



Franklin County Public Health Water, Sanitation, and Hygiene (WASH) Emergencies Among the Homeless

Franklin County Public Health Emergency Response Plan

Annex 17

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Franklin County Public Health, 280 East Broad Street, Columbus, OH 43215

www.myfcph.org

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INTRODUCTION

RECORD OF REVIEW AND REVISIONS

Change Number	Date of Change	Contributor Name	Contributor Title
1	10 NOV 2022	Ashlie J. Crawford	Emergency Preparedness Planner
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SECTION I

1.0 PURPOSE

The Franklin County Public Health (FCPH) Emergency Preparedness Program has developed this Water, Sanitation, and Hygiene (WASH) Plan to specifically address the needs of individuals experiencing homelessness within the Franklin County jurisdiction. The WASH plan addresses the manner by which FCPH responds to WASH events that stress the everyday capabilities of the agency, with the goal of protecting and improving the health of Franklin County residents. The WASH Plan is designed to establish policies and procedures that are to be executed by FCPH, its volunteers, partners, and supporting agencies during a water, sanitation, and hygiene emergency.

The purpose of the WASH Plan is to establish emergency water, sanitation, and hygiene operations, assign responsibilities, and identify actions and responses to qualifying events, negatively affecting the homeless population of Franklin County.

The WASH Plan is intended to ensure that threats to public health are managed in accordance with FCPH guidelines and assure hazards such as sub-par sanitary services and waste management, contaminated water and media, and infectious disease (ID) outbreak(s), are managed with the utmost emphasis on life and property preservation.

2.0 SCOPE AND APPLICABILITY

The scope of the WASH Plan includes the proper actions necessary for preparation, response, and recovery from a hazard that impacts public health and welfare. Hazards may arise as the result of a natural disaster or man-made incident, whether incidental or intentional. Examples of situations that may require the activation of this plan include, but are not limited to water contamination, inadequate sewage and sanitation, and water-borne disease transmission. This plan is specific to Franklin County citizens that are experiencing homelessness and will focus on the needs of this group exclusively.

The Wash Plan applies to Franklin County Public Health, its volunteers, and support agencies. The following jurisdictions are covered under this plan:

CITIES: Bexley, Canal Winchester, Dublin, Gahanna, Grandview Heights, Grove City, Groveport, Hilliard, New Albany, Pickerington, Reynoldsburg, Upper Arlington, Westerville, and Whitehall

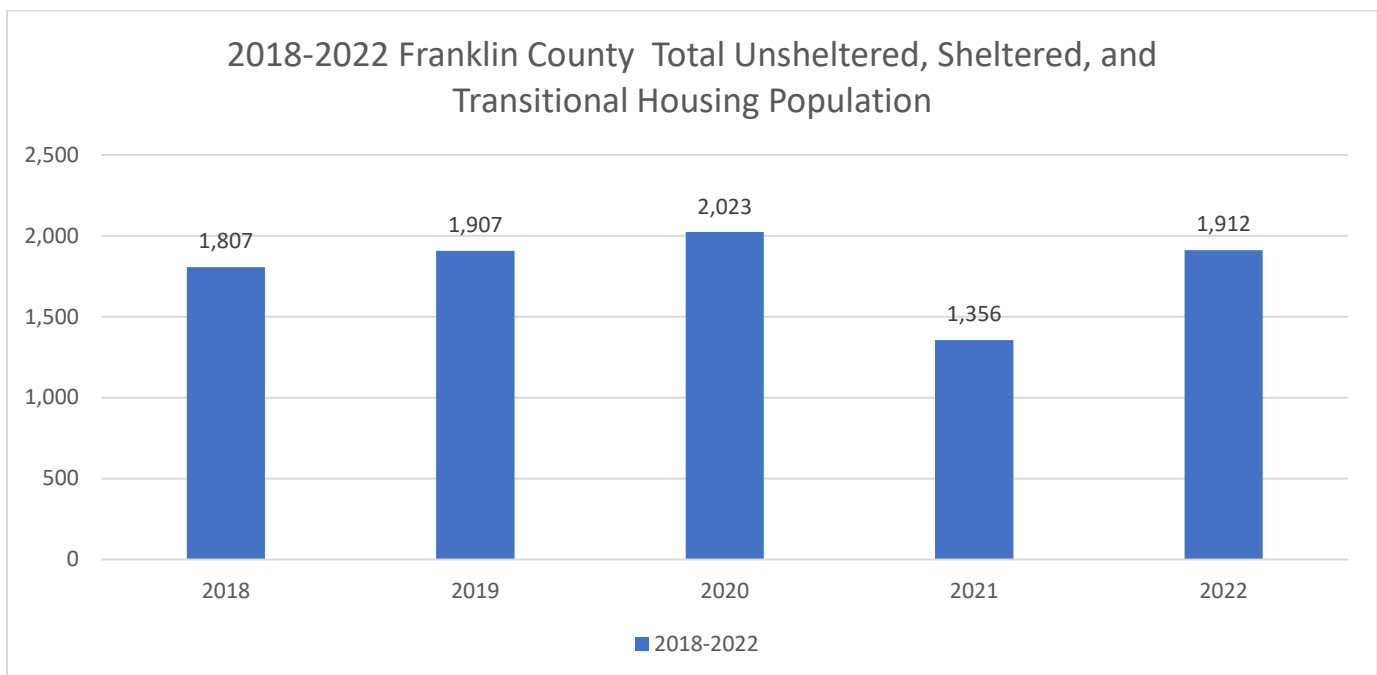
VILLAGES: Brice, Harrisburg, Lockbourne, Marble Cliff, Minerva Park, Obetz, Riverlea, Urbancrest, and Valleyview

