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EMERGENCY RESPONSE PLAN - BASIC PLAN - FOR LOGAN COUNTY, OH

Version 2.0

Date Originally Adopted: N/A

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INTRODUCTION

APPROVAL AND IMPLEMENTATION

The **Logan County Health District (LCHD) Emergency Response Plan – Basic Plan (ERP)** replaces and supersedes all previous versions of the LCHD ERP. This plan shall serve as the operational framework for responding to all emergencies, minor, major or catastrophic disasters that impact the public health and medical system in the county. This plan may be implemented as a stand-alone plan or in concert with other LCHD Plans and with the **Logan County Emergency Management Agency (LC EMA) Emergency Operations Plan (EOP)** when necessary (see **Attachment I - LC EMA EOP Basic Plan**).

EXECUTIVE SUMMARY

In cooperation with the mission statement “Champions of a Safe and Health Community” the **LCHD ERP** is an all-hazards plan that establishes a single, comprehensive framework for the management of the public health response to incidents within the county. The plan is activated when it becomes necessary to assess incidents or to mobilize the resources identified herein in order to protect the public’s health. The ERP incorporates the National Incident Management System (NIMS) as the standard for incident management.

The plan assigns roles and responsibilities to LCHD program areas and specific response teams housed within these programs for responding to emergencies and events. The basic plan of the ERP is not intended as a stand-alone document but rather establishes the basis for more detailed planning by the staff of LCHD in partnership with internal and external subject matter experts and community stakeholders. The ERP Basic Plan is intended to be used in conjunction with both the more detailed annexes, attachments and SOP’s included as part of this document or with the stand-alone plans held by the department. Additionally, the ERP is designed to work in conjunction with the **LC EMA EOP**.

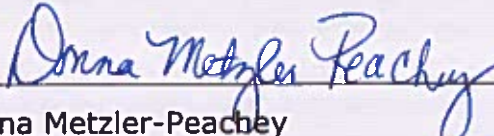
The successful implementation of the plan is contingent upon a collaborative approach with a wide range of partner agencies and organizations that are responsible for crucial resources and tasks during incident operations. The plan recognizes the significant role partner agencies and organizations perform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

STATEMENT OF PROMULGATION

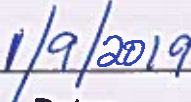
The **LCHD ERP** establishes the basis for coordination of health district resources and response to provide public health and medical services during an emergency or disaster. The fundamental assumption is that a significant emergency or disaster may overwhelm the capability of the local government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

All LCHD 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. LCHD will maintain this plan, reviewing it and reauthorizing it at least annually; findings from its utilization in exercises or real incidents will inform updates.

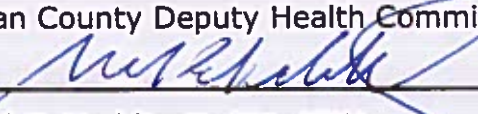
This ERP is hereby adopted, and all LCHD program areas are directed to implement it. All previous versions of the **LCHD ERP** are hereby rescinded.




Donna Metzler-Peachey
Logan County Deputy Health Commissioner



Date:



Boyd C. Hoddinott, MD, MPH
Logan County Health Commissioner



Date:

RECORD OF CHANGES

The Emergency Preparedness Coordinator/Public Information Officer (EPC/PIO) makes changes under the authority of the Logan County (LC) Health Commissioner (HC) to the **LCHD ERP**. Change notifications are sent to those on the distribution list. To annotate changes:

1. Add new pages and destroy obsolete pages.
2. Make minor pen and ink changes as identified by letter.
3. Record changes on this page.
4. File copies of change notifications behind the last page of this EOP.

Change Number	Date of Change	Print Name & Signature	Title
1	10/16/2018	Lou Ann Albers	EPC
Version Number: 3.0	Added language for how the agency engages the board of health during incident response		
2	10/16/2018	Lou Ann Albers	EPC
Version Number: 3.0	Added language describing how the jurisdiction recovers the costs of funds and resources expended during emergency response operations		
3	10/16/2018	Lou Ann Albers	EPC
Version Number: 3.0	Added A list of existing MOU's, MOA's, LOI's with estimated costs and contact information.		
4	10/16/2018	Lou Ann Albers	EPC
Version Number: 3.0	Added Placeholder for Appendix 14 LCHD CMIST Partner List		
5	10/16/2018	Lou Ann Albers	EPC
Version Number: 3.0	Added language to describe and identify LCHD's policy on using volunteers to support LCHD's responses. Includes volunteer pools, roles that can be filled by volunteers and their limitations.		

