Huron County

Public Health

EMERGENCY RESPONSE PLAN

Basic Plan

Version 1.7
Date Originally Adopted: 7/2008
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INTRODUCTION

APPROVAL AND IMPLEMENTATION

The ***Huron County Public Health (HCPH) Emergency Response Plan (ERP)*** replaces and supersedes all previous versions of the ***HCPH ERP***. This plan shall serve as the operational framework for responding to all emergencies, minor disasters, major disasters and catastrophic disasters that impact the public health and medical system in Huron County. This plan may be implemented as a stand-alone plan or in concert with the ***Huron County Public Health Emergency Operations Plan (HC EOP)*** when necessary.

EXECUTIVE SUMMARY

The ***HCPH ERP*** is an all-hazards plan that establishes a single, comprehensive framework for the management of the public health response to incidents within Huron County. The plan is activated when it becomes necessary to assess incidents or to mobilize the resources identified here in order to protect the public's health. The ***HCPH ERP*** incorporates the National Incident Management System (NIMS) as the standard for incident management.

The plan assigns roles and responsibilities to HCPH staff members for responding to emergencies and events. The Basic Plan of the ***HCPH ERP*** is not intended to represent the full extent of preparedness and response but rather establishes the basis for more detailed planning by HCPH Emergency Preparedness staff in partnership with internal and external subject matter experts and community stake holders. The ***HCPH ERP*** is intended to be executed in conjunction with both the more detailed annexes and attachments included as part of this document or with the stand alone plans held by the department. Additionally, the ***HCPH ERP*** is designed to work in conjunction with the ***HC EOP*.**

The successful implementation of the plan is contingent upon a collaborative approach with a wide range of partner agencies and organizations that are responsible for crucial resources and tasks during incident operations. The plan recognizes the significant role partner agencies and organizations perform during incidents.

STATEMENT OF PROMULGATION

The Huron County Public Health Emergency Response Plan establishes the basis for coordination of HCPH resources and response to provide public health and medical services during an emergency or disaster. The fundamental assumption is that a significant emergency or disaster may overwhelm the capability of the local government or the healthcare system to carry out operations necessary to save lives and protect public health. Consequently, HCPH resources are used to provide public health and medical services assistance throughout the county.

All HCPH program areas are directed to implement training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities of the agency. HCPH will maintain this plan, reviewing it and reauthorizing it at least annually; findings from its utilization in exercises or real incidents will inform updates.

DISCLAIMER: Emergency response is an ever changing process which is specific to the pressing needs of the moment and the available resources present. The procedures contained within these plans are a resource guide and contain conceptual possibilities. Emergency plans need to be adaptable and capable of being changed based on the circumstances during the moment therefore the plans contained within should not be considered obligatory as written. Although this agency is capable of providing any of the services outlined within this document it is not capable of providing all of these services at the same time.

This ERP is hereby adopted, and all HCPH program areas are directed to implement it. All previous versions of the HCPH ERP are hereby rescinded.

____ ____________________

Timothy Hollinger
Health Commissioner, Huron County Public Health

Date

RECORDS OF CHANGE

HCPH's Health Commissioner authorizes all changes to the ***HCPH ERP***. Change notifications are sent to those on the distribution list.

Figure 1: Records of Change Chart

Change #	Version #	Date of Change	Name	Title	Summary
1	1.0	07/2007	Elaine Barman	Emergency Planner	Yearly Revision 2006-2007
2	2.0	06/2008	Angela Smith	Director of Community Health	Yearly revision 2007-2008
3	2	07/2008	Elaine Barman	Emergency Planner	BOH review and adoption
4	1.2	09/2010	Elaine Barman	Emergency Planner	Yearly Revision 2009-2010
5	1.3	02/2011	Angela Smith	Director of Community Health	Yearly Revision 2010-2011
6	1.4	02/23/2012	Elaine Barman	Emergency Planner	Revisions resulted from peer review using the PPHR NACCHO Document (Ottawa)
7	1.4	03/06/2013	Elaine Barman	Emergency Planner	Revisions after CDC resource elements for community preparedness review
8	1.4	03/12/2013	Katherine Sabourin	Epidemiologist	Link added to OAC and ORC for Public Health
9	1.4	03/30/2013	Elaine Barman	Emergency Planner	Add Attachments 3 and 4, planning partners and staff training.
10	1.4	05/25/2013	Elaine Barman	Emergency Planner	New logo and agency name change
11	1.5	07/11/2013	Katie Spaar	Director of Community Health	BOH review and adoption
12	1.5	10/16/2013	Elaine Barman	Emergency Planner	Adding section on the use of human biologics in a communicable disease
13	1.5	01/07/2014	Elaine Barman	Emergency Planner	Add training and exercise plan to command and control section
14	1.5	01/14/2014	Shannon Ditz	MRC Coordinator	Update wording in MRC paragraph
15	1.5	05/28/2014	Katherine Sabourin	Epidemiologist	Update information on testing ERP in plan development and evaluation section
16	1.5	12/30/2015	Nicole Marks	Emergency Planner	Update/Edit Demobilization section

17	1.5	04/12/2016	Nicole Marks	Emergency Planner	AAR/IP Documentation Sharing Process
18	1.6	08/03/2016	Nicole Marks	Emergency Planner	Annual review/update; people-first language
19	1.6	01/04/2017	Nicole Marks	Emergency Planner	General Updates/Revisions
20	1.7	12/15/2017	Lindsey Leber	Emergency Planner	State standardization of ERP
20	1.7	04/26/2018	Lindsey Leber	Emergency Planner	State required revisions

RECORDS OF DISTRIBUTION

A single copy of this ***HCPH ERP*** is distributed to each person in the positions listed below.

Figure 2: Records of Distribution Chart

Name	Title	Program Area/Agency	Date Received
Lindsey Leber	Emergency Planner	Emergency Preparedness	05/15/2017

This plan is available to all agency staff in electronic format via HCPH's employee intranet portal, the employee log-in on the agency website (www.huroncohealth.com) and on the agency server (F:\Emergency Plans\HCPH Plans\Emergency Response Plans & Annexes). A single hard copy of the plan is kept in the cabinet of the Emergency Planners desk. All agency staff are able to access this plan when in the agency office, in the field or request to view the available hard copy.

SECTION I

1.0 PURPOSE

The purpose of this plan and its supporting documents is to guide the actions to be taken by HCPH in the event of an incident, with exception of limitations, to:

- Reduce the occurrence and the impact of public health emergencies by providing preventative environmental, education and medical services;
- Respond with immediate, intermediate, and extended action in the event of public health disasters; and
- Facilitate a recovery plan in the aftermath of a public health emergency.

This plan is developed with the intent to provide a framework for identifying, responding to, and commanding an emergency response. This plan is organized in three (3) principle sections designed to guide a response at HCPH.

- Section one (1) describes the details and context necessary for planning. This section provides an overview of the situational context, assumptions, and describes existing hazards with potential to impact public health and medical services.
- Section two (2) provides detailed direction in how response operations are executed at HCPH. This section covers the preliminary steps necessary for incident assessment, response activation, provides guidance on the execution of response operations, and details the processes that take place after a response.
- Section three (3) provides guidance on development and maintenance of this plan, associated plans and annexes. This section discusses the necessary stakeholders that should be engaged in the development and review process as well as, provides the guidelines by this plan, annexes and attachment are developed and adopted.

This plan is designed to serve as the foundation by which all response operations at the agency are executed. As such, the Basic Plan is applicable in all incidents for which the ***HCPH ERP*** is activated, and all components of this plan must be developed and maintained in accordance with section three. This plan may be used as a stand-alone document, or executed in concert with the ***HC EOP***, other HCPH plans, or annexes.

2.0 SCOPE AND APPLICABILITY

This plan pertains to HCPH, all of its divisions and serves as an overarching outline of emergency mitigation, response and recovery, covering information that is applicable to all other parts of the plan. The base plan explains the concept of operations for public health emergency management and describes the organization and responsibilities for emergency planning and operations. This plan is always in force and is activated whenever an incident impacts public health and/or medical systems anywhere within Huron County and requires a response by HCPH greater than day-to-day operations.

It is the role of the Health Department to help protect the public health of the residents of Huron County during a public health disaster, whether natural or manmade. The scope of this plan is not limited by the nature of any particular hazard. This plan is written to apply with equal effectiveness to all hazards that impact public health and healthcare, whether they are infectious or noninfectious, intentional or unintentional, or threaten the health of Huron County residents. This plan directs appropriate HCPH response operations to any incidents that either impact, or could potentially impact, public health or healthcare within Huron County or require HCPH to fulfill its roles described in the HC EOP. In such an incident, HCPH will operate within the ***HCPH ERP*** guidelines and will utilize the Incident Command System (ICS) structure. If the Health Department lacks the capacity to respond appropriately, the ***HC (EOP)*** will be activated through the Huron County Emergency Management Agency (EMA). In the event that the disaster extends beyond Huron County boundaries, local organizations will coordinate under the Unified Command System with regional,

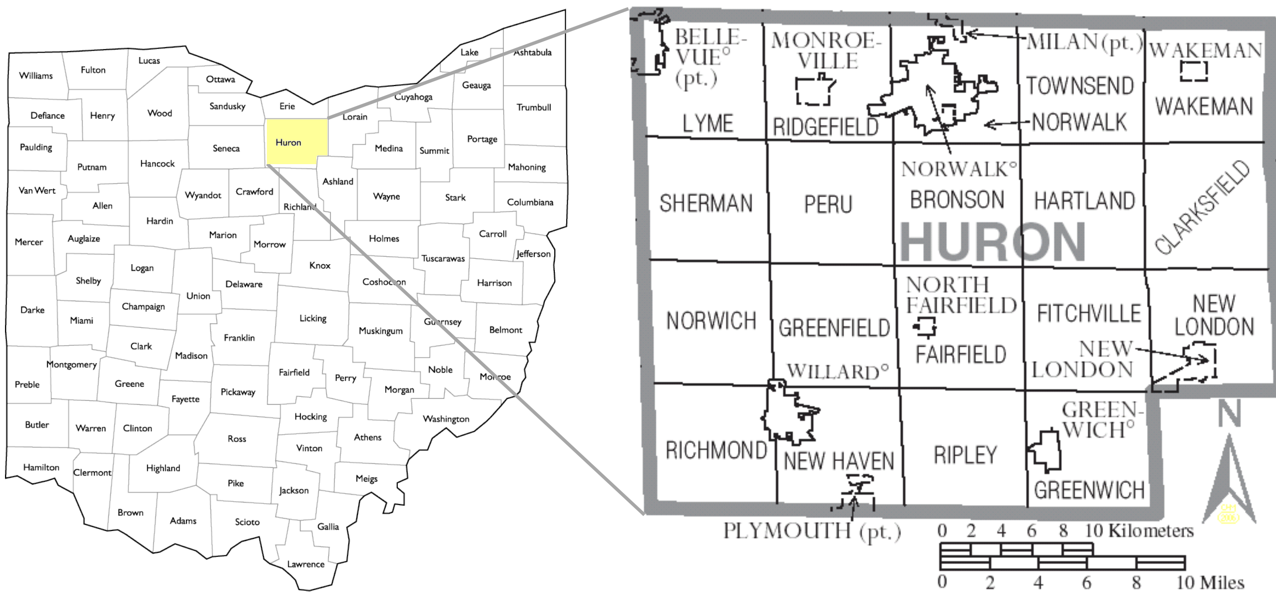
state, and federal authorities as appropriate. When the emergency exceeds the local capability to respond, assistance will be requested from one or more of the following:

- Partnerships with other local health districts through existing mutual aid agreements
- The Northwest Ohio Healthcare Emergency Management Coalition (NWO HEMC)
    - Hospitals, local public health, first responder agencies
- Ohio Department of Health
- Ohio EMA
- Centers for Disease Control and Prevention (CDC)
- Federal Emergency Management Agency (FEMA)

3.0 SITUATION

Huron County is located in North-Central Ohio, covers approximately 495 square miles, and includes the City of Norwalk (county seat); the Cities of Willard and Bellevue; and the Villages of Greenwich, Monroeville, New London, North Fairfield, Plymouth and Wakeman. Huron County Public Health also holds a contract to provide public health services to the City of Bellevue, which occupies pieces of four different counties and has a population of approximately 7,973. According to the 2016 census, the population of Huron County is approximately 58,439.

Figure 3: Huron County



3.1 Potential Hazards

Within the premises of the Health Department building, and in the community we serve, the possibility exists that a man-made or natural disaster may strike. Huron County is exposed to many hazards, all of which have the potential to disrupt the community and cause damage to lives and property. Primary natural hazards include floods, tornadoes, thunderstorms, winter storms, blizzards, woodland and brush fires, and drought. The All Health Hazards Committee completes the ***Appendix 1 - Integrated Healthcare Preparedness Assessment*** annually, which outlines the top five hazards, needs, and gaps that Huron County faces in regards to healthcare planning preparedness. In the 2016 assessment, the top five hazards were severe weather, hazardous chemicals, infectious diseases, mass casualty/terrorism, and nuclear power plants/radiation contamination.

Any one of these incidents may result in negative impacts to health:

- Widespread injury or trauma;
- Widespread disease and illness;
- A large number of casualties and/or fatalities;
- Premature death;
- Displaced individuals;
- Heat-related illnesses and injuries;
- Hypothermia;
- Dehydration;
- Overwhelmed medical facilities;
- Insufficient resources for response, especially medical countermeasures;
- Insufficient personnel to provide adequate public health response;
- Development of chronic health conditions within a population;
- Lasting impairments of function or cognition;
- Development of birth defects;
- Property loss;
- Disruption of services;
- And/or environmental damages.

While it is likely that outside assistance would be available in most disaster situations, and while plans have been developed to facilitate this assistance, it is necessary for HCPH to plan for and be prepared to carry out disaster response and short-term recovery operations on an independent basis.

Due to the County's geographic location and accessibility, there may be an increased risk for Huron County to become affected by incidents or events originating outside its borders to occur for example:

- Surrounding County Railways (CSX, Norfolk & Southern, Northern Ohio & Western Rail)
- Surrounding County Airports (Kelley's Island Airport, Mansfield Lahm Regional Airport, Put-In-Bay Airport, Putnam County Airport, Sandusky County Airport, Seneca County Airport)
- NASA Plum Brook Station (Sandusky, Ohio in Erie County)
- Davis Besse Nuclear Power Station (Oak Harbor, Ohio in Ottawa County);
- Cedar Point Amusement Park (Sandusky, Ohio in Erie County)

Examples of such incidents include infectious disease outbreaks, riots, terrorist acts, chemical or radiological releases, and drinking water disruptions. These external locations have the ability to directly impact both public health and medical services statewide by causing a demand for preventative and healthcare measures.

