lawful possession, transfer, sale, transportation, storage, display, or use of firearms or ammunition during a disaster emergency, energy emergency, or local disaster emergency. Some exceptions: school property, postsecondary education institutions, emergency shelter care child caring institution, private secure facilities, emergency shelter care group homes, domestic violence shelters, etc.
Surveillance		
Code	Usage	Description
IC 16-19-10-8	<i>Counterterrorism Surveillance</i>	ISDH must report and monitor data on symptoms and health syndromes for outbreaks of dangerous disease and health conditions
IC 16-41-2 IC 16-41-3 410 IAC 1-2.5	<i>Communicable Disease Surveillance</i>	ISDH has the authority to make rules establishing reporting, monitoring, and preventing communicable disease
512 IAC 1-2-1 512 IAC 1-2-2	<i>School Attendance Reporting System for Outbreaks</i>	<ul style="list-style-type: none"> ▪ School corporations and accredited nonpublic schools must develop an attendance system for reporting symptoms and health syndromes from outbreaks or suspected outbreaks of disease or other health conditions that are a danger to public health ▪ When the percentage of student absent equals or is greater than 20%, schools must report the percentage of students absent to the local health department
Licensure		

Code	Usage	Description
IC 10-14-3-15	<i>Exceptions to Licensure Requirements for Emergency Management Workers</i>	Professional, mechanical, or other skill related licensure requirements do not apply to emergency management workers
IC 16-31-3-3	<i>Exceptions to EMS Certification or Licensure Requirements</i>	Certification or licensure is not required for an emergency ambulance service, EMT, ambulance, EMS non-transport vehicle, or ALS when providing EMS services during a major catastrophe or disaster when EMS resources are insufficient
IC 16-31-3.5-2	<i>Exceptions to Emergency Medical Dispatch Requirements</i>	Training requirements for emergency medical dispatchers does not apply during a major catastrophe or disaster when emergency medical dispatch resources are insufficient
IC 10-14-5-5	<i>Exceptions to Licensure Requirements related to EMAC resources</i>	<ul style="list-style-type: none"> ▪ Individuals with professional, mechanical, and other skills who are requested through EMAC will be considered licensed in the receiving state if they are licensed in any EMAC member state. ▪ The governor of the receiving state can put limitations and conditions on the scope of practice of these individuals.
IC 10-14-6.5-5	<i>Exceptions to Licensure Requirements related to interstate mutual aid resources</i>	<ul style="list-style-type: none"> ▪ Emergency responders licensed in another state are considered to be licensed in Indiana when providing aid related to an interstate mutual aid agreement ▪ The emergency responders scope of practice is limited to the responders' license and the equivalent license in Indiana
Legal Immunities		
Code	Usage	Description
PREP Act	<i>Immunity for Administration or Use of Countermeasures</i>	<ul style="list-style-type: none"> ▪ Federal law that provides immunity from liability for claims of loss related to administration or use of countermeasures ▪ Secretary of Health and Human Services can issue a PREP Act declaration at any time, not just during emergencies ▪ Excludes acts of willful misconduct

		<ul style="list-style-type: none"> Current declarations include Pandemic Influenza countermeasures
IC 34-30-13.5	<i>Immunity for Healthcare Providers and Facilities</i>	<ul style="list-style-type: none"> Only applies when the Governor has declared a disaster Applies to health care services, provided before, after, or during the disaster declaration, in response to an event that resulted in a disaster declaration Health care provider must be licensed in Indiana
IC 34-30-12.5	<i>Immunity for Health Care Provider Providing Smallpox Immunization</i>	<ul style="list-style-type: none"> Health Care Provider includes doctors, healthcare facilities, nurses, paramedics, and EMTs and their medical staff Health Care Provider administering medical countermeasure against an actual or potential bioterrorist incident or public health emergency is immune from civil liability for any injury or damage resulting from the administration of the medical countermeasure Applies only when federal government authorizes State Department of Health to administer medical countermeasures
IC 16-31-6-4	<i>Immunity for Paramedics and EMTs</i>	EMS, government, and healthcare individuals/entities are not liable for acts or omissions by paramedics or EMTs while treating a patient in good faith in connection with a disaster declaration for an act of terrorism
IC 16-39-7-1	<i>Immunity for Destruction of Health Records</i>	A provider is not liable for destroying or failing to maintain a health record, in good faith, in connection with an emergency declaration or other disaster
IC 25-38.1-4-7	<i>Immunity for Veterinarians</i>	Veterinarians and veterinary technicians are immune from damages to the owner of an animal the veterinarian or veterinary technician provides emergency treatment to, including euthanasia
Emergency Mutual Aid		
Code	Usage	Description
IC 10-14-3-10.8 IC 10-14-3-16 IC 10-14-3-17 844 IAC 5-9-8	<i>Indiana Intrastate Mutual Aid Compact</i>	Creates a mutual aid compact between participating local governments, fire departments, and private individuals in Indiana

<p>IC 10-14-5</p>	<p><i>Emergency Management Assistance Compact (EMAC)</i></p>	<ul style="list-style-type: none"> ▪ Indiana may request emergency resources from and provide emergency resources to other states participating in EMAC. ▪ The requesting state will reimburse the providing state for any loss, damage, or expense related to provided resources, unless the providing state determines reimbursement is unnecessary
<p>IC 10-14-6.5</p>	<p><i>Interstate Mutual Aid Agreement</i></p>	<ul style="list-style-type: none"> ▪ State or local governments may enter into mutual aid agreements with state or local governments of other states for emergencies that do not require a state or local emergency declaration
<p>IC 10-14-3.5</p>	<p><i>Uniform Emergency Volunteer Health Practitioners Act</i></p>	<p>Registered volunteer health and veterinary health practitioners licensed in Indiana or another state can provide services in Indiana while an emergency declaration is in effect</p>