TOWNSHIPS: Blendon, Brown, Clinton, Franklin, Hamilton, Jackson, Jefferson, Madison, Mifflin, Norwich, Perry, Plain, Pleasant, Prairie, Sharon, Truro, and Washington

The FCPH WASH Plan is always accessible and is initiated during any time that an incident creates conditions affecting public health within Franklin County and requires response actions beyond the day-to-day scope of operations.

3.0 SITUATION

The January 2022 point in time count for Franklin County identified 1,912 individuals experiencing homelessness. The highest percentage of homeless within this count were located in the Southwest and Southeast sectors of the Franklin County jurisdiction. Of the 1,912 individuals, 74.5% were sheltered, defined by HUD (U.S. Department of Housing and Urban Development) as “adults, children, and unaccompanied children who, on the night of the count, are living in shelters for the homeless.”¹ While these individuals have access to more basic necessities over those that are unsheltered, overcrowding can increase the potential for disease contraction due to unsanitary conditions.



Data provided by FCPH Epidemiology

Due to its location within the Central Ohio Region, Franklin County is subject to a wide variety of emergency events of variable origin. Primary events that are identified by the most recent Franklin County threat and hazard identification and risk assessment (THIRA) that can lead to a potential WASH emergency include:

- Flooding
- Hazardous Materials (HAZMAT) Release
- Dam failure

¹ U.S. Department of Housing and Urban Development. (2012). A Guide to Counting Sheltered Homeless People (3rd ed.) [Online]. Abt Associates Inc. <https://www.hudexchange.info/sites/onecpd/assets/File/A-Guide-to-Counting-Sheltered.pdf>

Secondary impacts of the above hazards can result in subpar water, sanitation, and hygiene conditions, specifically for those experiencing homelessness. This is due to insufficient access to illness mitigating measures such as clean drinking water, hand washing access, showers, and laundry. As a result, the prevalence of waterborne illness, ectoparasites, and other acute and chronic illnesses are higher among this population than others.

Illnesses that may affect the homeless during a water, sanitation, and hygiene emergency include, but are not limited to:

- Hepatitis A
- Shigella
- Norovirus
- Cholera
- Dysentery

Contamination of water supplies presents a challenge for not only the homeless, but all residents within Franklin County. The most probable contribution from contaminate release within Franklin County are linked to the chemical manufactures within the jurisdiction. Human-caused events can also lead to contamination of water sources (i.e., radiation, hazmat).

Examples of local partnerships during a WASH response within Franklin County may include:

- Jurisdictional fire departments and EMS
- Local hospitals
- Columbus Public Health
- Private and non-profit organizations
- Volunteer organizations (Medical Reserve Corps or MRC)

SECTION II

4.0 CONCEPT OF OPERATIONS

Though developed independently from the primary document, an annex must be activated as part of the Emergency Response Plan (ERP) and cannot be activated apart from it. The following section describes the activation process of the ERP. The WASH Plan is to be initiated once it is deemed that a WASH event has occurred that is presenting a risk to the homeless population.