3.2 Military Installation

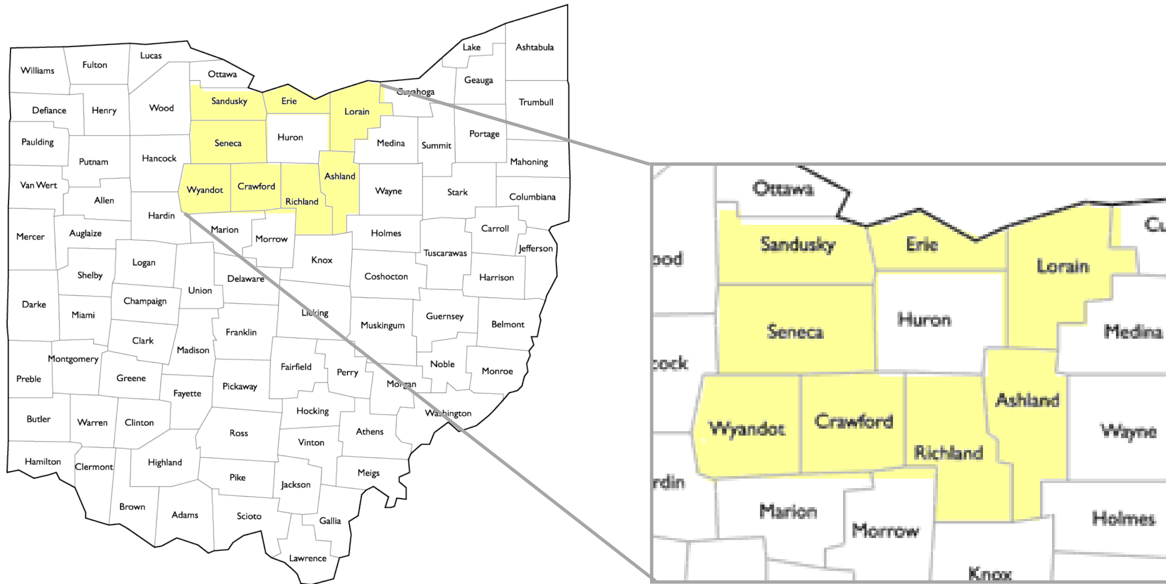
Huron County has one military installation, the National Guard 945th - a company size unit located on the southwest side of Norwalk. HCPH will follow request protocol through the EMA if aid from the National Guard is needed. The 945th would respond with activation from the Governor of Ohio.

3.3 Surrounding Counties

Huron County shares a land border with seven counties: Erie (north), Lorain (east), Ashland (southeast), Richland (south), Crawford (southwest), Seneca (west), and Sandusky (northwest); see map below. In the event that an incident occurs involving other counties, HCPH will need to coordinate with other agencies. These agencies will not only include other

local health departments, but medical facilities, county EMAs, emergency responders, etc. HCPH recognizes that each county maintains a county-specific EOP and/or ERP and that communication and response may differ from that of Huron County. Huron County Public Health participates in regional planning efforts in the Northwest Ohio region, which includes a number of these counties.

Figure 4: North Central, Ohio Counties



3.4 Recurring Events

Below is a list of recurring events that may impact public health. These events take place within Huron County and surrounding counties.

Figure 5: Recurring Events in Huron County and Surrounding Counties

Event	Month Event Held	Location
Ohio Bike Week	May	Sandusky, OH
The Norwalk Jaycees' Strawberry Festival	May	Norwalk, OH
Bellevue Community Days Festival	June	Bellevue, OH
Willard's Festival in the Park	June	Willard, OH
North Fairfield Peach Festival	July	North Fairfield, OH
Imagine Norwalk	July – October (One Friday each month)	Norwalk, OH
Greenwich Fireman's Festival	July	Greenwich, OH
Oak Ridge Festival	July	Attica, OH
St. Alphonsus Festival	July	Norwalk, OH
St. Joseph Festival	August	Monroeville, OH
Norwalk Night Under Fire	August	Norwalk, OH
Huron County Fair	August	Norwalk, OH

Maple City Triathlon	August	Norwalk, OH
Plymouth Fireman's Festival	August	Plymouth, OH
Milan Melon Festival	September	Milan, OH
Firelands Labor Day Festival	September	New London, OH
Willard Trainfest	September	Willard, OH
Western Reserve Career Day	September	Collins, OH
School Sporting Events	August - May	Bellevue, OH Collins, OH Monroeville, OH New London, OH Norwalk, OH Plymouth, OH Willard, OH
City/Town/Village Trick or Treat	October	Bellevue, OH Greenwich, OH Monroeville, OH New London, OH North Fairfield, OH Norwalk, OH Plymouth, OH Wakeman, OH Willard, OH
Oak Ridge Festival	October	Attica, OH
Fall Fun Fest	October	Norwalk, OH
Pet-N-Pup Parade	October	Norwalk, OH
Community Thanksgiving Service	November	Norwalk, OH
Light Up Norwalk	November	Norwalk, OH
Family First Night	December	Norwalk, OH

3.5 Health Care Coalition

In an effort to foster preparedness planning and coordination in the county, HCPH has established an All Health Hazards (AHH) Committee by which planning is conducted. The AHH Committee is comprised of representatives from the following community sectors:

- Cultural and faith-based groups and organizations;
- Emergency management;
- Healthcare;
- Long term healthcare facilities;
- Social services;
- Housing and sheltering;
- Media;
- and mental/behavioral health

The AHH Committee works together to prepare for, respond to and recover from disasters. HCPH oversees the AHH Committee to provide coordination of emergency planning efforts.

HCPH is also an active participant in the Northwest Ohio Emergency Management Coalition. HCPH works collaboratively with regional healthcare partners to prepare for and respond jointly to man-made and/or natural emergencies.

3.6 Organizations and Responsibilities

Many health-related impacts are beyond the scope of HCPH alone and require involvement of other local, state and federal partners with responsibilities for addressing incidents with impacts on health. These agencies and organizations comprise Emergency Support Function (ESF)-8 Public Health and Medical Services in the county. HCPH serves as the coordinating agency for ESF-8.

As part of ESF-8, HCPH partners with a wide range of organizations, including local health departments/districts (LHDs), public and private healthcare organizations, the business and medical communities, and other state and federal agencies. State, federal and local agencies, may perform response operations in either a primary or support role dependent on the incident type, severity and scale. Below is a list of primary and secondary support roles for HCPH, local, state and federal partners:

- **Agency**
  - **Huron County Public Health**
    Health department staff members may be asked to perform a wide array of duties during an emergency or disaster event. These duties may or may not pertain to an employee's day-to-day responsibilities. Below are descriptions of job responsibilities that may need to be performed during an emergency or disaster situation.
    - **Shelter Inspections:** Shelters may be opened to house members of the public during an emergency or disaster. The health department may coordinate with the American Red Cross to perform an inspection of each shelter to ensure minimum sanitation standards are met.
    - **Epidemiological Surveillance/Investigations:** In the event of an actual or potential disease outbreak, epidemiologists, nurses, and/or sanitarians may be asked to participate in administering epidemiological surveys or conducting investigations. Epidemiological surveillance and investigation is discussed in detail in **Annex D - Epidemiology**. The purpose of these investigations is to identify the cause/source of an agent by comparing the commonalities of cases compared to controls. This is done to determine the source of the exposure, which in conjunction with clinical and/or environmental specimens can lead to the identification of the responsible agent. Knowing the source of exposure and the agent also helps officials limit further exposure and aid clinicians in treatment of cases. Employees with various knowledge, skills, and training will be asked to assist in the setup and management of clinics for the administration of immunization/prophylaxis (e.g., antibiotics, vaccinations) in the event of an actual or potential disease outbreak or bioterrorist attack. Mass immunization/prophylaxis and clinical setup is discussed in **Annex D - Epidemiology**.
    - **Vector/Rodent Control:** During certain emergency or disaster situations, it may be necessary to implement surveillance and control measures of environmental conditions that can result in increased insect, rodent, and/or other pest nuisance (e.g., flooding, solid waste issues at shelters). Therefore, surveillance and control measures will be important for limiting or preventing vector-borne and rodent transmitted diseases and are discussed in **Annex F - Environmental Surety**.
    - **Waste/Debris Management:** An increased need for management of solid waste may be required during an emergency or disaster situation. Proper storage, collection, and disposal of solid waste will be important at shelters and large clinics, which will need to be coordinated with the Huron County Solid Waste District (HCSWD). It will also be important to disseminate information to the general public in disaster situations where water supply and regular trash pick-up is disrupted. Situations requiring environmental specialists for the management of solid, human, and infectious waste are discussed in the Environmental Surety Annex.

- **Water Supply:** In the event the potable water supply is disrupted, employees will be required to help disseminate information to the general public regarding the dangers of drinking contaminated water and proper water disinfection/purification methods. This issue is further discussed in **Annex F - Environmental Surety**.

- **Local Partners**

  - **Local Emergency Management Agency (EMA)**
    During a disaster, the Huron County Commissioners will activate the Huron County EOC. The HC EMA performs the following critical services:

    - Monitor response and recovery efforts for potential health threats and conduct preliminary Damage Assessment for local and State officials as needed;
    - Mobilize the EOC staff as necessary to support the ICS response and coordinate all aspects of the recovery effort;
    - Provide regular updates to local and State officials regarding any potential or real health threat;
    - Activate the Emergency Alert System and the Joint Public Information Center when necessary to coordinate timely and accurate information and instructions to the public;
    - Provide facilities for Amateur Radio operators as needed;
    - Coordinate the acquisition and distribution of safe water supplies to the public; and
    - Coordinate the collection and disposal of disaster related debris and the disposal of animal carcasses and any contaminated foodstuffs in order to prevent the spread of infectious diseases and contamination of resources.

  - **Health Care Facilities**
    Huron County has a total of 3 hospital facilities. Contact information for each facility is included in **Annex B - Communications**. In the event of an emergency or disaster, health care facilities will coordinate with the County EMS and provide chemical/radiological decontamination of injured persons as necessary.

    Health care facilities will further coordinate, as needed, with HCPH regarding the nature of injuries or incidence of widespread illnesses and available immunization/prophylaxis/treatment(s). During heightened threat levels or an actual disaster event, members of the health department's epidemiological team will contact health care facilities for information and coordination.

  - **Coroner**
    The Huron County Coroner's Office will manage the collection, temporary storage, and positive identification of fatalities resulting from an emergency or disaster. The Coroner's Office will also conduct investigations and autopsies as necessary, coordinate operations of disaster morticians when activated, and advise the health department of findings as warranted.

  - **Local School Systems**
    Local Schools may be used for POD sites and/or evacuation sheltering sites.

  - **American Red Cross Local Chapter**
    The American Red Cross may be called upon to provide mass care and family services during an emergency or disaster event. Depending on the situation, the health department may need to coordinate efforts with the American Red Cross, such as conducting sanitation inspections of shelters. Services provided by the American Red Cross may include:

    - Provide for and manage temporary evacuation shelters;

- Provide temporary nursing and disaster health care services;
- Coordinate with local mental health services for emergency workers and affected communities;
- Respond to inquiries about the health and well-being of individuals and families;
- Coordinate volunteer organization efforts and donations; and
- Assist local officials in damage assessment and resource management.

- **Huron County Mental Health and Addiction Services (HC MHAS)**
  During a public health crisis, the HC MHAS Board will provide a trained workforce to help with stress management for public health/response agency individuals as well as the general public. The HC MHAS Board can be contacted at the below-listed number.

  Also, as described in a signed agreement between the HC MHAS Board and the health department, the HC MHAS Board will provide the following services prior to or during a crisis:
  - Supply training for public health employees and the general public about stress management during a crisis.
  - Create and supply information in pamphlet form to public health employees and the general public on stress management.
  - Set up a stress management web page dedicated to stress management for a crisis event.
  - Supply information on other pertinent topics dealing with mental health issues for the public health employees and the general public.
  - Provide a trained workforce to help with stress management during a crisis.

- **United Fund**
  The United Fund will work with HCPH by collecting and demobilizing all donations and volunteers throughout the county. In the event of an emergency, the United Fund will open a Volunteer Reception Center (VRC) for all volunteer organizations and persons interested in volunteering for a specific event (spontaneous volunteers). The VRC will:

  - Direct all donations & volunteers to the VRC;
  - Ensure volunteers provide legal documentation qualifying them in medical care;
  - Outfit an approved volunteer with an identification badge if he/she does not have one;
  - Outfit the volunteers with available PPE;
  - Brief the volunteers on the situation & what they will be assigned to do;
  - Provide the volunteers with “just in time training” at the VRC; and
  - Transport volunteer(s) to their assigned area once the above have been completed.

- **State Partners**

  - Ohio EMA/Federal Emergency Management Agency (FEMA)
    When an emergency exceeds the capacity of local government; the local government will request the assistance of the state through the Ohio EMA. If an emergency response exceeds the capacity of the Ohio EMA, aid is requested from the president through the FEMA. In general, FEMA will coordinate the federal response, recovery, and mitigation to a disaster. Some specific activities of FEMA include:

    - Advising on building codes and flood plain management;
    - Teaching people how to get through a disaster;
    - Helping equip local and state emergency preparedness;
    - Making disaster assistance available to states, communities, businesses, and individuals; and
    - Activation of Federal Programs. Not all programs, however, are activated for every disaster. The determination of which programs are activated is based on the needs found during the joint

preliminary damage assessment and any subsequent information that may be discovered. Federal disaster assistance available under a major disaster declaration falls into three general categories:

1. Individual Assistance - aid to individuals, families and business owners;
2. Public Assistance - aid to public (and certain private non-profit) entities for certain emergency services and the repair or replacement of disaster-damaged public facilities;
3. Hazard Mitigation Assistance - funding for measures designed to reduce future losses to public and private property. In the event of a major disaster declaration, all counties within the declared State are eligible to apply for assistance under the Hazard Mitigation Grant Program.

   - Training emergency managers.
   - Supporting the nation's fire service.
   - Administering the national flood and crime insurance programs.

- **Ohio Department of Health (ODH)**
  ODH provides a health response network for assistance in natural and manmade disasters that occur in the state of Ohio. Additionally, ODH participates in the Federal Bio-terrorism Preparedness Cooperative Agreement from the CDC (Centers for Disease Control) to help Ohio plan a health response to a nuclear, biological or chemical incident. Specific goals pertaining to disaster preparedness include:

  - Strengthen Local Health Department's capacity to respond to natural or manmade disasters;
  - Provide public health guidance in comprehensive disaster planning with a public health focus;
  - Develop functional state capacity for planning, activities, and workforce readiness related to disaster response;
  - Establish the Health Alert Network (HAN) – a public health communication system of training and technology linking all players in the event of a disaster (e.g. bioterrorism incident);
  - 24/7/365 Emergency Notification for Local Health Departments; and
  - Laboratory Operations.

- **Federal Partners**

  - **Centers for Disease Control and Prevention (CDC)**
    CDC developed emergency response capabilities to assist state and local health departments in addressing public health issues. Through its 24-hour emergency contact system and emergency operations center, CDC provides immediate assistance to local, state, and federal agencies in planning their public health responses to emergency situations.

  - **Ohio Environmental Protection Agency (EPA)**
    HCPH will work with the Ohio EPA when necessitated by the incident. In the case that the Ohio EPA has not been notified, and the Health Commissioner or Incident Commander (IC) identifies that they need to be, HCPH will notify the EPA of the incident. The role of the EPA is to ensure a broader level of water and air quality than the local Health Department. HCPH will analyze the immediate health and safety of its residents; the mission of EPA is to protect human health and the environment. EPA's purpose is to ensure that:

    - All Americans are protected from significant risks to human health and the environment where they live, learn and work;
    - National efforts to reduce environmental risk are based on the best available scientific information;
    - Federal laws protecting human health and the environment are enforced fairly and effectively;

    - Environmental protection is an integral consideration in U.S. policies concerning natural resources, human health, economic growth, energy, transportation, agriculture, industry, and international trade, and these factors are similarly considered in establishing environmental policy;
    - All parts of society, including communities, individuals, businesses, and state, local and tribal governments, have access to accurate information sufficient to effectively participate in managing human health and environmental risks;
    - Environmental protection contributes to making our communities and ecosystems diverse, sustainable and economically productive; and
    - The United States plays a leadership role in working with other nations to protect the global environment.