6	10/17/2018	Lou Ann Albers	EPC
Version Number: 3.0	Added language describing the process that LCHD uses to provide or request resources through the IMAC and EMAC.		
7	10/18/2018	Lou Ann Albers	EPC
Version Number 3.0	Logan County Flood Plain Map added Note: <i>At this time the floodplain map <u>is being contested by our EMA director</u>. I copied what is in the database at this time.</i>		
8	10/18/2018	Lou Ann Albers	EPC
Version Number: 3.0	Added language describing psychological first aid (PFA), identifying situations that may require PFA and resources for response personnel.		
9	10/18/2018	Lou Ann Albers	EPC
Version Number: 3.0	Added language that describes how emergency legal authorities are used during a response compared to standard procedures. I.e.: accepting/allocating or spending federal/state/local funds.		
10	10/17/2018	Lou Ann Albers	EPC
Version Number 3.0	Added language to describe the process for coordination with state response agencies for large scale/complex incidents. Establishing EEI's with ODH, Confirmation of response capacity, and participation in state and local partner calls		
11	10/16/2018	Lou Ann Albers	EPC
Version Number 3.0	Language added to describe the interface between ESF-8 and Health Care Coalition (HCC) Partners at the local and regional levels.		
12	10/22/2018	Lou Ann Albers	EPC
Version Number 3.0	Add language that describes the LCHD roles and responsibilities that directly support HCC members during response and recovery.		
Change Number	Date of Change	Print Name & Signature	Title
13	10/16/2018	Lou Ann Albers	EPC

Version Number: 3.0	Added the updated version 2016 of Logan County's Summary table CMIST to Appendix 1		
14	10/23/2018	Lou Ann Albers	EPC
Version Number: 3.0	Added the NIMS 2017 Refresh document		
15	10/23/2018	Lou Ann Albers	EPC
Version Number: 3.0	Added the Current Record of Change		

RECORD OF DISTRIBUTION

A PDF copy is emailed to each person on the Leadership Team, and the Logan County EMA which are listed below.

Date Received	Title	Name
	Health Commissioner	Name: Boyd Hoddinott, MD, MPH
	Deputy Health Commissioner	Name: Donna Metzler
	Business Operations Coordinator	Name: Christina Bramlage
	Director of Nursing	Name: Kelly Reaver, RN
	Environmental Director	Name: Tim Smith, M.S, R.S.
	IT Manager	Name: Steve Cummings
	Accreditation/QI Coordinator	Name: Donna Metzler
	Emergency Response/PIO	Name: Lou Ann Albers, RN
	Board of Health President	Name: Bob Harrison
	Logan County EMA	Name: Helen Norris

This plan is available to all agency staff via the intranet in the Company folder>LCHD Plans with attachments. It is available in a hard copy notebook as well as electronically, which is backed up nightly and weekly and stored off-site. An electronic copy is stored on a flash drive in the Administrative On-Call backpack. An additional electronic copy is in the ERP/PIO laptop bag.

There are 2 hard copies available in the health district office, one is in the ERP/PIO cubicle and the other is in the library (health district operations). One off-site hard copy is available at the Logan County Treasurer's office safe, 100 S. Madriver, Bellefontaine, OH 43311, where the electronic back-up drives are rotated weekly.

SECTION I

1.0 PURPOSE

The Logan County Health District (LCHD) has developed this **ERP** to support the health district’s mission statement of being “Champions of a Safe and Health Community” and to protect and improve the health of county residents at all times, even during emergencies. This plan provides direction to plan for and respond to natural, technological and man-made incidents so that negative health impacts are prevented, reversed or minimized through response.

This ERP is organized into three (3) principle sections designed to guide a response at LCHD. Section 1 describes the details and context necessary for planning. This section provides an overview of the situational context, assumptions, and describes existing hazards with the potential to impact public health and medical services. Section 2 provides detailed direction for the execution of response operations at LCHD. This section covers the preliminary steps necessary for incident assessment and response activation. It provides guidance on the execution of response operations. It also details the processes that take place after a response. Finally, section 3 provides guidance on development and maintenance of this **ERP**, 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 which all **LCHD ERPs**, plans, annexes and SOP’s are developed.