This section describes the process for activating the ERP. The ERP may be activated in one of two ways:

- The Health Commissioner personally authorizes activation of the ERP upon determination that an incident requires implementation of one or more of the strategies or plans included herein. If the ERP is activated in this way, response will begin with incident assessment, which is

required to establish the activation level and define the incident response needs, but the need for activation will not be reevaluated.

- Response personnel employ the entire process described in the Incident Detection, Assessment and Activation Section, who then present their recommendation for activation to the Health Commissioner. Upon approval by the Health Commissioner, response personnel then complete identified response actions.

Activation of the ERP marks the beginning of the response.

For the detailed activation process, please reference Section V of the **Franklin County Public Health Emergency Response Plan 2020**.

4.1 RESPONSE OPERATIONS

The primary roles of Franklin County Public Health during a WASH emergency affecting the homeless are response, investigation, and recommendation towards threat reduction. Through a collaborative effort, FCPH sections and external partners will work towards mitigation of harm during a water, sanitation, and hygiene related emergency.

To accomplish FCPH's mission during a WASH emergency, the following steps should be taken:

- Upon notification of a WASH emergency affecting the target population, the communications team will work with partner agencies to provide all relevant information on the hazard to the homeless. More detailed information can be found in the Communications section below.
- EP staff or ICS members (if activation is warranted) will coordinate with all necessary sections including environmental health (EH), epidemiology (EPI), community health workers (CHWs), and infectious disease (ID) to prioritize operational needs.
- EP will coordinate with partner agencies to determine the needs of those affected and the areas most impacted.
- EP will begin to load pre-built "go-kits" – consisting of water purification tablets, sanitation items for men's and women's, and disposable waste bags. Additionally, independent hand washing stations will be loaded to deploy to the areas most impacted.
- EP will mobilize to the most affected area and construct hand washing stations, soap, and distribute go-kits.
- EH staff representatives will mobilize as necessary and conduct operations in accordance with the Environmental Health Response Annex and other standard operating procedures.
- CHWs or MRC will mobilize as necessary to conduct outreach with the affected individuals and provide additional resources as available.

4.2 RECOVERY OPERATIONS

While on-site, FCPH staff and partner agencies will work to distribute go-kits and relevant information to the affected population. Once the need for operational cessation is deemed acceptable, the following steps should be taken:

- Staff will drain and pack hand washing stations to move back to FCPH.
- CHW's, ID, and EPI will work to collect any information from those affected that can be used for later consideration of long-term health effects.

- EH will monitor water and sanitation recovery and ensure that pre-event suitable levels are achieved.
- Partners that maintain contact with the affected population are encouraged to contact FCPH as needed for any follow-on care considerations.
- EP staff will return to FCPH to sanitize and store hand washing stations.
- EP staff will restock “go-kits” as supplies are made available.

4.3 ACCESS AND FUNCTIONAL NEEDS OPERATIONS

FCPH's Emergency Preparedness Program coordinates response actions to ensure that access and functional needs are appropriately addressed before, during, and after a response. The support immediately after an incident occurs includes the following:

- Review of incident details to ensure all access and functional needs have been considered.
- Outreach to partner organizations that serve access and functional needs.
- Provision of just-in-time training to response personnel regarding serving individuals with access and functional needs.

The ~~Liaison Officer~~ communications team has primary responsibility for provision of these services and engagement of access and functional needs partners during response actions.

In all communications during incident response, FCPH will utilize person-first language as described in **Appendix 5 – Communicating with and about Individuals with Access and Functional Needs**.

Additionally, FCPH works with a number of local partners who support access and functional needs. These include the following:

- Ohio Department of Job and Family Services
- Franklin County Job and Family Services
- American Red Cross
- Franklin County Healthcare Coalition
- Central Ohio Trauma System
- Council on Aging
- Columbus Public Health
- Franklin County Emergency Management and Homeland Security
- HandsOn Central Ohio

Specific to WASH emergencies among those experiencing homelessness, the following partners have been established as an advisory council to assist with providing care for this specific vulnerable population:

- PEER Centers
- Clinton Township Fire
- HOPE Resource Center
- Safe Point
- Human Service Chamber

5.0 INFORMATION COLLECTION, ANALYSIS, AND DISSEMINATION

To ensure that FCPH maintains a common operating picture across all of the locations in which response personnel are engaged, FCPH will disseminate agency SITREPs to maintain coordination. This information may be between Franklin County Emergency Operations Center (EOC) and other external partners, when activated.