- **Medical Reserve Corps (MRC)/ Community Emergency Response Team (CERT)**
  HCPH has two sources of surge staffing: the Huron County MRC, as well as Huron County CERT. Both are made up of community volunteers that have taken emergency response trainings and are credentialed. The training that they have received will enable them to activate, respond and deactivate during an emergency with efficiency. Roles volunteers may be asked to perform may range from clerical to medical depending on the need and the individual's qualifications. The MRC will be activated through the MRC Coordinator using the Ohio Responds System and or other communication methods as needed (See **Annex E: Volunteer and Donations**). CERT volunteers will be requested and deployed through Huron County EMA.

3.7 Access and Functional Needs

Access and functional needs include anything that may make it more difficult—or even impossible—to access, without accommodations, the resources, support and interventions available during an emergency. The access and functional needs identified in Huron County have been detailed in ***Appendix 2 - Huron County CMIST Profile***.

By understanding the prevalent demographics of the state, HCPH may better assess and recommend measures to ensure health security for all Huron County residents. Together with local partners, HCPH has planned to respond to the whole community during an incident by identifying the services and the modes of coordination necessary to serve all residents before, during and after an event.

4.0 ASSUMPTIONS

The following list describes what the planning team assumes to be facts for planning purposes, in order to make it possible to execute this plan.

- Huron County is vulnerable to hazards, which may lead to emergencies or disasters anywhere throughout the county.
- HCPH response may be necessary to support any adjacent jurisdiction affected by a variety of hazards and incidents.
- An incident may occur with little or no warning.
- To ensure appropriate public health response, HCPH must be prepared to respond to any incident with the ability to impact health of county residents.
- Incidents may occur across county, State, and jurisdictional lines and may require collaboration or coordination between all levels of government and non-governmental agencies.
- Every communicable-disease incident globally has the potential to impact Huron County.
- HCPH may have to make provisions to continue response operations for an extended period of time as dictated by the incident.
- HCPH will operate under in accordance with NIMS and respond as necessary to the extent of our available resources.

- Incidents are distinct, but they all have common elements that can be effectively managed through plans.
- Plans are the best means of managing the common elements of incidents.
- In addition to HCPH, resources from local, regional, State, and Federal governments and from private or volunteer organizations may also be engaged during an incident.
- Additional assistance may be available in a declared disaster or emergency.
- Most incidents to which HCPH responds will not result in a declaration.
- Incidents can affect HCPH responders, staff, volunteers, vendors, partners, and the families of each group, impacting the Agency's ability to respond.
- HCPH may have incomplete information, as it must rely on federal, state and local partners to provide some critical details during response.
- HCPH may receive competing requests for support beyond its available resources.
- The resources needed for an effective response (e.g., vaccine or personal protective equipment) may be unavailable or in limited supply.
- Incidents may require more or different resources than what HCPH has readily available.
- Although great care has been taken to provide direction for HCPH response activities, it is impossible to account for all contingencies, and the leadership in the response organization must rely on their best judgment when the plan does not directly address a particular issue. As such, response leadership must have the training and tools to direct effective incident response activities.

SECTION II

5.0 CONCEPT OF OPERATIONS

5.1 Organization and Responsibilities

All HCPH staff have a role in supporting and participating in the agency's preparedness and response efforts. The following personnel and groups have critical responsibilities in agency preparedness and response efforts.

5.1.1 Direction and Control

HCPH Emergency Preparedness Staff has the primary responsibility for coordinating emergency preparedness and response for Huron County Public Health. In any public health emergency within the health district, the Health Commissioner or his/her designee has the authority to activate the ***HCPH ERP***. Once this plan is activated, the Health Commissioner assigns staff to fill the planning functions in the incident organization; these functions will primarily be assigned to staff in Emergency Preparedness positions. Generally, the Health Commissioner will serve as the Incident Commander (IC), or will appoint a designee. If the Health Commissioner is unavailable or chooses to delegate these responsibilities, they may be successively facilitated by any member of HCPH Management Team.

The IC is responsible for internal direction and control of the health department, and may represent the Health Department if Unified Command is activated. When a county emergency is declared, the Health Commissioner or his/her designee will act as the Liaison Officer and will report to the County EOC at 255-B Shady Lane, Norwalk, Ohio (or alternate sites as directed by the EOP). As deemed necessary by the IC, additional Health Department staff will be called upon to perform public health services.

5.1.2 Command Organization

- **Health Commissioner**
    - As the lead health official for Huron County, it is under the authority of the Health Commissioner that the agency responds to incidents. During incident response, the Health Commissioner has the following responsibilities:
        - Establish communications, place of assembly, and provide directions and control for the Health Department staff and activities during an emergency;
        - May function as Incident Commander or will designate Incident Commander;
        - Maintain communication and/or designate a liaison with Huron County EMA and other emergency response groups, volunteer organizations, and other county offices;
        - Sanction release of public information;
        - Maintain appropriate ICS Forms required by job duties;
        - Authorize emergency purchases of supplies and equipment; and
        - Report to the Board of Health (BOH).

- **Acting Health Commissioner**
    - During incident response, the Acting Health Commissioner has the following responsibilities:
        - Act in the place of the Health Commissioner in his or her absence;
        - May act as a Spokesperson for HCPH;
        - Maintain appropriate ICS Forms required by job duties; and
        - Reports to the Health Commissioner and/or the Board of Health.

- **Medical Director**

- As the lead health expert for HCPH, the HCPH Medical Director could be engaged in any incident response. During incident response, the Medical Director has the following responsibilities:
    - Act as medical advisor to the Health Commissioner;
    - May act as Spokesperson for district regarding medical issues or as an informative resource for other staff;
    - Coordinate medical response services with Director of Nursing (DON);
    - Provide guidance to Administrative Staff and Epidemiologist with coordination of communicable disease control;
    - Facilitate medical information sharing with local, state and federal resources;
    - Maintain appropriate ICS Forms required by job duties; and
    - Reports to the Health Commissioner.

- **Director of Nursing**
    - As the lead nursing expert for HCPH, the HCPH Director of Nursing could be engaged in any incident response. During incident response, the Director of Nursing has the following responsibilities:
        - Coordinate and assign nursing and clerical staff;
        - Assist in set-up and operations of medical and nursing facilities;
        - Coordinate communicable disease control;
        - Coordinate medical response services with Medical Director;
        - Assist environmental and other divisions when needed;
        - Maintain appropriate ICS Forms required by job duties;
        - Coordinate medical supply acquisition; and
        - Reports to the Health Commissioner.

- **Director of Environmental Health**
    - As the lead environmental expert for HCPH, the HCPH Director of Environmental Health could be engaged in any incident response. During incident response, the Director of Environmental Health has the following responsibilities:
        - Coordinate environmental staff for inspections and field activities;
        - Assist with epidemiological investigation;
        - Assist nursing division when needed;
        - Maintain appropriate ICS Forms required by job duties; and
        - Reports to the Health Commissioner.

- **Director or Community Health/PHEP Program Director**
    - As the lead community health expert for HCPH, the HCPH Director of Community Health could be engaged in any incident response. During incident response, the Director of Community Health has the following responsibilities:
        - Maintain appropriate ICS Forms required by job duties;
        - Serves as the Public Health Emergency Preparedness (PHEP) Program Coordinator;
        - Assist with epidemiological investigation;
        - May act as Public Information Officer (PIO) in the event that the PIO is unavailable;
        - Proofs and approves communications with outside agencies, as well as the public; and
        - Reports to the Health Commissioner.

- **Public Information Officer**
    - As the spokesperson for HCPH, the HCPH Public Information Officer could be engaged in any incident response. During incident response, the Public Information Officer has the following responsibilities:
        - Prepare news releases and educational materials;
        - Communicate with schools, employers, public officials, churches, etc.;

  - Adapt the pre-scripted public advisories to the emerging disaster;
  - Facilitate website updates;
  - Maintain appropriate ICS Forms required by job duties;
  - Organize the public health hotline;
  - OPHCS Coordinator for HAN alerts; and
  - Reports to the Health Commissioner.

- **Emergency Planner**
  - As the emergency planning expert for HCPH, the HCPH Emergency Planner could be engaged in any incident response. During incident response, the Emergency Planner has the following responsibilities:
    - Maintain a copy of emergency plans, including at least one hard copy;
    - Maintain appropriate ICS Forms required by job duties;
    - Assist with public health response effort;
    - Coordinate Incident Action Plan;
    - Assist in predicting and preparing incident strategies;
    - Act as liaison to ODH and CDC regarding any PHEP program reporting; and
    - Reports to the Director of Community Health/PHEP Program Director.

- **Epidemiologist**
  - As the disease expert for HCPH, the HCPH Epidemiologist could be engaged in any incident response. During incident response, the Epidemiologist has the following responsibilities:
    - Maintain appropriate ICS Forms required by job duties;
    - Maintain a supply of disease fact sheets, and most current disease control manuals/reference resources;
    - Assist with public health response effort;
    - Coordinate epidemiological investigation;
    - Assist nursing and environmental divisions as needed;
    - Act as liaison to ODH and CDC regarding any subsequent epidemiological investigations; and
    - Reports to the Director of Community Health/PHEP Program Director.

- **Director of Administrative Services**
  - As the administrative service expert for HCPH, the HCPH Director of Administrative Services could be engaged in any incident response. During incident response, the Director of Administrative Services has the following responsibilities:
    - Oversees Registrar, who files death certificates;
    - Set up necessary computers, printers, and networking needs;
    - Oversee fiscal personnel;
    - Maintain appropriate ICS Forms required by job duties; and
    - Reports to Board of Health.

- **Nursing Division Personnel**
  - As the licensed medical professionals for HCPH, the HCPH Nursing Division Personnel could be engaged in any incident response. During incident response, the Nursing Division Personnel has the following responsibilities:
    - Perform usual duties unless otherwise directed by the Director of Nursing or Health Commissioner;
    - Provide immunizations and medications as directed by the Director of Nursing and as approved by the Medical Director;
    - Identify at-risk and/or assist access and functional needs populations;
    - Perform case finding activities for communicable disease and/or illness outbreak control;
    - Assist in epidemiological investigations as needed;

    - Protect and maintain medical records;
    - Maintain appropriate ICS Forms required by job duties;
    - Assist in development and dissemination of educational materials;
    - Assist the Environmental Health Division as needed;
    - Report to shelters for communicable disease control issues as directed by the Director of Nursing; and
    - Reports to the Director of Nursing.

- **Environmental Health Division Personnel**
  - As the licensed environmental professionals for HCPH, the HCPH Environmental Health Division Personnel could be engaged in any incident response. During incident response, the Environmental Health Division Personnel has the following responsibilities:
    - Assist the community in obtaining and maintaining a safe, potable water supply;
    - Assist the community in providing for satisfactory means of disposal of sewage and solid waste;
    - Provide inspection of food supplies at emergency shelters;
    - Assist in procuring disposal of animal carcasses;
    - Advise the community on efforts to control insects and rodents;
    - Provide building, housing and shelter inspections to insure habitability and safety;
    - Evaluate shelters and mass feeding operations for potential problems involving sanitation, food safety, and vector-borne disease;
    - Assist in dissemination of education materials;
    - Maintain appropriate ICS Forms required by job duties; and
    - Reports to the Environmental Health Director.

- **Community Health Division Personnel**
  - As the community health professionals for HCPH, the HCPH Community Health Division Personnel could be engaged in any incident response. During incident response, the Community Health Division Personnel has the following responsibilities:
    - Assist with preparation of news releases, public advisories, and educational materials;
    - Assist with communication to schools, employers, public officials, churches, etc.;
    - Assist with website updates;
    - Assist with the public health hotline;
    - Assist with the management of volunteers;
    - Assist in development and dissemination of education materials;
    - Maintain appropriate ICS Forms required by job duties; and
    - Reports to the Director of Community Health/PHEP Program Director.

- **Fiscal Personnel**
  - As the fiscal professionals for HCPH, the HCPH Fiscal Personnel could be engaged in any incident response. During incident response, the Fiscal Personnel has the following responsibilities:
    - Maintain records of purchases made and personnel time;
    - Maintain contact with county auditor, county treasurer, and state funding agencies as needed;
    - Maintain appropriate ICS Forms required by job duties; and
    - Reports to Director of Administrative Services.

Under Incident Command Structure, employees may serve in roles other than those outlined above. While Incident Command is activated, employees will follow the objectives and operations established for each operational period, and they will report to the ICS position immediately above them in Incident Command.

5.2 Incident Detection, Assessment and Activation

This section describes the process for incident detection, assessment and activation of this plan.

5.2.1 Incident Detection

Any HCPH staff member who becomes aware of an incident requiring or potentially requiring activation of this plan are to immediately notify their supervisor. Incidents that meet one or more of the following criteria may potentially lead to activation of this plan:

- Potential for escalation of either the scope or impact of the incident;
- Novel, epidemic or otherwise unique situation that likely requires a greater-than-normal response;
- HCPH has received or anticipates a request for support from a local partners that goes beyond the normal level of support from the applicable office(s);
- Although HCPH is already engaged, resources or support from outside the agency are needed to effectively manage the incident;
- Significant or potentially significant mortality or morbidity; or
- At any event deemed appropriate by the Health Commissioner.

5.2.2 Incident Assessment

Once the incident is verified, Supervisors will immediately inform the Health Commissioner of any incident that they believe is likely to require activation of this plan. Following this notification, they will contact appropriate subject matter experts (SME), which is the first step in the Procedure section of **Attachment I - Initial Incident Assessment Standard Operating Guidelines** and hold an Initial Incident Assessment Meeting within 1 hour of the initial detection of the threat or at a time frame deemed appropriate for event type.

5.2.3 Emergency Response Plan Activation

This plan may be activated by the Health Commissioner or his/her designee from HCPH upon determination that an incident requires implementation of one or more of the HCPH emergency response annexes. HCPH authorized designees who can activate this plan on behalf of the Health Commissioner are as follows:

1. Director of Environmental Health
2. Director of Nursing
3. Director of Community Health
4. Director of Community Programming
5. Director of Administrative Services

Once the ***HCPH ERP*** is activated, response will begin with incident assessment, which is required to establish the activation level and define the incident response needs. Activation of the ERP marks the beginning of the response.

The Initial Incident Assessment Meeting supports the completion of **Attachment II - Initial Incident Assessment Form** to determine the Activation Level. After determining the necessary activation level during the Initial Incident Assessment Meeting, activation of the plan will occur. Activation levels and their associated recommended minimum staffing levels are details in the Figure below.

Figure 6: Emergency Response Plan Activation Levels

Activation Level	Descriptions	Minimum Command Function & Staffing Recommendations
Routine Operations	• Routine incidents to which HCPH responds on a daily basis and for which day-to-day SOPs and programmatic resources are sufficient	• Normal, Day-to-Day Staff • DOC not activated
Assessment & Monitoring	• An emergency with limited severity, size, or actual/potential impact on health or welfare but that cannot be handled at the programmatic level • Requires a minimal amount of coordination and agency engagement to conduct response; situational awareness and limited coordination are the primary activities	• (1) Response Lead/IC/Health Commissioner • (1) Public Information • (1) Situational Awareness ❖ Consider Activation of the DOC ❖ Local EOC unlikely to be activated
Partial Activation	• An emergency with moderate-to-high severity, size, or actual/potential impact on health or welfare • Requires significant coordination and agency engagement to conduct response, likely with significant engagement from other local partners; Local EOC may be activated	• (1) Response Lead • (1) Public Information • (1) Partner Engagement • (1) Situational Awareness • (1) Planning Support • (1) Operational Coordination • (1) Resource Support • (1) Staffing Support ❖ DOC activation required ❖ Local EOC may be activated
Full Activation	• An incident with extensive severity, size, or actual/potential impact on health or welfare; may be of such magnitude that the available assets that were put in place for the response are completely overwhelmed • Requires an extreme amount of coordination and agency engagement to conduct response; almost certain engagement of multiple local partners; Local EOC most likely activated	**FULL STAFFING:** • (1) Response Lead • (16+) All Section/Function Leads and Key support staff • All other functions and positions, as identified by activated plans ❖ In addition to the activation of the above response organizations, engagement of ODH is also recommended. ❖ DOC activation required ❖ Local EOC activated

Execution of this plan may require staff mobilization and activation of the HCPH Department Operations Center (DOC). The HCPH DOC is a facility where the agency's response personnel can be collocated to promote coordination of response activities.