The **LCHD ERP** is designed to serve as the foundation by which all response operations at the agency are executed. As such, this plan is applicable in all incidents for which the **LCHD ERP** is activated, and all components of this plan must be developed and maintained in accordance with section 3. This plan may be used as a stand-alone document, or executed in concert with the **LC EMA EOP**, and other **LCHD plans, annexes and SOP’s listed on the LCHD (Plan Index)** .

2.0 SCOPE AND APPLICABILITY

This plan pertains to LCHD and all of its program areas. This plan is always in force and is activated whenever an incident impacts public health and/or medical systems anywhere within Logan County and requires a response by LCHD greater than day-to-day operations.

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 county residents.

The **LCHD ERP** incorporates NIMS and connects agency response actions to responses at the local, state and federal levels. This plan directs appropriate LCHD response operations to any incident that either impacts, or could potentially impact, public health or healthcare within the county or require LCHD to fulfill its roles described in the **LC EMA EOP**. The **LC EMA EOP** describes the high-level responsibilities of all agencies in response to incidents in the county.

The **LCHD ERP** supports the **LC EMA EOP** through direction of LCHD response activities, and provides needed detail for operations at the agency level. It describes the roles and responsibilities of program areas emergency response.

LCHD has assigned responsibilities in multiple **LC EMA EOP** Emergency Support Functions (ESFs) and Annexes as both a primary and support agency. LCHD's roles and responsibilities can be found in the **LC EMA EOP – Basic Plan** on LCHD Intranet at: Company/EmergencyResponseNEW.

This plan does not address issues related to continuity of operations (COOP) planning at LCHD. All continuity issues are addressed through the **LCHD Continuity of Operations Plan (COOP)**.

Additionally, the coordination of communications is not directed by this plan. Coordinated communications is directed by the **LCHD Crisis Communications Plans (CCP)**. However, since coordinated communications is an essential component of all incident responses, this plan identifies how the **LCHD ERP** interfaces with the **CCP** to ensure that information and messaging are effectively managed and adequately support across all LCHD response activities.

3.0 SITUATION

Logan County, seated in west central Ohio, is a rural farming and manufacturing community located approximately 60 miles from the state capital, Columbus. Logan County covers a span of nearly 500 square miles of primarily agricultural land with boundaries formed by the counties of Hardin to the north, Auglaize to the northwest, Shelby to the west, Champaign to the south and Union to the east. Logan County is home to the highest point in OHIO!

The county includes a 5,800 acre lake (Indian Lake) in its northwest corner and mainly drains into the Great Miami and Mad River southward, Darby, Bokes and Mills creeks, southeast but also fills Reservoirs and creeks.

The county is served by CSX railway system with a highway network which is primarily highways US 33 (east/west) and US 68 (north/south) as well as state routes which carry much of the commercial traffic as well as pleasure.

Logan County does not have public transportation. The county does have services available through Transportation for Logan County which is limited but continues to look at ways to improve accessibility and affordability. A few private groups also provide some transportation.

There is a county airport located near the county seat.

According to the July 2016 population estimate by the United States Census Bureau, Logan County has a population of 45,165. This is a decrease of 1.5%

since 2010. The city of Bellefontaine is the county seat with a population estimate of 13,172 and is included in the response efforts provided by the health district.

Logan County does have potential for various hazards and the following chart is indicative of the population at risk and the estimated percentage of residents affected by any single incident.

HAZARD	# AT RISK	HIGH	MEDIUM	LOW
Floods	15,000	[
Hazardous Material Facilities	20,000		[
Severe Storms Including Winter Storms	46,000	[
Hazardous Materials/Transportation	35,000	[
Droughts	46,000		[
Tornadoes	46,000		[
Subsidence	5,000			[
Earthquakes	46,000			[
Terrorist Incidents	20,000			[

Historically, the County has experienced several events caused by ongoing threats and hazards. The LC EMA reports 8 major emergency events in the county that have received a Presidential Declaration of Disaster since 1964. These events have impacted public health and medical services in the past and continue to pose a threat to health security for the Logan County residents.