When Franklin County EOC is activated, daily briefings will be held with partners, unless otherwise determined by the incident. Briefings and other meetings may be held in person or virtually. The FCPH DOC will provide daily SITREPs to the Franklin County EOC, unless otherwise specified. If this schedule is revised, FCPH will update the frequency of information exchange and continue to provide a report before scheduled briefings.

The FCPH DOC will provide SITREPs directly to the FCPH ESF-8 representative at the Franklin County Emergency Management and Homeland Security (FCEM&HS) EOC. This report will be disseminated via WebEOC or the Homeland Security Information Network (HSIN) and/or by sharing the developed FCPH SITREP documentation to the FCEM&HS EOC IC. Additionally, FCPH may provide ICS form 213 and 213RR as necessary. These may be provided as stand-alone documents. This information will be used to convey information updates on the incident including incident overview information, ESF-8 support updates, updates on current missions, resources and provide any additional requested information.

6.0 COMMUNICATIONS

Communications actions for the WASH Plan will be followed as described in section 6.0 of the **Franklin County Public Health Emergency Response Plan 2020**.

The ~~Public Information Officer (PIO)~~ communications team will circulate communication messages via phone, internet, and any available source involving risks to the homeless population and public concerning sanitary, water, solid waste, and hygiene health issues as necessary. Information may include:

- Portable hand washing station locations
- Boil advisories
- Outbreak prone areas
- Methods for solid waste disposal

Additionally, as access to internet and cable may not be readily available for this population, communication will be sent to partner agencies that can be easily disseminated as push text messaging to those signed up for the service with partners.

SECTION III

7.0 PLAN DEVELOPMENT AND MAINTENANCE

7.1 REVIEW AND DEVELOPMENT

The Emergency Preparedness Program is responsible for updating and revising the FCPH Water, Sanitation, and Hygiene (WASH) Plan with the support and guidance of the Environmental Health Program and Community Health Workers. Though developed independently from the primary document, an annex must be activated as part of the plan and cannot be activated apart from it.

Once adopted, annexes and their attachments shall be reviewed annually or in between formal approvals of new basic plan drafts by the Health Commissioner and Senior Leadership. Changes that occur between annual reviews will be approved by the EP Program Supervisor, or designee. Development and adoption will be facilitated by the EP Program and conducted by the Emergency Preparedness Committee review team, which will be comprised of the aforementioned members. The purpose of this review will be to consider adoption of proposed changes that were identified during the year. If adopted, the changes will be incorporated, and the revised annexes will be reauthorized by the identified approvers.

Any program may initiate changes to annexes and its attachments by submitting the proposed changes to the ERP for presentation to the identified reviewers. Please note that if an attachment is a directive, then that attachment must be updated through the existing directive policy.

Proposed changes may be approved for interim use in response activities by the EP Program Supervisor or the review committee outside the review cycle; such approval is only valid until the annual review, after which the review committee must have adopted the proposed changes for their continued use in response activities to be allowable.

7.2 ACRONYMS

Acronym	Meaning
CHW	Community Health Workers
EH	Environmental Health
EOC	Emergency Operations Center
EPI	Epidemiologist
ERP	Emergency Response Plan
FCEM&HS	Franklin County Emergency Management & Homeland Security
FCPH	Franklin County Public Health
HAZMAT	Hazardous Materials
HUD	Housing and Urban Development
IC	Incident Commander
ICS	Incident Command System
MRC	Medical Reserve Corps
PIO	Public Information Officer
SITREP	Situation Report
THIRA	Threat & Hazard Identification & Risk Assessment
WASH	Water, Sanitation, and Hygiene

8.0 AUTHORITIES

The following list of Authorities and References includes Executive Orders, Agency Directives, statutes, rules, plans and procedures that provide authorization and operational guidelines for the allocation and assignment of local resources in response to emergencies.

8.1 FEDERAL REGULATIONS

- Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, 42 U.S.C. § 5121, et seq.
- Executive Order 12148, Federal Emergency Management Agency
- Executive Order 12565, Assignment of Emergency Preparedness Responsibilities
- Homeland Security Presidential Directive #5 (HSPD-5), Management of Domestic Incidents, 2003
- Homeland Security Presidential Directive #8 (HSPD-8), National Preparedness, 2003
- Presidential Policy Directive 8 (PPD-8), National Preparedness, 2011

SECTION IV

10.0 LIST OF APPENDICES

Emergency Response Plan

- Appendix 5 – Access and Functional Needs Communications Guidelines
- Attachment 1 – Partner Advisory Council POCs
- Attachment 2 – Go-Kits