5.2.4 Notification of Activation

The following organizations and groups will be notified upon activation:

Figure 7: Notification of Emergency Response Plan Activation

Responsible Party: Emergency Preparedness Planner or IC Designee
☐ HCPH Management Team (required)

☐	Emergency Preparedness Staff (as applicable)
☐	Responding Program Area(s)/Subject Matter Experts (required)
☐	Huron County Emergency Management Agency (as applicable)
☐	Local partners (as applicable)
☐	Ohio Department of Health (as applicable)
☐	Other (as applicable):

Activation notifications include, at a minimum, the following eight (8) pieces of information:

1. Copy of the Initial Incident Assessment Summary,
2. Name of IC (included in the Initial Incident Assessment Summary),
3. Copy of the completed **Attachment II_ Initial Incident Assessment Form**,
4. Copy of the completed ICS 207 form, properly reflecting command or coordination titles
5. Activation level (included in the Initial Incident Assessment Summary),
6. Primary contact number for the response organization,
7. Estimated time for distribution of the first Situation Report,
8. DOC activation status.

Notification will be completed via email, phone, blast fax and/or OPHCS within at least one (1) hour of the conclusion of the Initial Incident Assessment Meeting.

5.2.5 Activation and Notification Flowchart

Activation levels and their associated recommended minimum staffing levels are details in Figure 8 on the next page.

Figure 8: Activation and Notification Flowchart

Incident Detection Notification

Supervisor or Division Director is made aware of an incident that qualifies for further assessment.

Contact Health Commissioner of the Need to Further Assess.

Health Commissioner or designee schedule Initial Incident Assessment Meeting (phone or face-to-face) ideally within one (1) hour.

Hold Initial Assessment Meeting

Complete the items outlined in the Initial Incident Assessment Meeting Agenda

Agenda Item 1: Incident Summary

Agenda Item 2: Situation Overview

Agenda Item 3: Response Requirements

Agenda Item 4: Establish Current Organization

Agenda Item 5: Adjourn

Complete Initial Threat Assessment Form

Activate the Emergency Response Plan

Send Activation Notifications

No Further Action Required

Determine Activation Level

NO ACTIVATION *Routine Operations*

No Further Action Required

ACTIVATION LEVEL 3 *Assessment & Monitoring*

ACTIVATION LEVEL 2 *Partial Activation*

ACTIVATION LEVEL 1 *Full Activation*

ERP ACTIVATED

Identify if Command or Coordination

Identify IC

Identify Plans needed for Response

Define 1st Operational Period

Determine Need for DOC Activation

NO

YES

Complete DOC Activation Process

5.3 Command, Control and Coordination

HCPH actions may be needed before this plan is activated. Engaged personnel will manage the incident according to day-to-day procedures until relieved by response personnel or integrated into the response structure.

Once the response begins, actions will be directed in accordance the policies and procedures detailed in this plan.

5.3.1 Incident Command and Multiagency Coordination

Depending on the incident, HCPH may either lead or support the response. HCPH uses the Incident Command System (ICS) to structure and organize response activities when leading an incident response. Similarly, when supporting an incident response, HCPH utilizes the NIMS principles for a multiagency coordination system to coordinate response efforts with those efforts of the existing incident command structure and other supporting agencies/entities.

5.3.2 Incident Commander

HCPH response activities are managed by a single individual, who serves in the command function of the response organization. The position title is different depending on whether HCPH is leading incident response or providing incident support. When leading the incident, HCPH uses the ICS title Incident Commander(IC). The IC role may be filled by any Health Commissioner or his/her designee.

5.3.3 Authorities for Response

The BOH gives approval to the Health Commissioner or his/her designee/IC for basic authorities that define essential authorities (See ***Appendix 3_Resolution 2017-131_Administration and Fiscal Management***). These authorities are listed below:

- Issue public health orders designed to protect the health of the public during either an emergency event, communicable disease outbreak and/or in response to a specific individual infected with a communicable disease;
- Quarantine and isolate individuals in order to control communicable disease in the health district;
- Act under the direction of the Ohio Department of Health in matters of disease control and mutual aid agreements;
- Make public health decisions in emergency situations or under incident command;
- Release public health information to the media;
- The IC may utilize and execute any approved component (i.e., attachment, appendix or annex) of the ERP;
- IC may direct all resources identified within any component of the ERP in accordance with agency policies;
- IC may set response objectives and develop/approve an incident action plan (IAP), as applicable, in accordance with overall priorities established by the agency;
- IC may engage the minimum requirements for staffing as outlined in the activation levels of the plan;
- IC may authorize exempt staff to work a schedule other than their normal schedule, as needed;
- IC may determine the necessity to schedule overtime and the amount required thereof including compensation;
- IC may authorize incident-related, in-state travel for response personnel;
- IC may approve incident expenditures.
- IC may expend general fund monies outside of the approved budget to meet the requirements of the **Annex C_COOP Plan**;
- IC may expend general fund monies outside of the approved budget to meet the operating requirements of the District in a declared emergency before a Board meeting can be organized or a quorum is available.

5.3.4 Incidents with HCPH as the Lead Agency

This plan is developed with the intent to provide a framework for identifying, responding to, and commanding an emergency response. In order to fulfill the actions the Health Department will take, general roles and responsibilities have been set and will be met to the best of staff abilities. The objectives listed here are not intended to be exhaustive or definitive for all disaster situations.

The following are general roles and responsibilities of the HCPH in a response:

1. Gather all known data on the nature of the disaster and evaluate the threat to public health. Determine the most appropriate actions to best protect and assist the public. (The accuracy and speed in making public health statements is crucial in minimizing the adverse results of an emergency). Identify and request additional resources as needed.
2. Provide the public with health precaution and information (disease and/or injury prevention) through the news media, health partners, website, hotline, etc. through the PIO or JIC.
3. If evacuation centers/ and or shelters are opened, inspect for food safety, safe water supply, sewage and refuse disposal, ensure rodent and vector controls are maintained, and minimize the spread of any communicable disease to the extent possible. Environmental and Nursing Divisions will coordinate these functions.
4. Safe food, water, sewage and refuse disposal, rodent and vector control, as well as the control of communicable diseases must be evaluated. Assist the public with recovery and provide health precaution information and measures following an incident.

5.3.5 Incidents with HCPH Integrated into an ICS Structure Led by Another

For incidents in which HCPH is integrated into an existing ICS structure led by another agency, HCPH may provide personnel and resources to support that agency's response. HCPH staff may be assigned to assist another local agency under the direction of a local incident management system or may be assigned to various roles or tasks within the incident command system. Assigned HCPH staff may serve in any ICS role, except for Incident Commander.

While deployed to the incident, these integrated staff and resources report to the Incident Commander. The Health Commissioner may, at any time, recall such integrated staff or resources.

If such support is needed, HCPH will determine the appropriate activation level and the Health Commissioner or his/her designee will lead the integration activities. In such responses, the Finance and Planning Support Section Chiefs will track engagement of HCPH staff and resources and ensure that parameters for their utilization are communicated to both the integrated staff and the receiving Incident Commander.

Integrated staff must refuse any directive from the IC that contradicts the parameters established for their utilization and notify the Health Commissioner of any attempt to circumvent the established parameters, as well as of any unapproved use of HCPH resources. The Health Commissioner will then work with the incident's IC to determine an appropriate resolution.

5.3.6 Incidents with HCPH in a Supporting Role

For incidents in which HCPH is a support agency, the IC is supplied by another agency. For these incidents, the Health Commissioner or his/her designee coordinates the agency's support of the incident. Support activities include the following:

- Support incident management policies and priorities through the provision of guidance or resources;
- Inform resource allocation decisions using incident management priorities;
- Coordinate incident-related information;
- Provide incident management direction as directed by the Health Commissioner.

If the Local EOC is activated, the Health Commissioner will coordinate all agency actions that support any ESFs in which HCPH has a role.

5.3.7 Legal Counsel Engagement

During any activation of the emergency response plan, HCPH would have a limited level of engagement with legal counsel. HCPH is not required to be engaged with legal counsel for any process but may engagement in the following:

- Isolation and quarantine,
- Drafting of initial public health orders,
- Any topic that requires engagement of local legal counsel,
- Protected health information,
- Interpretation of rules, statutes, codes and agreements,
- Anything else for which legal counsel is normally sought.

The Health Commissioner must grant approval to engage legal counsel; the IC, his/her designee or any appointed program staff may reach out to legal Counsel. Contact information for legal counsel can be found in ***Appendix 4_External Point of Contacts HAN Tabs***.

5.3.8 Incident Action Planning/Support Planning

Every Incident Action Plan (IAP) or Support Plan (SP) addresses four basic questions:

1. What do we need to do?
2. Who is responsible for doing it?
3. How do we communicate with each other?
4. What is the procedure if someone is injured?

Development of objectives is part of the planning cycle. The initial objective-setting process is dynamic and deliberate. As the process goes through a few cycles, it becomes a more open style that addresses all stakeholders concerns. The planning cycle has a four-step pattern that is repeated during each operational period and includes developing the following:

- **STEP ONE (1)**
  - Constraints - Understanding the boundaries and setting limits on the response;
- **STEP TWO (2)**
  - Objectives - Identifying what to accomplish;
- **STEP THREE (3)**
  - Strategy - Deciding on a methodology for accomplishing critical tasks;
- **STEP FOUR (4)**
  - Tactics - Providing tasking and making assignments for the next operational period.

The four-step pattern emerges quickly as command self-imposes boundaries and limits on response actions (Step 1) and directs people to take certain actions (Step 2) in a specific way (Step 3) in a specific time period (Step 4). To ensure that

the established objectives are appropriate, incident needs must inform the established objectives and their completion timeframes, rather than internal, agency resources. The first sequence of efforts by responders results in some impact. Based on the feedback, additional objectives are set to continue to mitigate the incident. This cycle happens naturally and repetitively from the initial response actions to the end of the response. However, it works more efficiently if it is part of a pre-incident preparedness planning and exercise program. Initially, the cycle is short and rapid and lengthens as the response grows allowing more time for incident action planning. Command communicates the objectives to a large response organization through Incident Action Plans (IAP), Support Plans (SP) and briefings.

Objectives should follow the SMART model:

- **S**pecific – Provide a precise, unambiguous description of what must be done.
- **M**easurable – Ensure that progress toward and achievement of the objective are determinable.
- **A**ction oriented – Use action verbs to describe the expected accomplishment.
- **R**ealistic – Ensure it is achievable with the resources that the agency (and assisting agencies) can allocate to the incident, even though it may take several operational periods to accomplish.
- **T**ime sensitive – Specify the time within which it must be accomplished.

Any time HCPH is actively engaged in an emergency response, whether leading response or supporting response, objectives will be documented and tracked, initially through the ICS 201 form, then through subsequent operational periods by utilizing IAPs/SPs. Requests will come in through Emergency Response Staff and/or partners at the EOC. These requests will be documented, tracked and as needed, objectives will be revised to reflect current incident needs and the response situation in a spreadsheet maintained by response staff in the Planning Section or Planning Support Section.

For the documents included in an IAP, see **Attachment III - Incident Action Plan Template.**

5.3.9 Access and Functional Needs

HCPH coordinates response actions with the Public Information Officer (PIO)/Emergency Planner to ensure that access and functional needs are addressed before, during and after response. The support available through HCPH includes the following:

- Identify access and functional needs in the impact area;
- Review of incident details to ensure access and functional needs have been accounted for;
- Outreach to partner organizations that serve access and functional needs;
- Assistance with development of the IAP/SP, to include points of contact for individuals and organizations who serve individuals with access and functional needs;
- Provision of just-in-time training to response personnel regarding serving individuals with access and functional needs.

HCPH has access to translation and interpretation services through a contract established by the Administrative Services Division. HCPH engages other internal programs that serve individuals with access and functional needs. These include the following:

- Maternal and Child Health (Car seats, Baby Sleep Safe, Community Health Worker)
- HIV/STD (Individuals with chronic illness)
- Injury Prevention (Individuals with a drug addiction)

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

- Hospitals
  - Fisher-Titus Medical Center
  - Mercy Willard Hospital
  - The Bellevue Hospital
- Ambulatory Transportation
- Huron County Jail
- Huron County Job & Family Services
- Huron County Adult Probation Court
- Huron County Juvenile Probation Court
- Huron County Board of Mental Health & Addiction Services
- Huron County Services for Aging
- Huron County Schools
- Huron County Board of Developmental Disabilities
- Huron County Emergency Management Agency (EMA)
- Veterans Services
- End of Life Care
- Home Health Companies
- Long-term Care and Nursing Homes
- Dialysis Centers
- Firelands Counseling and Recovery

5.3.10 Demobilization

Demobilization planning establishes the process by which resources and functions are released from the incident. Planning for demobilization begins as soon as the incident begins and is informed by the targeted end state, which is the response goal that defines when the incident response may conclude and recovery may begin.

In every incident, a Demobilization Plan will be developed. This plan will include incident-specific demobilization procedures, priority resources for release, and the section responsible for down-sizing the incident. Demobilization is led by the Emergency Planner, which has three primary functions:

1. Develop the Incident Demobilization Plan;
2. Assure completion of demobilization checkout forms by personnel and inspection of equipment as they are released from the incident;
3. Initiate data collection for the after-action process.

5.3.11 After Action Report/Improvement Plan(s)

An After Action Report/Improvement Plan (AAR/IP) must be produced whenever the ERP is activated. Completion of an AAR/IP will allow the agency to review actions taken, identify equipment shortcomings, improve operational readiness, highlight strengths/initiatives, and support stronger response to future incidents. See **Attachment IV _Development of an After Action Report/Improvement Plan (AAR/IP) and Completion of Corrective Actions**.

5.3.12 Integration with State, Regional and Local Emergency Operations Plan

This ERP represents HCPH planning and responses to public health emergencies. It outlines the internal operations that HCPH will follow to support other local responses. Emergencies occurring in HCPH's area of service are primarily a local response. Thus, HCPH is included in the Huron County EOP under ESF 8: Public Health and Medical. HCPH's ERP has also been approved and accepted by Huron County EMA. Additionally, HCPH is a member of the Local Emergency Planning Committee (LEPC), as well as the All Health Hazards Planning Committee, and the local interagency meetings. These are local emergency planning committees that regularly to plan for emergencies within Huron County.

At the regional level, HCPH interfaces with the Northwest Ohio (NWO) Emergency Planners, which is a collection of public health agencies in Northwest Ohio. The plans produced by NWO Planners are designed to work in concert with the plans of the member organizations and to define how the agencies collaborate during responses that affect one or more of their jurisdictions.