There are no public health hazards; rather, all hazards could lead to impacts on health, which may require LCHD to respond using this plan. Potential impacts include the following:

5. Community-wide limitations on maximal health for residents;
6. Widespread disease and illness;
7. Establishment of new diseases in the State;
8. Heat-related illnesses and injuries;
9. Hypothermia;
10. Dehydration;
11. Widespread injuries or trauma;

12. Overwhelmed medical facilities;
13. Insufficient resources for response, especially medical countermeasures;
14. Insufficient personnel to provide adequate public health response;
15. Development of chronic health conditions within a population;
16. Lasting impairments of function or cognition;
17. Development of birth defects;
18. Premature death.

Logan County's geographic location and accessibility. The surrounding counties, and one (1) airport and 2 US state highways that may cause the county to become affected by incidents or events originating outside its borders. These external events have the ability to directly impact both public health and medical services county wide by causing a demand for preventative and healthcare measures. Most notably, public health threats such as infectious diseases, have the ability to arrive to the state through a travel-related mechanism.

The County has responded to numerous public health and medical incidents in recent years. Among the most recent are the following:

19. 2014 Measles outbreak—383 cases identified during the outbreak, which lasted from March 24, 2014, through September 3, 2014; Logan County had two suspect cases the trip and were quarantined. Two special clinics were offered to the affected area for added protection.
20. 2015 Flood – In July heavy rains over a short period of time causing river flooding into Russells Point and Lakeview, and overtopped the East Liberty Lake Dam which had to be breached in order to control the flow of water and prevent flooding of nearby homes. Health District responded with testing wells, and participated in Debris Management planning and provided information to protect the public from contaminated flood waters.
21. 2016 Norwegian Scabies – An ongoing investigation from October 3, 2016 until an OPEN POD method on November 17th and 21st to examine and treat 189 Staff and Associates with medication out of a possible 223 exposures.

In December 2012, LC EMA, MRH and LCHD met and reviewed our Hazard Vulnerabilities Assessment and determined the county highest risks were epidemic or weather type (tornado, thunderstorms, snow/ice storm and flooding). See **Attachment II - LCHD HVA**. The revised County Hazard Identification and Risk Analysis (HIRA) has just be submitted to FEMA (not approved yet) gives detailed and quantified hazards from significant historic events and the hazard's likelihood of occurrence.

Given the size (423 Square miles) and population (48,000) of Logan County, there are diverse events that reoccur yearly. Some of these events/attractions include but are not limited to:

22. Logan County Fair, a week-long event with many temporary Food Service Operations (FSO)
23. Indian Lake Boat Show with a number of temporary FSO's
24. Indian Lake State Park with a large campground and swimming
25. Indian Lake – A 5,800 acre lake with boating, fishing & camping available
26. Mad River Mountain - a Ski Park that includes 24 trails, 144 acres of skiable terrain, 12 lifts, 133 fan guns, 2 terrain parks, and the Avalanche Tubing Park.
27. The Great Ohio Bicycle Adventure (GOBA) an annual bike adventure through Ohio that passes through Bellefontaine on some years (3,000 cyclists participate).
28. Rock The Lake – a concert at Indian Lake
29. Art on the Beach- An art festival at Indian Lake
30. Logan Hills Festival- Historic reenactment festival with temporary FSO's
31. Shine FM Anniversary Concert- a Christian Music Concert
32. Senior Day at Bellefontaine Airport – Organized by the Logan County Department of Aging
33. Holland Theater – An arts theater in downtown Bellefontaine which has become very popular!
34. Ohio Caverns – tours of caverns visited by people from around the world and includes a 35 acre park.

An incident that occurs at any major event may significantly affect public health and medical services both within the hosting county and have cascading effects potentially across adjacent counties, the region, or statewide depending on the nature of the incident. The county has one hospital. There are two Urgent Care Facilities and one Federally Qualified Healthcare Center.

In an effort to foster preparedness planning and coordination in the state, SHD has established eight (8) regions within the state by which planning is conducted. The State has established 8 planning regions from the State Homeland Security Regions. Each of the State's eight (8) public health regions has a regional healthcare coalition that is an integral part of emergency preparedness planning and emergency response activities. The health care coalition communities' work together to prepare for, respond to and recover from disasters. SHD oversees the regional healthcare coalitions to provide guidance and technical support.