If and when an emergency spans other jurisdictions and increases in type (Incident Complexity Types, See **Annex A: ICS**), HCPH will work with other agencies, including those at the State and Federal levels. HCPH will operate in accordance with the following:

- State of Ohio Emergency Operations Plan

5.3.13 Situation Reports

In general, situation reports (SITREPs) will be produced regardless of activation level, however the extent of content will vary depending on the operational complexity, scale, and length of the response. For response operations that require lower numbers of resources (both staff and materials), a short yet concise SITREP will be produced. For a larger scale responses, the SITREP may include more defined response information as it relates to goals and objectives, communications, staffing, schedules, and background information. In addition to these core SITREP informational elements, incident specific information will be added based on the informational needs of the incident response.

SITREPs will be sent electronically to HCPH Management for their situational awareness. In addition, SITREPs will be sent electronically to all Emergency Response Staff. At the discretion of the HCPH IC, any SITREP may be forwarded electronically to the HC EMA, Hospitals, Regional LHDs, or other federal, state or local partners for their situational awareness and to foster a common operating picture. Additional SITREP recipients will be identified on a per-incident basis, based upon their informational needs and to maintain effective and efficient response coordination among partner responding agencies. These additional recipients will be added by the staff responsible for disseminating the SITREPs, through discussion with Public Information, the IC and Emergency Response Staff.

SITREPs frequency is detailed in the figure below.

Figure 9: SITREP Frequency

ACTIVATION LEVEL	SITREP FREQUENCY
Assessment & Monitoring	At least daily
Partial Activation	At least at the beginning and end of each operational period
Full Activation	At least at the beginning, the middle, and the end of each staff shift or operational period, whichever is more frequent

See **Attachment V_ Situation Report Template** for a situation report template.

5.3.14 Operational Schedule

Management Team will maintain staff scheduling and communicate the schedule to assigned staff via email or by hard copy. The operational schedule will detail essential command staff meetings, established reporting timelines and other necessary coordination requirements. The operational schedule for each operational period will be created by the Emergency Planner using **Attachment VI_Operational Schedule Template** and distributed both electronically and in print to all response staff at the beginning of their shift.

Upon shift change, staff will be provided a shift change form utilizing **Attachment VII_Shift Change Briefing Template.** The Emergency Planner will also conduct a shift briefing with all incoming staff.

5.4 Information Collection, Analysis and Dissemination

5.4.1 Information Tracking

HCPH will track all agency objectives electronically and in paper form to ensure that they remain on track for completion. Information may be tracked via a spreadsheet or through appropriate ICS forms or other means of documentation. At the individual level, all response staff will maintain an Activity Log, using ICS form 214. These logs will be turned in at the end of the shift and filed.

To aide in centralized communication, HCPH maintains a dedicated network server for all response personnel to store incident-related documentation. Further, information will be compiled and analyzed in a spreadsheet format, including a timeline of events, a directory of involved personnel, and any other data that might be pertinent to response within the network server folder.

Any incidents that are off-track will immediately be identified to the IC via phone or face-to-face discussion; accompanying documentation will also be provided, as necessary. Information necessary for urgent tactical decisions will be reported to the supervisors of impacted response areas either electronically or by briefing, whichever is most appropriate. Information required to maintain a common operating picture will be reported via situation reports to the recipients of those reports at the times and disbursement schedules established.

5.4.2 Essential Elements of Information

Essential Elements of Information (EEIs) address situational awareness information that is critical to the command and control decisions. EEIs will be defined and addressed as soon at the response begins, using ***Appendix 5_EEI Requirements***.

HCPH will include a list of the current EEIs with the completed ICS 201 form and with each IAP. This list will be reviewed during IAP development and refined/expanded for each operational period. At a minimum, the IC, PIO, Emergency Planner and Operations lead will contribute to this process.

To identify sources of information for EEIs, consult ***Appendix 4_External Point of Contact HAN Tabs*** and ***Appendix 6 _Internal HCPH Program Points of Contact***.

5.4.3 Information Sharing

This procedure defines the coordination between HCPH and the HC EOC when activated. To ensure that HCPH maintains a common operating picture across all the locations response personnel are engaged, HCPH will respond in the following way:

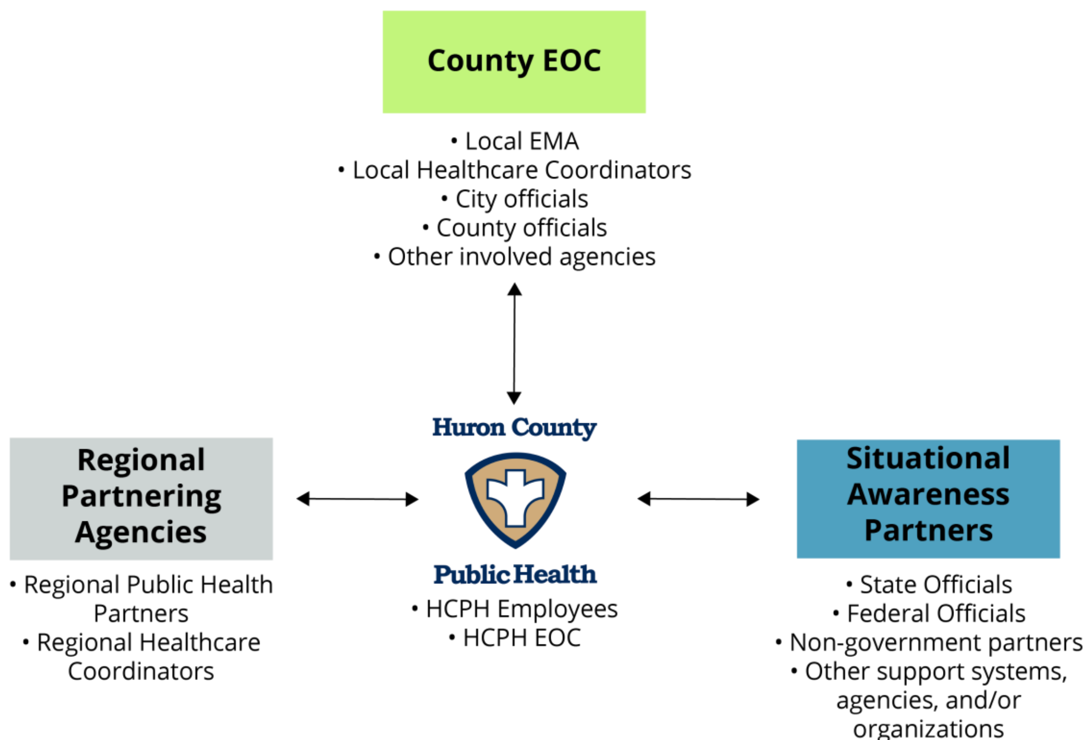
- When activated, the HC EOC holds briefings every four (4) hours. The Health Commissioner or his/her designee will provide a report to the HC EOC every four hours, at least one (1) hour before the scheduled briefings. If this schedule is revised, HCPH will update the frequency of information exchange, continuing to provide a report one (1) hour before scheduled briefings.
- The Health Commissioner will interface directly with at least two POC types at the HC EOC:
    - HC EMA
        - Provide incident overview information and to provide situational updates;
    - Partner agency leads
        - Provide updates on missions and requested information.
- The Health Commissioner will provide updates, through a face-to-face briefing, and/or by sharing the developed SITREPs in hard copy or electronic form through email.

6.0 COMMUNICATIONS

As the county's lead health agency, HCPH is responsible for maintaining communication with local, regional, state, federal, private and non-profit partners during an incident requiring activation of this plan.

The **Annex B_Communication Plan** operates in concert with the ongoing response activities in order to ensure accurate and efficient communication with internal and external partners. When engaged in a response, HCPH will ensure the dissemination of information and maintain communication with the following entities to ensure continuity of response operations:

Figure 10: Dissemination of Information Flowchart



In an event, communication between the above personnel and groups will be accomplished through a combination of communications systems and devices currently used on a day-to-day basis. These include:

- phone lines
- cellular phones and smart phones
- email
- fax machines
- Web-based applications, including the Operational Public Health Communication System (OPHCS).

There are four (4) alert levels employed by HCPH during emergencies; these designations will be included in the message subject line:

- **Immediate**, which requires a response within one (1) hour of receipt of the message;
- **Urgent**, which requires a response within two (2) hours of receipt of receipt of the message;
- **Important**, which requires a response within four (4) hoursof receipt of the message; or
- **Standard**, which requires a response within eight (8) hours of receipt of the message.

Notifications and alerts will be drafted with input from applicable SMEs in coordination with public information staff engaged in the incident. In addition to the content itself, the developing group will assign the appropriate alert level to the message. Incident staff who receive alerts will be expected to take the prescribed actions within the timeframe prescribed.

When notifications or alerts must be sent, HCPH utilizes OPHCS and/or email. OPHCS is a reliable and secure web-based messaging and alerting system used to communicate incident information to relevant groups via email, fax, phone, pagers and other messaging modalities to support notifications on a 24/7/365 basis. This system is used by HCPH, local health departments, hospitals, and other partners, but is not available to the general public. OPHCS operates under two messaging levels, these levels include:

- Messages
- Alerts

OPHCS communications sent as messages do not receive priority, whereas, communications sent categorized as alerts are prioritized over messages that may be in queue for dissemination. These communication levels may be designated when drafting a communication within OPHCS.

In the event that HCPH communication resources become overburdened or destroyed, redundant or back-up communication equipment include:

- Portable, high frequency radios
- Multi-Agency Radio Communications (MARCS) radios
    - HCPH maintains MARCS radios. HCPH radio base is located in the Environmental Division. A secondary hand-held MARCS radio is located in the office of Community Health Division. HCPH participates in random radio checks performed by ODH during normal business hours once per month. MARCS radios are maintained and managed by the MARCS Communication Coordinator.

For a list partner point of contacts, please refer to ***Appendix 4_External Point of Contact HAN Tabs*.**

HCPH communicates EEIs and other tactical information through the messaging of information to response staff to ensure responders are well informed on the response operation. Key messages must include:

- Summary of the incident
- Summary of current operations
- Response Lead
- Objectives to be completed by the agency
- Planned public information activities
- Other engaged agencies

6.1 Public Communications

HCPH maintains a Public Information Officer (PIO) to plan and review public communications and messaging activities are outlined in the **Annex B_Communication Plan**. This plan will be active during all response activities of HCPH and describes protocols by which Public Information will interface with the HCPH response organization.

7.0 ADMINISTRATION AND FINANCE

7.1 General

Focused, deliberate and conscientious administrative efforts, record-keeping and accounting are vital to ensuring a successful response, demobilization and recovery activities. During an incident it becomes everyone's responsibility for proper documentation and recordkeeping. Collaboration vertically and horizontally between sections is key.

- In an HCPH-led ICS response, finance and administration duties may be delegated by the IC to the Finance and Administration Section (FAS) Chief.
- When HCPH is engaged in coordination, these duties may be delegated by the IC to the Finance and Administrative Support Section (FASS) Chief.

7.2 Cost Recovery

Cost recovery for an incident includes all costs reasonably incurred by HCPH staff/personnel, including overtime costs for appropriately deployed emergency response personnel, supplies, expendable items and equipment. The cost recovery process begins in the initial incident operational period and continues through the end of demobilization activities.

Examples of cost recovery to be considered for incident are the following:

- Staffing/Labor: Actual wages and benefits and wages for overtime.
- Vehicles/Equipment: For ownership and operation of equipment, including depreciation, overhead, all maintenance, field repairs, fuel, lubricants, tires, and other costs incidental to operation. Standby vehicle/equipment costs may not be eligible. The equipment normally should be performing eligible work in order to be eligible for reimbursement.
- Mileage**:** Mileage may be applicable during the incident for the vehicles directly involved with the incident resolution.
- Supplies**:** These may include items that are used exclusively for incidents that cannot or should not be reused. Some examples would be syringes, personal protective equipment, gloves, pH paper, and chemical classifiers.
- Operational charges: Operational charges are costs to support the response. Some examples would be fuel, water, food.
- Equipment replacement: This includes material used during normal operations that must be replaced due to contamination or breakage during the incident response.

7.3 Legal Support

If necessary, HCPH will work with legal counsel to identify the legal boundaries and/or the ramifications of potential response actions in an effort to avert unintended liability.

7.4 Incident Documentation

Documentation is critical to response, review and recovery activities. Documentation supports (a) cost recovery, (b) resolution of legal matters, (c) evaluation of incident strategies, both during the incident and afterwards, (d) development of the IAPs/SPs, and (e) development of the AAR/IP. All forms completed or prepared for response will be collected at the end of each operational period. Staff will be required to turn in all required documentation before the end of their shifts.

Cost-recovery Documentation is vital to all cost recovery, administration actions regarding personnel, payroll, benefits, financial and procurement record keeping. The Finance/Administration Section/Finance and Administration Support Section will use activity/incident logs/forms or chronology as the tracking mechanisms for determining resources expended and initiating any follow on/additional documentation (e.g., receipts, injury reports, accidents investigations).

Documentation procedures are further detailed in **Attachment VIII_Incident Documentation Guide.**

7.5 Expedited Administrative and Financial Actions

Expedited actions can occur in the forms of approvals for personnel actions and procurement of resources. All expedited actions will be initially approved by the Finance and Administration Section (FAS)Chief/Finance and Administration Support Section (FASS) Chief and provided to the IC for approval. Any approvals beyond the basic authority of the IC must engage the process detailed below.

- Expedited Personnel and Staffing Actions
    - All requests for expedited personnel actions, e.g. personnel staffing increases or overtime approval, require consultation with the Health Commissioner/IC or his/her designee.
- Expedited Financial Actions
    - All expedited financial actions will be coordinated by the FAS/FASS Chief in consultation with the Health Commissioner.
    - No funding will be obligated or committed without the consent of the IC.
- Expedited Procurement Actions
    - HPCH will follow ***Appendix 3_Resolution 2017-131_Administration and Fiscal Management*** outlining the Health Commissioners authority to expend funds during an emergency.

All expedited actions will be briefed during the incident operational briefings and also during shift change briefs. These actions will be tracked in the operational activity log ICS 214 form and chronology of events document and reviewed with the FAS/FASS Chief as needed. All necessary agency forms will also be completed, in addition to the incident forms. Any delays in expedited actions will be immediately reported to the IC or Management Team.

8.0 LOGISTICS AND RESOURCE MANAGEMENT

8.1 General

HCPH has a limited amount of material and personnel staffing resources available for incident response, and shortfalls are most likely in these commodities. The following six (6) levels of sourcing have been identified to fill potential resource shortfalls and minimize any time delays in acquiring the asset:

- **Source 1:** HPCH internal human resource/personnel and inventory management systems. All resources will be queried internally prior to engaging local partners or stakeholders. When HCPH requires resources that are not on-hand or have been exhausted, the agency will engage local agency partners for resources.
- **Source 2:** Local agency resources. When HCPH resource avenues have been exhausted, the acting Logistics/Resources Support Section Chief will work through the HC EMA to engage Local Partners to secure a resource. HC EMA may choose to activate the HC EOC to identify and secure a resource.
- **Source 3:** Emergency Purchasing and Contracts. Special provisions have been described in the BOH approved ***Appendix 3_Resolution 2017-131_Administration and Fiscal Management*** that detail how emergency procurement and contracts can be executed.
- **Source 5:** Emergency Management Assistance Compact (EMAC).When a resource for HCPH use is not available, the Logistics/Resources Support Section Chief will work through the HC EOC to request state resources using the EMAC Process.

8.2 HCPH Resources

HCPH has identified the main three resource priorities for fill during an incident:

- Personnel;
- Material/supplies; and
- Finances.

8.2.1 Personnel Resources

The IC will work with HCPH Management Team to fill the shortfalls. If there are insufficient HCPH personnel staffing assets available internally, HCPH will request resources from local, regional, or state partner agencies and volunteer organizations.