Locally, Logan County has always had a local Catastrophic Emergency Operation Team (CEOT) however, in 2017 the Mary Rutan Hospital led the initiative to launch a separate Healthcare Coalition as a subcommittee of the CEOT. LCHD is a member of both groups and sustains an active role to share information, plan,

and exercise together. The Logan County EMA, MRH and LCHD has been involved in the Regional Healthcare Coalition since its inception.

Many health-related impacts are beyond the scope of LCHD alone and require involvement of other local and regional 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 **LC EMA EOP** which have separate functions but coordinate together.

In addition to ESF-8, LCHD may also support other ESFs during a response. See **Attachment I LC EMA EOP Basic Plan with Matrix** for Assignment of Responsibilities Section IV, B.

Tab A of the **State EOP Base Plan** details Primary and Support Agencies by ESF, Annex and Other on the State EMA website at:

http://ema.state.gov/Documents/state_EOP/D%20PRIMARY%20AND%20SUPPORT%20AGENCIES%20-%202013.pdf.

Delineation of responsibilities at the federal level can be accessed at https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency_support_function_annexes_introduction_2008.pdf.

At the local-level, responses involving public health and medical services may differ from county to county, or city to city. The state is a “Home Rule” state, and deference is given to local decisions, provided that such decisions do not harm or endanger the residents who live there. In general, LCHD coordinates primarily on public health matters, with support from other healthcare organizations for medical service provision and response. LCHD may partner with the following agencies during response:

- Local American Red Cross chapter
- Area Agencies on Aging
- County Alcohol Drug Addiction and Mental Health Services Board
- County Transportation Office
- Jurisdictional law enforcement agencies
- local hospitals
- Other non-governmental organizations in a supporting response role
- County Coroner’s Office, County Developmental Disabilities Services
- County or City Emergency Management Agency
- County or City Engineer’s Office
- local fire departments
- local Emergency Medical Service providers
- LC EMA
- More listed in **LC EMA EOP** under Assignment of Responsibilities

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 the state have been detailed in **Appendix 1 - LCHD CMIST Profile**. Potential impacts from an incident may require LCHD to respond by initiating or supporting the following activities to address an incident:

- Prophylaxis and Dispensing
- Epidemiological Investigation and
- Morgue Management
- Medical Surge

- Surveillance
 - Infection Control
 - Prevention
- Shelters or Community Reception Centers

LCHD works with partners to ensure that all such efforts, as well as any others to mitigate, plan for, respond to and assist in the recovery from hazards, adequately serve individuals with access and functional needs.

4.0 ASSUMPTIONS

- The County is vulnerable to hazards, which may lead to emergencies or disasters anywhere in the county.
- An Ohio Department of Health response may be necessary to support any local jurisdiction affected by a variety of hazards and incidents.
- An incident may occur with little or no warning.
- To ensure appropriate public health response, LCHD must be prepared to respond to any incident with the ability to impact the 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 the county.
- LCHD may have to make provisions to continue response operations for an extended period of time as dictated by the incident.
- All response agencies will operate under and in accordance with NIMS and respond as necessary to the extent of their available resources.
- Responses will be different in each jurisdiction because of “Home Rule”, which is a confounding factor for response and affects the responding partners in each jurisdiction.
- 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 LCHD, 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 LCHD responds will not result in a declaration.
- Incidents can affect LCHD responders, staff, volunteers, vendors, partners, and the families of each group, impacting the Agency’s ability to respond.
- LCHD may have incomplete information, as it must rely on federal, state and local partners to provide some critical details during response.

- LCHD 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 LCHD has readily available.
- Although great care has been taken to provide direction for LCHD 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.
- Every component of the LCHD ERP will work effectively during response, unless testing or implementation proves otherwise.

SECTION II

5.0 CONCEPT OF OPERATIONS

5.1 ORGANIZATION AND RESPONSIBILITIES

All SHD 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 HEALTH COMMISSIONER (HC)

As the lead health official for the health district, under the authority of the Board of Health, the HC responds to incidents. During incident response, the HC has the following responsibilities:

- Set policy and guidance for LCHD and county health response.
- Act as the Incident Commander (IC) or assign someone to lead agency as IC in a response.
- Monitor the response progress through briefings and updates on the situation even when not the IC.
- Provide additional guidance and direction to LCHD response staff, as needed.
- Represent LCHD at the State EOC, if necessary or send a Department Expert.
- Engage other local health commissioners, as appropriate.
- Engage with the LC EMA for federal government requests for public health and medical resources support on behalf of the county.

5.1.2 MEDICAL DIRECTOR (MD)

As the health expert for the County, currently the HC serves as the Medical Director so will be engaged in any incident response. The MD's responsibilities include the following:

- Provide medical consultation, and response personnel.
- Inform medial policy and guidance for LCHD and countywide health response.
- Engage county partners regarding medical decisions and guidance.
- Represent LCHD at the State EOC, if necessary.
- Engage other local health commissioners, as appropriate.
- Engage with the LC EMA and ODH for federal government requests on matters that require their consultation or clarification of existing guidance.

5.1.3 PUBLIC HEALTH PREPAREDNESS

Under the Public Health Preparedness Program, the LCHD Emergency Preparedness Coordinator/Public Information Officer (EPC/PIO) has the primary responsibility for coordinating emergency preparedness and response for the LCHD. The LCHD Health Commissioner has primary responsibility for facilitating the activation of the ***LCHD ERP*** and the Department Operations Center (DOC). If the LCHD HC is unavailable or chooses to delegate the responsibility, activation may be successively facilitated by the Leadership Team carrying the Administrative On Call Phone which includes the Director of Nursing (DON), Environmental Health Director (EHD), Administrator or EPC/PIO.

To facilitate a consistent application of the ***ERP*** in all incidents, LCHD will utilize **Attachment III - Emergency Priority Call Procedure**. Engaged LCHD staff will begin utilizing the appropriate plan based on the situation as soon as they are notified of an incident.

5.1.4 COMMON RESPONSIBILITIES FOR SHD

All LCHD departments support response and may provide response personnel for an incident.

All response personnel are expected to do the following:

- Maintain appropriate timekeeping records/documents, especially time involved.
- Follow any organizational procedures set by the individual leading the response.
- Support execution of the LCHD ERP upon approval from supervisor, duties will be given with job action sheets during the response period.

5.1.5 INTERFACE PROCEDURE FOR REGIONAL HEALTHCARE COALITION

LCHD is a member of the Central Ohio Regional Healthcare Coalition Committee (CORHCC). CORHCC's overarching role is to support the health of the community as whole and responsible for control of scare supplies. LCHD may also:

- Support epidemiologic training and investigation;
- Support prevention strategies;
- Assist public communication and outreach tools;
- Provide guidance on legal authorities of surveillance, investigation, enforcement, declaration of emergency;
- Support scare resource access (stockpiles, etc.).

During and after a response, LCHD may support CORHCC by the following:

- Information sharing with CORHCC;
- Conduct assessments of public health/medical needs;
 - Health surveillance
 - Medical surge
- Provide health/medical/veterinary equipment and supplies;
- Assist with patient movement;
- Provide public health and medical information;
- Assist with mass fatality management;
- Support facility operations through provision of expedited inspections;
- Actively participate in a coordinated response between the healthcare and public health sectors for successful management.

5.2 INCIDENT DETECTION, ASSESSMENT AND ACTIVATION

This section describes the process for **Attachment IV – ERP Activation Process** for the ERP. The ERP may be activated in one of two ways:

1. The Director personally authorizes activation of the ERP upon determination that an incident requires implementation of one or more of the strategies or plans included herein. If the ERP is activated in this way, response will begin with incident assessment, which is required to establish the activation level and define the incident response needs, but the need for activation will not be reevaluated.
2. Response personnel employ the entire process described in this section of this plan and present their recommendation for activation to the Director. Barring deactivation by the Director, response personnel then complete identified response actions.

Activation of the ERP marks the beginning of the response.

5.2.1 INCIDENT DETECTION

Any LCHD staff who become aware of an incident requiring or potentially requiring activation of the ERP are to immediately notify their supervisor.

Incidents that meet one or more of the following criteria may potentially lead to activation of the ERP:

- Anticipated impact on or involvement of departments beyond the currently involved department(s), with an expectation for significant, interdivision coordination;
- 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 from LCHD;
- Need for resources or support from outside LCHD;
- Significant or potentially significant mortality or morbidity;
- The incident has required response from other agencies, and it is likely to or has already required response from the local jurisdiction's health department.
- The Logan County Board of Health (BOH) will be engaged and notified whenever the LCHD ERP is activated. The BOH may also be engaged and notified (for BOH situational awareness) at the Health Commissioner (HC), Deputy Health Commissioner or designee's, discretion for any incident which may adversely affect public health but not rise to the level of necessitating ERP activation.
- The BOH will be notified by phone, or email. Unless delegated, this outreach is made by the Health Commissioner. At a minimum, the BOH President, or other executive leadership position, will be contacted to inform the board of the incident and response operation initiation.