8.2.2 Material Resources

In an effort to fulfill material resource gaps the acting Logistics Section/Logistics and Communications Support Section Chief will research for the asset internally within each HCPH Division using one of HCPH's current inventory systems, i.e., WASP, the Inventory Management and Tracking System (IMATS), and spreadsheets for the required asset or resource. If the resource is found, an ICS Form 213 will be completed and provided to the division director responsible for that resource. The Logistics and Finance Unit will be provided copies of the transaction for internal tracking purposes. If available, the resource will then be released and assigned to an HCPH staff member for the duration of the incident. Request for medical countermeasures will follow the procedures set forth in **Annex J – Medical Countermeasures Dispensing And Distribution Plan.**

8.2.3 Finances

A threshold for incident-related spending will be set based on the time of year and current status of budget. Carryover ($200,000) must be available for activation of emergency response. These funds will be prioritized for procurement of inventory to re-establish normal operations and for normal payroll functions. Expense tracking spreadsheet(s) will be used to stay on budget. Once expenditures are depleted, HPCH operations will cease until funding is available.

8.3 Management and Accountability of Resources

The Logistics/Resources Support Section Chief will manage all internal and external resources and will log the following minimum information for all HCPH material assets involved in response activities:

- Asset tag number
- Serial number and model
- Equipment custodian name
- Description of asset/nomenclature
- Asset storage location
- Asset assigned location

8.3.1 Management of HCPH Internal Resources

The management of HCPH internal resources and assets used in support of an incident will be in compliance with HCPH Procurement Policy. Assets and resources used to assist in the response will be tracked using ICS forms or spreadsheets.

8.3.2 Management of External Resources

Upon receipt of an external resource, the HCPH IC in collaboration with the Logistics and Finance unit will accept responsibility of the asset by entering in relevant information into the tracking system designated. For equipment, supplies or MCMs received by HCPH, WASP Asset System, IMATS or spreadsheets will be used in providing receipt documentation and asset visibility.

The system(s) used will track the asset through its demobilization and transfer back to its owning organization. An equipment custodian will be assigned to each external asset received. These assets will be managed in accordance with any instructions or agreements communicated by the owning organization.

8.3.3 Responsibilities and Systems in Place for Managing Resources

Each HPCH Division Director is responsible for managing the internal resources that belong to their division. When a HCPH asset or resource is requested for internal or external use during a response, the responsibility for that resource will be transferred to the logistics unit, using the determined inventory system and asset/resource transfer and receipt documentation. It is then the responsibility of the logistics unit to account for/track the resource, its use, sustainment and demobilization.

- When an individual HCPH employee responds or deploys to an incident with a HCPH asset, that employee assumes responsibility for the asset throughout the response and demobilization phases.
- During a response, an update of all resources deployed from HCPH (internal and external) will be compiled at the beginning of and end of each operational period for the HCPH IC or his/her designee throughout the response and demobilization phases.

- The following Incident Command System (ICS) forms will be used to assist in resource accountability tracking and post incident cost recovery:

Figure 11: ICS Forms

ICS Form Number	ICS Form Title	ICS Form Purpose
ICS 204	Assignment List	Block #5. Identifies resources assigned during operational period assignment.
ICS 211	Check In List (Personnel)	Records arrival times of personnel and equipment at incident site and other subsequent locations.
ICS 213 RR Adapted ODH	Resource Request	Is used to order resources and track resources status.
ICS 215	Operational Planning Worksheet	Communicates resource assignments and needs for the next operational period.
ICS 219	Resource Status Card (T-Card)	Visual Display of the status and location of resources assigned to the incident
ICS 221	Demobilization Check Out	Provides information on resources released from an incident.

8.4 Demobilization of Resources

Once the response has been scaled down, any remaining assets or equipment used during the incident will be returned to their place of origin. Upon demobilization and recovery of the HCPH asset or resource used in an incident, a full accountability of equipment returning to HCPH will be done in collaboration with the Logistics unit, and the IC. The asset will be inventoried and matched against the asset tag and serial number, then inspected for damage, serviceability and cleanliness. If all equipment serviceability and cleanliness requirements are met, the assets or resource will be transferred to the appropriate division of origin and returned to normal service. This can be done using the ICS Form 221 Demobilization Check out form.

- If the equipment deployed is lost, damaged or does not meet serviceability requirements, the IC or his/her designee will collaborate with the Logistics and Finance Units to determine next steps in the reconditioning of the asset, salvage or the purchase of a replacement item. The costs for reconditioning and or replacement of the item will be included in the post-incident cost recovery process.

8.5 Assistance Compacts

8.5.1 Intrastate Mutual Aid Compact (IMAC)

The purpose of IMAC is to establish an agreement, through legislation, for providing governmental services and resources across local boundaries in response to and recovery from any disaster resulting in a formal declaration of emergency.

IMAC supports local public health response through determining the availability of the resources being requested and by coordinating the offer if applicable.

8.5.2 IMAC Request Process

IMAC request process for local public health:

- The HCPH Health Commissioner or his/her designee will notify the HC EMA Director that agency resources have been depleted and assistance is requested. All local resource requests will be developed by the HCPH Planning or Logistics Support Section Chief, and provided to HC EMA after Health Commissioner's approval.

- The HC EMA Director will verify needed assistance (personnel, equipment, commodities, etc.) and approve.
- The HC EMA Director will notify Ohio EMA Watch Office that mutual aid may soon be requested through IMAC.

8.5.3 Emergency Management Assistance Compact (EMAC)

Per Ohio Revised Code (ORC) 5502.4, the purpose of this compact is to provide for mutual assistance between the states entering into this compact in managing any emergency or disaster that is duly declared by the governor of the affected state(s), whether arising from natural disaster, technological hazard, man-made disaster, civil emergency aspects of resources shortages, community disorders, insurgency, or enemy attack.

1) This compact shall also provide for mutual cooperation in emergency-related exercises, testing, or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by party states or subdivisions of party states during emergencies, such actions occurring outside actual declared emergency periods.
2) HCPH will contact HC EMA when HCPH resources have been depleted. If resources at the local level are depleted, HC EMA will contact Ohio EMA for assistance. If determined by Ohio EMA to be the best course of action, the EMAC process may be used to support public health and medical response at either a State or local jurisdiction level.

8.5.4 EMAC Request Process

The process for requesting resources through EMAC are detailed below:

1. HCPH Health Commissioner or his/her designee will request resources from HC EMA when HCPH resources have been depleted. All local resource requests will be developed by the HCPH Planning or Logistics Support Section Chief, and provided to HC EMA after Health Commissioner's approval. If resources at the local level are depleted, HC EMA will contact Ohio EMA for assistance.
2. The request for EMAC resources is an executive level decision at the state level. All EMAC requests will follow Ohio EMA instructions and procedures.

8.6 Memorandums of Understanding, Mutual Aid Agreements and Other Agreements

Memoranda of Understanding (MOUs) and Mutual Aid Agreements (MAAs) are similar in that they are both designed to improve interagency or interjurisdictional assistance and coordination. MOUs are agreements between agencies, which may or may not be contractual. MAAs define how agencies will support one another and define the terms of that support (responsibility to pay staff, liability etc.). MOUs/MAAs are established between emergency response agencies to identify their agreements to collaborate, communicate, respond and support one another during a disaster or other public health emergency. Understandings regarding the incident command structure, patient and resource management, processes and policies in place for requesting and sharing of staff, equipment and consumable resources, as well as payment, are generally addressed in an MOU/MAA. These agreements expand the capacity of HCPH by allowing the agency access to resources held by the organizations with which agreements have been executed. Both types of agreements must be processed through and approved by the Health Commissioner and BOH.

Established HCPH MOUs and MAAs are retained by the Emergency Planner on the agency server. HCPH and the agreeing party retain the compilation of original/official agreements. Additionally, HCPH Department of Administrative Services also retains copies that have financial commitments.

Upon an incident response, it is incumbent upon the Logistics/Resources Support Section Chief to inquire with the appropriate leadership and IC to determine whether any MOUs and MAAs are applicable to the response activities. If an MOU or MAA is determined to be needed during an incident, the IC and appropriate Division Director will collaborate on execution of the MOU/MAA.

9.0 STAFFING

9.1 General

All HCPH employees are designated as public health responders and can be called upon to fulfill response functions during an incident. The role assigned to any HCPH employee in an incident is dependent upon the nature of the incident and the availability of staff to respond. With approval by HCPH Health Commissioner or his/her designee, staff may be asked to work outside of business hours or for periods of time longer than a standard work day. Staff rosters are maintained by each Division Director and Division of Administrative Services.

9.2 Staffing Activation Levels

Staffing levels will be determined in accordance with the activation level. Just as the activation level could change, staffing levels will remain flexible throughout the incident and adjusted as needed. Staffing levels will be evaluated in development of the IAP/SP and updated for each operational period.

HCPH will utilize the **Annex C_COOP Plan** to inform staff how they will be reallocated from their day-to-day activities to incident response. This will be done as needed, as ERP activation does not automatically activate the **Annex C_COOP Plan**.

9.3 Staffing Pools

HCPH Divisions will be tapped to provide staffing for incidents that can be effectively supported by their staff. The Health Commissioner or his/her designee has the capability to identify specially qualified personnel as needed. The following HCPH staffing pools are identified for fulfilling staffing requirements:

1. The IC role may be filled by the Health Commissioner or his/her designee;
2. The Emergency Preparedness staff comprises the primary SMEs for each of HCPH's response areas; members of this group are eligible to serve key leadership roles during incident response;
3. Program personnel will fulfill specific roles that are defined in functional or incident-specific annexes included in this plan;
4. Qualified program staff from involved divisions are eligible to fill remaining response positions after the three, previous categories of positions have been filled.

If sufficient staff are not available, HCPH may request other staffing pools, which include the following:

1. Staffing request through local agencies (e.g., hospitals, HC EMA, service agencies, etc.);
2. Contract staff, especially for positions requiring specific skills or licensure;
3. Medical Reserve Corp Volunteers or Spontaneous Volunteers.

9.4 Mobilization Alert and Notifications

The Health Commissioner in conjunction with the PIO will prepare a mobilization message for dissemination to response personnel. This message will be shared with the appropriate Division Directors to be passed to their engaged staff.

Mobilization notifications will always be passed to response personnel by their day-to-day Division Directors (if applicable). Staff notified for mobilization/deployment will follow these instructions:

1. **Where to report**:
   - All personnel alerted for mobilization/deployment for an incident will report to HCPH main location, unless otherwise specified. HCPH main office will be the default location for reporting unless incident demands require somewhere else.
2. **When to report**:
   - Staff alerted will report within the required time established by the IC. The goal for initiating deployment is within 60 minutes of notification; arrival times may vary depending on the distance the staff must travel.
3. **To whom to report**:
   - The staff alerted will report to their Division Director or other appointed ICS Chief, if designated. The actual position will be noted in the mobilization message and based on the activation level and the activation status of the HCPH emergency response. The Division Director or other appointed ICS Chief will review the responsibilities of assigned staff and consult with them to ensure they are able to receive and process responding personnel.
4. **An overview of the incident and their role, including the anticipated length of time they will be engaged**:
   - Staff will receive general information about the response and their anticipated role; adjustments may be made as necessary to support the evolving response needs. Staff will be told about how long they will be engaged with the incident so they can make appropriate adjustments to schedules and hand off critical work.
5. **Anything they need to bring**:
   - All reasonable efforts will be made to inform HCPH employees who will be deployed to another location, on what to prepare for in relation to time expected for deployment and providing the appropriate packing list information. Additionally, if staff does not have state resources needed for response, e.g. a cell phone, these will be provided so that they do not have to use their own resources.

Upon reporting to HCPH main office, the staff will be received, checked in, provided an incident summary, and integrated into their role. At this time, the staff could be deployed to another location in support of the incident response. NO HCPH STAFF MEMBER WILL SELF-DEPLOY TO AN INCIDENT RESPONSE.

10.0 DISASTER DECLARATION

10.1 Non-Declared Disasters

HCPH may respond to an incident as set forth in law and outlined in this plan without a formal declaration of a disaster or a state of emergency with the expectation that local resources will be used and that no reimbursement of costs will be requested. The Director or his/her designee may redirect and deploy Agency resources and assets as necessary to prepare for, respond to, and recover from an event.

10.2 Declared Disasters

In Ohio, a disaster or emergency may be duly declared by the Governor of this state, the board of county commissioners of any county, the board of township trustees of any township, or the mayor or city manager of any municipal corporation within this state. A disaster may be declared before its actual occurrence, when the threat is imminent. An emergency may be declared whenever the parties listed above determine that an emergency exists.

A declaration of a disaster or emergency by the Governor of Ohio provides the affected jurisdictions access to resources and assistance of state agencies and departments, including the National Guard. A declaration also releases emergency funds. The Governor may declare a disaster without an official local declaration.

10.2.1 Process for Local Request for Declaration of a Disaster Emergency

HCPH's role in the emergency declaration process is to provide subject matter expertise and situational information to the HC Commissioners, appropriate City elected officials and Governor of the State of Ohio. HCPH cannot declare an emergency or disaster; per the ORC, elected official(s) (Township Trustees, the Mayor, and/or the County Commissioners) may request an emergency declaration through the Governor of the State of Ohio. However, HCPH, as a local supporting agency will work with applicable Elected Official(s) or the HCCs to weigh in on the effects of a disaster and its public health implications. The Health Commissioner or his/her designee and/or any designated staff that the Health Commissioner deems necessary to include will act as consultants to the HC Commissioners, or appropriate City elected official and help inform the request for disaster declaration process. As a participant in the request for declaration process, HCPH may consider (a) potential impacts to Huron County residents, (b) lack of necessary resources to address the emergency, or (c) the need to expedite procurement of goods and services.

HCPH will coordinate with other local agencies through the HC EOC to provide subject matter expertise on the request for emergency declaration process.

10.2.2 Presidential Declaration of Disaster or Emergency

A presidential disaster declaration or emergency can be requested by the governor to the U.S. President through FEMA, based on damage assessment, and an agreement to commit State funds and resources through the long-term recovery process.

FEMA will evaluate the request and recommend action to the White House based on the disaster damage assessment, the local community, and the state's ability to recover. The decision process could take a few hours or several weeks, depending on the nature of the disaster.

10.2.3 Secretary of HHS Public Health Emergency Declaration

For a federal Public Health Emergency (PHE) to be declared, the Secretary of the Department of Health and Human Services (HHS) must, under section 319 of the Public Health Service (PHS) Act, determine that either (a) a disease or disorder represents a PHE; or (b) that a PHE, including significant outbreaks of infectious disease or bioterrorist attacks, otherwise exists. The declaration lasts for the duration of the emergency or 90-days but may be extended by the Secretary.

Response support available through the declaration may include (a) issuing grants, (b) entering into contracts,(c) conducting and supporting investigations into the cause, treatment, or prevention of the disease or disorder, and (d) temporary reassignment of state and local personnel. Declaration of a PHE does not require a formal request from state or local authorities.

SECTION III

11.0 PLAN DEVELOPMENT AND MAINTENANCE

11.1 Plan Formatting

All plan components will align with the definitions, organization and formatting described below. Additionally, all plan components will employ both appropriate terminology for access and functional needs and person-first language throughout the ERP, consistent with the standards described in ***Appendix 7_Communicating with and about Individuals with Access and Functional Needs.***

- **Plan**: A collection of related documents used to direct response or activities.
  - Plans may include up to four types of documents, which are the following: Basic Plan, Attachment, Appendix and Annex.
  - When referenced, plans are designated with <u>***bold, italicized and underlined font***</u>.