5.2.2 INCIDENT ASSESSMENT

Upon notification of a possible incident, staff will notify their immediate supervisor. The Initial Incident Threat Assessment Form will be started to inform the HC/MD and with his approval, the LCHD Leadership Team will be notified according to **Attachment III - Emergency Priority Call Procedure**. This notification will trigger the Initial Incident Assessment Meeting, which will assist in determining the activation level necessary and can be done via phone or face-to-face within 1 hour of the initial detection of the threat.

5.2.3 ACTIVATION

The Initial Incident Assessment Meeting will utilize the **Attachment V - Initial Threat Assessment Form** utilizing the Activation Level Guide below and **Attachment IV Activation Process** to determine which activation level should be activated. The Activation Process Flow Chart is also contained in **Attachment IV Activation Process**.

Activation levels and their associated recommended minimum staffing levels supplied from trained agency staff members within the agency are detailed in the table on the next page.

Activation Level GUIDE	Description	Minimum Command Function & Staffing Recommendations
Routine Operations	Routine incidents to which LCHD 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
Situation Awareness & Monitoring	<ul style="list-style-type: none"> • 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 • Examples: Power outage, water disruption in large section in of community; outbreak in Nursing facility/Day Care 	<ul style="list-style-type: none"> •Supervisor/HC/MD notified •IDN/RS depending on situation •Epidemiologist as needed •PIO as needed <p>Consider need for information and format (Blast Fax/Email) to local partners affected.</p> <p>Consider activation of the DOC</p> <p>LC EOC unlikely to be activated</p>
Partial Activation	<ul style="list-style-type: none"> • 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; LC EOC may be activated • Examples: Widespread radiation contamination in a facility; multicounty disease outbreak requiring significant local support; community outbreak not able to contain quickly ie: Norwegian Scabies. Limited amount of SNS; water disruption requiring substantial state support and guidance 	<ul style="list-style-type: none"> •Supervisor/HC/MD notified •IDN/RS depending on situation <ul style="list-style-type: none"> *Use Threat Assessment form •LCHD Triad •Epidemiologist •Healthcare Coalition (CEOT) •ODH support if needed •ICS Team to begin Planning/Operational Coordination to Determine via ICS forms: <ul style="list-style-type: none"> • Resource Support • Communications • Staffing • Volunteers needed <p>If Threat Assessment determines that DOC activation required ICS Forms to be completed</p> <p>LC EOC may be activated – if yes Subject Matter expert sent if available.</p>
FULL ACTIVATION	<ul style="list-style-type: none"> • 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 state partners; State EOC most likely activated • Examples: Pandemic influenza; Implement SNS; nuclear power meltdown; mass casualty incident from chemical plume; bioterrorism attack 	<p>FULL STAFFING:</p> <ul style="list-style-type: none"> • Incident Command/EPI •All staff support •All other functions and positions, as identified by activated plans – <ul style="list-style-type: none"> • Notify EMA for volunteer needs • Notify EMA for other Resource needs • Communications – JIC?? • Healthcare Coalition (CEOT) • ODH <p>DOC activation ICS Forms to be completed</p>

	LC EOC activated – Subject Matter expert sent or available
	State EOC activated

Execution of the **ERP** may require staff mobilization and activation of the LCHD staff. The LCHD Triad will meet first within **one** hour. The ICS Team will be called in within **two** hours (**Appendix 3 - LCHD General ICS Chart and Attachment VI - Employee Call Down**) will determine what staff are able to come in first to begin planning process. The LCHD Leadership will meet in the library (DOC) where the agency's response personnel can gather to promote coordination of response activities. Activation uses steps outlined in **Attachment IV ERP Activation Process**.

5.3 COMMAND, CONTROL, AND COORDINATION

LCHD actions may be needed before the ERP 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 or other plans involved.

Upon notification of a state-and-local coordination call, agency leads will prepare a list of completed and planned actions to share with key POCs at ODH. ODH POCs will contact their local counterparts to discuss key information and incident needs that must be reported throughout the incident. Both LCHD and ODH will contribute to the establishment of these EEIs. Once finalized, LCHD will identify the POCs within the agency who will lead the implementation/identification of each EEI.