- **Basic Plan**: The main body of a plan; a basic plan is a primary document and may include attachments, appendices and annexes.

- **Attachment**: A supplementary document that is necessarily attached to a primary document in order to address deficiencies; inclusion of an attachment is necessary for a primary document to be complete.
  - Attachments are included immediately after the primary document that they supplement and are designated by Roman numerals.
  - When referenced, attachments are designated with **bold font**.

- **Appendix**: Any complementary document, usually of an explanatory, statistical or bibliographic nature, added to a primary document but not necessarily essential to its completeness, and thus, distinguished from an attachment; inclusion of an appendix is not necessary for a primary document to be complete.
  - Appendices are included immediately after the attachments of the primary document to which they are added and are designated by numbers.
  - When referenced, appendices are designated with ***bold, italicized font***.

- **Annex**: Something added to a primary document, e.g., an additional plan, procedure or protocol, to expand the functionality of the primary document to which it is attached; It is distinguished from both an attachment and an appendix in that it can be developed independently of the primary document and, thus, is considered an expansion of the primary document and not merely a supplement or a complement.
  - In a plan, annexes guide a specific function or type of response.
  - Annexes are included immediately after the appendices of the primary document to which they are added and are designated by capital letters.
  - When referenced, annexes are designated with <u>**bold, underlined font**</u>.
  - When considered independently from the basic plan, annexes are, themselves, primary documents and may include attachments and appendices, but never their own annexes.
    - Attachments to annexes are designated by Roman numerals preceded by the letter of the annex and a dash, e.g., "A-I."
    - Appendices to annexes are designated by numbers preceded by the letter of the annex and a dash, e.g., "A-1."
  - Though developed independently from the primary document, an annex must be activated as part of the plan and cannot be activated apart from it.

11.2 Review and Development Process

The planning shall be initiated and coordinated by the agency's Emergency Planner. Planning shall address revisions to the ERP Basic Plan, as well as revision or development of any other ERP components. The Emergency Planner will form a collaborative planning team to include the following staff:

- HCPH Management Team;
- HCPH Emergency Preparedness Staff;
- Subject Matter Experts (SME's) from both within HCPH and without;
- Huron County All Health Hazards Committee; and
- Representative of populations with access and functional need (see list in section 5.3.9).

Revisions will be will determined on an annual revision schedule and by identifying gaps and lessons learned through exercise and real-world events, or by the direction of the HCPH Health Commissioner. Production of an after action report (AAR) following the exercise of a plan or annex, will determine the need for the level of revision needed to existing plans, annexes, attachments, and appendices. Applicable findings from AAR/IPs must be reviewed and addressed during review of each plan component.

HCPH planning team will develop an achievable work plan by which content will be developed, vetted and reviewed prior to final submission. The collaborative team will identify the needs for improvement and update the plan component(s). Once the planning team has prepared the plan revisions, the components will be submitted to reviewers prior to being submitted for approval. Any feedback will be incorporated and then the updated document will be presented for approval.

In order to maintain transparency and record of collaboration, HCPH will record planning and collaborating meetings by designating a scribe to record meeting minutes to sustain a record of recommendations from collaborative ERP meetings. These meeting minutes may be accessed by following the below file path: F:\Emergency Plans\HCPH Plans\Emergency Response Plans & Annexes\1 Base Plan\Plan Development\Meeting Minutes

Below are the established plan, annex, attachment and appendix review schedules. The planning team will establish a key activities schedule for the plan they are managing to meet the thresholds identified below. Planning team members will work to ensure that plan components are staggered so that reviews do not become overwhelming.

Figure 12: Review Frequency of the Emergency Response Plan Components

Items	Cycle
Plan	Annual with its Attachments and Appendices
Annex	Annual with its Attachments and Appendices
Attachment	Annual with the plan or annex to which it is attached
Appendix	Rolling, but at least annually; included with the plan or annex with which it is included

Proposed changes to plans in-between the review cycle shall be tabled for further discussion at the review cycle meeting to be presented and approved or rejected by the collaborative team. In the interim, the changes may be used for response if approved by the HCPH Health Commissioner or his/her designee.

11.2.1 Plan Development and Evaluation

These plans were written in coordination with the federal and state target capabilities, the National Incident Management System (NIMS) standards, the National Response Plan, public health infrastructure program standards, and Huron County Emergency Operations Plan, with input from other emergency responders, including the Huron County Emergency Management Agency. The plans will be maintained, updated, reviewed, and corrected by HCPH Emergency Planner with input from the Management Team as noted within each annex. This ERP was initially reviewed by HCPH's Management Team, Huron County EMA, local hospital emergency preparedness staff, Huron County MRC, the District Advisory Council (DAC) Board, and Ohio Department of Health. The ERP is adopted by the Board of Health and has been approved for public review.

The ERP is tested on a regular basis through use during regional and local emergency preparedness exercises and real-life events. After Action Reports (AARs) for both exercises and real-world events are used to review the strengths and weaknesses of response.

All AARs are reviewed with emergency response partners (including representatives from public health, healthcare, emergency management, first responders, mental health, etc.) at the first All Health Hazard's Committee meeting following the completion/submission of the AAR document. This review process helps ensure communication with stakeholders. Improvement Plans are created based on AARs and are used to direct any updates that need to be made to the plan(s). Progress on corrective actions included in the improvement plans are tracked at subsequent All Health Hazards Committee Meetings until all changes included in the plan are implemented by HCPH and applicable partners.

11.3 Review and Adoption of the ERP - Basic Plan and Attachments

- The basic plan and its attachments shall be reviewed by Management Team and approved by the Health Commissioner. Once adopted, the basic plan and its attachments shall be reviewed annually, from the last date the plan was authorized. The purpose of this review will be to consider adoption of proposed changes, i.e., revisions, additions or deletions that were identified during the year. If adopted, the changes will be incorporated, and the basic plan and its attachments will be reauthorized.

- Any staff member may initiate changes to the basic plan and its attachments by submitting the proposed changes to Emergency Preparedness Staff for presentation to the Management Team during the annual review.

- Any substantive changes to the ERP are approved by the Board of Health.

11.4 Review and Adoption of Appendices to the Basic Plan

Because appendices are complementary to the basic plan, they may be approved at any time for inclusion, revision or expansion by the Office of Health Preparedness Chief. Any Emergency Preparedness Staff member may initiate changes to appendices by submitting the proposed changes to the ERP. All appendices should be reviewed by the Emergency Preparedness Supervisor or his/her designee upon inclusion, revision or expansion. If the inclusion, revision or expansion is merely informational, it can be approved by the Emergency Preparedness Supervisor but if policy change is made, at all times, Health Commissioner or his/her designee must approve the appendices.

11.5 Development and Adoption of Annexes and its Attachments

Once adopted, annexes and their attachments shall be reviewed annually. Development and adoption will be facilitated by HCPH and conducted by a review team, which will comprise the following: (a) All HCPH staff members of programs with responsibilities in the annex or attachments, (b) any other subject matter experts designated by the Division Director in group a, and (c) appropriate representatives from outside the agency, including local partners and representatives of individuals with access and functional needs. 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 Emergency Preparedness Staff member may initiate changes to annexes and its attachments by submitting the proposed changes 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 Health Commissioner 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.

11.6 Development and Adoption of Appendices to an Annex

Because appendices to annexes are complementary, they may be approved at any time for inclusion, revision or expansion by the Emergency Preparedness Supervisor or Health Commissioner or his/her designee. Any Emergency Preparedness Staff member may initiate changes to an appendix to an annex by submitting the proposed changes. All appendices should be reviewed by the review team upon inclusion, revision or expansion, but it is not necessary, at any time, for those reviewers to approve appendices before they are added to an annex.

11.7 Version Numbering and Dating

Version history for the ERP and all of its annexes are tracked under one numbering system as follows: #.#. The first digit represents the overarching version, which accounts for the organization, structure and concepts of the ERP. The second digit represents revisions of or expansions of other components of the plan. Substantial changes to the plan, e.g. the organization, structure or concepts, require the adoption of a new version of the ERP. Changes to other components are tracked within the currently adopted version of the ERP.

The ERP is also tracked by the last date reviewed and the last date revised. If a review does not necessitate any revisions, only the date of review has to be updated. Likewise, each attachment, appendix, and annex is tracked by the last date revised. Primary documents and their attachments will always share the same review date, since they must be reviewed together. By contrast, the revision dates for appendices may differ from those of the primary documents they complement, as they can be approved at any time.

11.8 Plan Formatting

For plan formatting, see ***Appendix 8_HCPH Plan Style Guide***.

11.9 Plan Publishing

Emergency response plans will be made available for review by the public on the HCPH agency website (https://www.huroncohealth.com/emergency-preparedness). The Emergency Preparedness Supervisor will be responsible for communicating to the PIO when the emergency response plan has been revised and new version is

available for public publishing. Prior to the web publishing of the revised plan, Emergency Preparedness Staff Members together with the Health Commissioner will determine the attachments, annexes and appendices that will be redacted from the public version of the plan. Once the plan is prepared for public viewing, PIO will publish the ERP online. Public comment to the ERP will be accepted via email and tabled for consideration, in addition to the proposed changes between revision cycles.

12.0 DOCUMENT DEFINITIONS AND ACRONYMS

Definitions and acronyms related to the ODH ERP Base Plan are below:

12.1 Definitions

Agency: An agency is a division of government with a specific function, or a nongovernmental organization (e.g., private contractor, business, etc.) that offers a particular kind of assistance. In ICS, agencies are defined as jurisdictional (having statutory responsibility for incident mitigation) or assisting and/or cooperating (providing resources and/or assistance).

Attachment: A supplementary document that is necessarily attached to a primary document in order to addressdeficiencies; inclusion of an attachment is necessary for a primary document to be complete.

- Attachments are included immediately after the primary document that they supplement and are designated by Roman numerals.
- When referenced, attachments are designated with **bold font**.

Annex: Something added to a primary document (e.g., an additional plan, procedure or protocol) to expand the functionality of the primary document to which it is attached; it is distinguished from both an attachment and an appendix in that it can be developed independently of the primary document and, thus, is considered an expansion of the primary document and not merely a supplement or a complement.

- In a plan, annexes guide a specific function or type of response.
- Annexes are included immediately after the appendices of the primary document to which they are added and are designated by capital letters.
- When referenced, annexes are designated with bold, underlined font.
- When considered independently from the basic plan, annexes are, themselves, primary documents and may include attachments and appendices, but never their own annexes.
  - Attachments to annexes are designated by Roman numerals preceded by the letter of the annex and a dash, e.g., “A-I.”
  - Appendices to annexes are designated by numbers preceded by the letter of the annex and a dash, e.g., “A-1.”
- Though developed independently from the primary document, an annex must be activated as part of the plan and cannot be activated apart from it.

Appendix: Any complementary document, usually of an explanatory, statistical or bibliographic nature, added to a primary document but not necessarily essential to its completeness, and thus, distinguished from an attachment; inclusion of an appendix is not necessary for a primary document to be complete.

- Appendices are included immediately after the attachments of the primary document to which they are added and are designated by numbers.
- When referenced, appendices are designated with ***bold, italicized font.***

Basic Plan: The main body of a plan; a basic plan is a primary document and may include attachments, appendices and annexes.

Check-In: The process whereby resources first report to an incident. Check-in locations include: Incident Command Post, Incident Base, Camps, Staging Areas, Helibases, and Supervisors (for direct line assignments).

Command Staff: The Command Staff consists of the Public Information Officer, Safety Officer, and Liaison Officer. They report directly to the Department Commander. They may have an Assistant or Assistants, as needed.

Coordination: The process of systematically analyzing a situation, developing relevant information, and informing appropriate command authority of viable alternatives for selection of the most effective combination of available resources to meet specific objectives. The coordination process (which can be either intra- or interagency) does not involve dispatch actions. However, personnel responsible for coordination may perform command or dispatch functions within the limits established by specific agency delegations, procedures, legal authority, etc.

Delegation of Authority: A statement provided to the Incident Commander by the Agency Executive delegating authority and assigning responsibility. The Delegation of Authority can include objectives, priorities, expectations, constraints, and other considerations or guidelines as needed. Many agencies require written Delegation of Authority to be given to Incident Coordinator(s) prior to their assuming command on larger incidents.

Disaster: Any imminent threat or actual occurrence of widespread or severe damage to or loss of property, personal hardship or injury, or loss of life that results from any natural phenomenon or act of a human.

Emergency: Any incident, human-caused or natural, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

Emergency Management Assistance Compact (EMAC): The Emergency Management Assistance Compact (EMAC) is the first national disaster-relief compact since the Civil Defense and Disaster Compact of 1950 to be ratified by Congress. Since ratification and signing into law in 1996 (Public Law 104-321), 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands have enacted legislation to become EMAC members. EMAC offers assistance during governor-declared states of emergency through a mutual aid framework that allows states to send personnel and equipment to help disaster relief efforts in other states. EMAC establishes a firm legal foundation for interstate mutual aid deployments. Once the conditions for providing assistance to a requesting state have been set, the terms constitute a legally binding contractual agreement that makes affected states responsible for reimbursement. The EMAC legislation solves the problems of liability and responsibilities of cost and allows for credentials, licenses, and certifications to be honored across state lines.

Emergency Operations Center (EOC): The physical location at which the coordination of information and resources to support domestic incident management activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, and medical services), by jurisdiction (e.g., Federal, State, regional, county, city, tribal), or some combination thereof.

Emergency Operations Plan (EOP): The plan that each jurisdiction has and maintains for responding to appropriate hazards.

Event: A planned, non-emergency activity. ICS can be used as the management system for a wide range of events, e.g., parades, concerts, or sporting events.

Federal: Of or pertaining to the Federal Government of the United States of America.

Finance/Administration Section: The Section responsible for all incident costs and financial considerations. Includes the Time Unit, Procurement Unit, Compensation/Claims Unit, and Cost Unit.

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.

Incident: An occurrence or event, natural or human-caused, which requires emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Commander (IC): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations.

Incident Action Plan (IAP): An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.

Incident Command System (ICS): A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations. Incident Communications Center: The location of the Communications Unit and the Message Center.

Incident Objectives: Statements of guidance and direction necessary for the selection of appropriate strategy(ies), and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow for strategic and tactical alternatives.

Intrastate Mutual Aid Compact (IMAC): The Ohio Intrastate Mutual Aid Compact (IMAC), Ohio Revised Code Section 5502.41, was updated on July 3, 2012. IMAC is mutual aid agreement through which all political subdivisions can request and receive assistance from any other political subdivisions in the state; many of the administrative and legal issues are resolved in advance of an incident. All political subdivisions are automatically part of IMAC. The definition of political subdivision is broad and includes not only counties, municipal corporations, villages and townships, but also port authorities, local health districts, joint fire districts, and state institutions of higher education.

Joint Information Center (JIC): A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media at the scene of the incident. Public information officials from all participating agencies should collocate at the JIC.

Joint Information System (JIS): Integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, timely information during crisis or incident operations. The mission of the JIS is to provide a structure and system for developing and delivering coordinated interagency messages; developing, recommending, and executing public information plans and strategies on behalf of the Incident Commander; advising

the Incident Commander concerning public affairs issues that could affect a response effort; and controlling rumors and Inaccurate information that could undermine public confidence in the emergency response effort.

Jurisdiction: A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., city, county, tribal, State, or Federal boundary lines) or functional (e.g., law enforcement, public health).

Local Government: A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under State law), regional or interstate government entity, or agency or instrumentality of a local government; an Indian tribe or authorized tribal organization, or in Alaska a Native village or Alaska Regional Native Corporation; a rural community, unincorporated town or village, or other public entity.

Logistics Section: The Section responsible for providing facilities, services, and materials for the incident.

Military Installation: A base, camp, post, station, yard, center, or other activity under the jurisdiction of the Secretary of a Military Department or, in the case of an activity in a foreign country, under the operational control of the Secretary of a Military Department or the Secretary of Defense.

Mitigation: The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often formed by lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Measures may include zoning and building codes, floodplain buyouts, and analysis of hazard-related data to determine where it is safe to build or locate temporary facilities. Mitigation can include efforts to educate governments, businesses, and the public on measures they can take to reduce loss and injury.

Mobilization: The process and procedures used by all organizations (Federal, State, and local) for activating, assembling, and transporting all resources that have been requested to respond to or support an incident.

Multiagency Coordination Systems (MACS): Multiagency coordination systems provide the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. The components of multiagency coordination systems include facilities, equipment, emergency operations centers (EOCs), specific multiagency coordination entities, personnel, procedures, and communications. These systems assist agencies and organizations to fully integrate the subsystems of the NIMS.

National Incident Management System (NIMS): A system mandated by HSPD-5 that provides a consistent nationwide approach for Federal, State, local, and tribal governments; the private sector; and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among Federal, State, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. Homeland Security Presidential Directive-5 identifies these as the ICS; multiagency coordination systems; training; identification and management of resources (including systems for classifying types of resources); qualification and certification; and the collection, tracking, and reporting of incident information and incident resources.

Operational Period: The period of time scheduled for execution of a given set of operation actions as specified in the Incident Action Plan. Operational Periods can be of various lengths, although usually not over 24 hours.

Operations Section: The Section responsible for all tactical operations at the incident, includes; Includes Branches, Divisions and/or Groups, Task Forces, Strike Teams, Single Resources, and Staging Areas.

Plan: A collection of related documents used to direct response or activities. Plans may include up to four types of documents, which are the following: Basic Plan, Attachment, Appendix and Annex. When referenced, plans are designated with ***BOLD, ITALICIZED, UNDERLINED FONT.***

Planning Meeting: A meeting held (as needed throughout the duration of an incident), to select specific strategies and tactics for incident control operations, and for service and support planning. On larger incidents, the Planning Meeting is a major element in the development of the Incident Action Plan (IAP).

Planning Section: Responsible for the collection, evaluation, dissemination of information related to the incident, in addition to the preparation and documentation of Incident Action Plans. The Section also maintains information on the current and forecasted situation, and on the status of resources assigned to the incident; which includes the Situation, Resources, Documentation, and Demobilization, as well as Technical Specialists.

Preparedness: The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process. Preparedness involves efforts at all levels of government and between government and private-sector and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources. Within the NIMS, preparedness is operationally focused on establishing guidelines, protocols, and standards for planning, training and exercises, personnel qualification and certification, equipment certification, and publication management.

Prevention: Actions to avoid an incident or to intervene to stop an incident from occurring. Prevention involves actions to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.

Reporting Locations: Location, or facilities, where incoming resources can check-in at the incident. (See Check-In.)

Resources: Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.

Recovery: The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public-assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

Resource Management: Efficient incident management requires a system for identifying available resources at all jurisdictional levels to enable timely and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the NIMS includes mutual-aid agreements; the use of special Federal, State, local, and tribal teams; and resource mobilization protocols.

Response: Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency

operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.

Span of Control: The number of individuals a supervisor is responsible for, usually expressed as the ratio of supervisors to individuals. (Under the NIMS, an appropriate span of control is between 1:3 and 1:7.)

Staging Area: Location established where resources can be placed while awaiting a tactical assignment. The Operations Section manages Staging Areas.

Standard Operating Procedure (SOP): Complete reference document or an operations manual that provides the purpose, authorities, duration, and details for the preferred method of performing a single function or a number of interrelated functions in a uniform manner.

State: When capitalized, refers to any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any possession of the United States.

Strategy: The general direction selected to accomplish incident objectives set by the Incident Coordinator.

Strategic: Strategic elements of incident management are characterized by continuous long-term, high level planning by organizations headed by elected or other senior officials. These elements involve the adoption of long-range goals and objectives, the setting of priorities, the establishment of budgets and other fiscal decisions, policy development, and the application of measures of performance or effectiveness.

Tactics: Deploying and directing resources on an incident to accomplish incident strategy and objectives.

Threat: An indication of possible violence, harm, or danger.

Unified Command: An application of ICS used when there is more than one agency with incident jurisdiction, or when incidents cross political jurisdictions. Agencies work together through the designated members of the Unified Command, often the senior person from agencies and/or disciplines participating in the Unified Command, to establish a common set of objectives and strategies and a single Incident Action Plan.

Vital Records: The essential agency records that are needed to meet operational responsibilities under national security emergencies or other emergency or disaster conditions (emergency operating records), or to protect the legal and financial rights of the government and those affected by government activities (legal and financial rights records).

12.2 Acronyms

Acronym	Definition
AAR	After Action Report
AHH	All Health Hazards Committee
BOH	Board of Health
CDC	Centers for Disease Control and Prevention
CERT	Community Emergency Response Team

CMIST	Communication, Maintaining Health, Independence, Services and Support, Transportation
COOP	Continuity of Operations
DAC	District Advisory Council
DAS	Director of Administrative Services
DOC	Department Operations Center
DON	Director of Nursing
EEI	Essential Elements of Information
EMA	Emergency Management Agency
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
ERP	Emergency Response Plan
ESF	Emergency Support Function
FAS	Finance and Administration Section
FASS	Finance and Administration support Section
FEMA	Federal Emergency Management Agency
FFDCA	Federal Food, Drug, and Cosmetic Act
HAN	Health Alert Network
HC	Huron County
HC EMA	Huron County Emergency Management Agency
HC EOP	Huron County Emergency Operations Plan
HC MHAS	Huron County Mental Health and Addiction Services
HCPH	Huron County Public Health
HCPH ERP	Huron County Public Health Emergency Response Plan
HCSWD	Huron County Soil and Water District
HHS	Department of Health and Human Services
HIPPA	Health Information Portability and Accountability Act of 1996
HIV	Human Immunodeficiency Virus
IAP	Incident Action Planning
IC	Incident Commander
ICS	Incident Command System
IMATS	Inventory Management and Tracking System
IP	Improvement Plan
LEPC	Local Emergency Planning Committee
LHD	Local Health Department/District
MARCS	Multi-Agency Radio Communications
MOA	Mutual Aid Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corp
NACCHO	National Association of County and City Health Officials
NASA	National Aeronautics and Space Administration
NIMS	National Incident Management System
NWO	Northwest Ohio
NWO HEMA	Northwest Ohio Healthcare Emergency Management Coalition
OAC	Ohio Administrative Code
ODH	Ohio Department of Health

OEPA	Ohio Environmental Protection Agency
OPHCS	Ohio Public Health Communication System
ORC	Ohio Revised Code
PHE	Public Health Emergency
PHSA	Public Health Service Act
POD	Point of Dispensing
PPE	Personal Protective Equipment
PREP	Public Readiness and Emergency Preparedness Act
SITREP	Situational Reports
SME	Subject Matter Experts
SP	Support Planning
SSA	Social Security Act
STD	Sexually Transmitted Disease
VRC	Volunteer Reception Center

13.0 AUTHORITIES

13.1 Federal

Federal Statutes and Executive Orders:

Public Health Service Act (PHSA): Provides legal authority for the Department of Health and Human Services (HHS) to respond to public health emergencies
National Response Framework: Guide to how the Nation responds to all types of disasters and emergencies
The Robert T. Stafford Disaster Relief and Emergency Assistance Act (The Stafford Act): Constitutes statutory authority for most Federal disaster response activities
The Pandemic and All-Hazards Preparedness Act: Broad implications for the HHS preparedness and response
Public Readiness and Emergency Preparedness (PREP) Act: Authorizes the Secretary of HHS to issue a declaration that provides immunity from liability (except for willful misconduct) for claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures.
Social Security Act (SSA) – Section 1135: Authority to Waive Requirements During National Emergencies
Federal Food, Drug, and Cosmetic Act (FFDCA) - Section 505-1(f): Require Risk Evaluation and Mitigation Strategies for a prescription drug as necessary to assure safe use of the drug, because of its inherent toxicity or potential harmfulness, if FDA determines that the drug is effective but is associated with a serious adverse drug experience, and could not be approved (or approval would be withdrawn) without the required elements to mitigate the risk and other potential REMS elements are not sufficient to mitigate the risk.
Federal Food, Drug, and Cosmetic Act (FFDCA) - Section 564: the Secretary can declare an emergency that justifies an EUA that allows for the use of unapproved drugs, devices, or biological products, or for the use of approved drugs, devices, or biological products for a not yet approved purpose.
7 CFR 331: Possession, Use, and Transfer of Select Agents and Toxins
9 CFR 121: Possession, Use, and Transfer of Select Agents and Toxins

42 CFR 73: Select Agents and Toxins
42 C.F. R. Part 70: Interstate Quarantine
42 F. F. R. Part 71: Foreign Quarantine
42 U.S.C. § 271: Penalties for Violation of Quarantine Law
21 C. F. R. Part 1240: Control of Communicable Diseases
42 U.S.C. § 247d-6b: Strategic National Stockpile and Security Countermeasure Procurements
The Homeland Security Act: Charges DHS with securing the nation against terrorist attacks and carrying out the functions of DHS and FEMA.
Sections 201 and 301 of the National Emergencies Act: The National Emergencies Act authorizes the President to declare a "national emergency." The proclamation of a national emergency must be transmitted immediately to Congress and published in the Federal Register. 2 The declaration of emergency (or contemporaneous or subsequent executive orders) must specify the powers or authorities made available by virtue of the declaration. A national emergency can be terminated if the President issues a proclamation or if Congress enacts a joint resolution terminating the emergency. A national emergency will terminate automatically upon the anniversary of the proclamation unless the President renews the proclamation by transmitting notice to Congress and publishing it in the Federal Register.
Project Bioshield Act: Accelerates the research, development, purchase, and availability of effective medical countermeasures against biological, chemical, radiological, and nuclear agents.
Public Health Security and Bioterrorism Preparedness and Response Act of 2002: Amends the PHSA to improve the ability of the U.S. to prevent, prepare for, and respond to bioterrorism and other public health emergencies
Privacy Act of 1974: Describes the fair collection, maintenance, use, and dissemination by a government agency of records containing personal identifiers
Health Information Portability and Accountability Act (HIPPA) of 1996: Protects certain patient information from being disclosed by covered entities for reasons other than providing treatment and care, billing and payment, protecting the public's health, or reporting required information to police

13.2 State

Ohio Revised Code

O.R.C. 3707.01: Powers of Board - Abatement of Nuisances
O.R.C. 3707.02: Proceedings When Order of Board is Neglected or Disregarded
O.R.C. 3707.03: Correction of Nuisance or Unsanitary Conditions on School Property
O.R.C. 3701.04: Director of Health – Powers and Duties
O.R.C. 3707.06: Notice to be given of Prevalence of Infectious Disease
O.R.C. 3707.07: Complaint Concerning Prevalence of Disease - Inspection by Health Commissioner
O.R.C. 3707.08: Isolation of Persons Exposed to Communicable Disease - Placarding of Premises
O.R.C. 3707.09: Board May Employ Quarantine Guards
O.R.C. 3707.10: Disinfection of House in Which There Has Been a Contagious Disease
O.R.C. 3707.12: Destruction of Infected Property
O.R.C. 3707.13: Compensation for Property Destroyed
O.R.C. 3707.14: Maintenance of Persons Confined in Quarantine House
O.R.C. 3707.15: Employer of Illegal Alien with Contagious or Infectious Disease to Pay Expense Caused by Disease
O.R.C. 3707.16: Attendance at Gatherings by Quarantined Person Prohibited
O.R.C. 3707.17: Quarantine in Place other than that of Legal Settlement

O.R.C. 3707.18: Expense of Quarantining County Public Institution
O.R.C. 3707.19: Disposal of Body of a Person Who Died of Communicable Disease
O.R.C. 3707.20: Admission of Person Suffering from a Contagious or Infectious Disease to Certain Institutions
O.R.C. 3707.23: Examination of Common Carriers by Board during Quarantine
O.R.C. 3707.25: Application of Quarantine Rules to Persons and Goods on Vehicles of Transportation
O.R.C. 3707.26: Board Shall Inspect Schools and May Close Them
O.R.C. 3707.27: Board may Offer Vaccination Free or at Reasonable Charge - Fee Payable to State
O.R.C. 3707.31: Establishment of Quarantine Hospital
O.R.C. 3707.32: Erection of Temporary Buildings by Board of Health - Destruction of Property
O.R.C. 3707.34: Quarantine and Isolation Policies
O.R.C. 3707.48: Prohibition against Violation of Orders or Regulations of Board
O.R.C. 3709.20: Orders and Regulations of Board of City Health District – Hearing Referees or Examiners
O.R.C. 3709.21: Orders and Regulations of Board of General Health District
O.R.C. 3709.22: Duties of Board of City or General Health District
O.R.C. 3709.36: Board of Health of City or General Health District

Ohio Administrative Code

3701-3-02: Diseases to be Reported
3701-3-02.1: Reporting of Occupational Diseases
3701-3-06: Reporting to Department of Health
3701-3-08: Release of Patient's Medical Records
3701-3-03: Reportable Disease Notification
3701-3-04: Laboratory Result Reporting
3701-3-05: Time of Report

14.0 REFERENCES

14.1 Federal

1) National Response Framework (NRF), 2016
2) The National Incident Management System (NIMS), 2008

14.2 State

1) Ohio Department of Health Continuity of Operations Plan, 2014
2) Ohio Department of Health Emergency Communications Plan, 2013
3) State of Ohio Emergency Operations Plan, 2016
4) State of Ohio Hazard Analysis and Risk Assessment, 2013
5) State of Ohio Hazard Mitigation Plan, 2014
6) Ohio Plan for Response to Radiation Emergencies at Licensed Nuclear Facilities Ohio Emergency Management Agency.
7) State of Ohio Hazard Identification and Risk Analysis (HIRA) January 2011 Revisions Spring/Summer 2013.

ATTACHMENTS

1. Attachment I_Initial Incident Assessment Standard Operating Guidelines
2. Attachment II_Initial Incident Assessment Form
3. Attachment III_Incident Action Plan Template
4. Attachment IV_Development of an AARP-IP and Completion of Corrective Actions
5. Attachment V_Situation Report Template
6. Attachment VI_Operational Schedule Template
7. Attachment VII_Shift Change Briefing Template
8. Attachment VIII_Incident Documentation Guide

APPENDICIES

1. Appendix 1_Integrated Healthcare Preparedness Assessment
2. Appendix 2_Huron County CMIST Profile
3. Appendix 3_Resolution 2017-131_Administration and Fiscal Management
4. Appendix 4_External Points of Contact HAN Tabs
5. Appendix 5_EEi Requirements
6. Appendix 6_Internal HCPH Program Points of Contact
7. Appendix 7_Communicating with and about Individuals with Access and Functional Needs
8. Appendix 8_HCPH Plan Style Guide

ANNEXES

1. Annex A_ICS
2. Annex B_Communication Plan
3. Annex C_COOP Plan
4. Annex D_Epidemiology
5. Annex E_Volunteer and Donations
6. Annex F_Environmental Surety
7. Annex J_Medical Countermeasures Dispending Plan