LCHD will review the agency's internal capacity to provide the needed response or information in accordance with the established EEI list. Any gaps in capacity will be reported to ODH and assistance requested through established channels. ODH will identify available support and prepare to report during the state-and-local coordination call.

The LCHD Health Commissioner, or otherwise designated spokesperson, will speak on behalf of the agency on all state-and-local coordination calls. The Health Commissioner/designated spokesperson will address all the EEIs and clearly communicate both completed/planned actions and the response capacity of the agency. For any previously identified gaps in capacity, the Health Commissioner/designated spokesperson will identify the state agency that can provide assistance and defer to that state partner for an update.

The plans that currently support the ESF-8 and HCC interface include:

- Logan County Health District Emergency Response Plan;

- Logan County Emergency Management Agency Emergency Operations Plan;
- Central Ohio Regional Public Health and Medical Coordination Plan;
- Central Ohio Regional HCC Emergency Response Procedures.

The Central Ohio Regional HCC largely comprises ESF-8 partners in each of the counties in the region. For responses that trigger engagement of ESF-8 partners, the following actions are anticipated by each partner type:

- Hospitals: provide patient care and updates related to medical surge and availability of critical medical supplies. During incidents that impact infrastructure, hospitals will support evacuation and relocation of identified CMS facility types, e.g. nursing homes.
- Long-term care facilities: provide critical information and resources to their residents. During incidents that impact infrastructure, these facilities will support evacuation and relocation populations from other facilities in the county or the region.
- Logan County's Consolidated Care: provide psychological first aid to responding personnel. Serve as a connection point for care to the broader community.
- Logan County/Bellefontaine City Fire & EMS: provide patient transport to care facilities. Support fit-testing for PPE and training on donning and doffing.
- Northern Miami Valley-American Red Cross: Facilitate setup and operations of a Family Assistance Center during mass fatality incidents.

The role of the Regional Healthcare Coordinator in local and multicounty incidents is to:

- 1) Facilitate prompt, clear, and precise information sharing among participating coalition members and jurisdictional authorities to promote common situational awareness; through situational reports.
- 2) Facilitate the interface between the HCC members and appropriate jurisdictional authorities to establish effective support for medical surge events; to include bed availability statistics and patient movement options.
- 3) Facilitate resource support by expediting the mutual aid process or other resource sharing arrangements among the HCC members and support the request and receipt of assistance from local, state, and federal authorities;
- 4) If needed, establish a presence either in person or virtually with the ESF-8 lead agency at the local emergency operations center during a county or multicounty response. The RHC has a seat in the local EOC that can be filled upon request.

5.3.1 INCIDENT COMMAND AND MULTIAGENCY COORDINATION

Depending on the incident, LCHD may either lead or support the response. LCHD uses the Incident Command System (ICS) to structure and organize response activities when leading an incident response. Similarly, when supporting an incident response, LCHD 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.

DEVELOP INITIAL HEALTH RESPONSE OBJECTIVES AND ESTABLISH AN ACTION PLAN

Develop initial health response objectives that are specific, measurable, achievable, and time-framed. Establish an action plan based on your assessment of the situation. Assign responsibilities and record all actions.

5.3.2 INCIDENT COMMANDER/DEPARTMENT COORDINATOR

LCHD response activities are managed by a single individual ("Response Lead"), who serves in the command function of the response organization.

The position title is different depending on whether LCHD is leading incident response or providing incident support. When leading the incident, LCHD uses the ICS title Incident Commander (IC); when supporting the response, LCHD uses the title Department Expert (DE). (**Attachment VIII- HAN Emergency Listings**, DE Listing- tab 6) Response Lead has the same authorities, regardless of the title.

5.3.3 BASIC AUTHORITIES FOR RESPONSE

Basic authorities define essential authorities vested in the IC/DE. These authorities are listed below:

- The IC/DE may utilize and execute any approved component (i.e., attachment, appendix or annex) of the ERP;
- IC/DE may direct all resources identified within any component of the ERP in accordance with agency policies;
- IC/DE may set response objectives and develop/approve an incident action plan (IAP), as applicable, in accordance with overall priorities established by the agency administrator or policy group;
- IC/DE with supervisor approval may engage the minimum requirements for staffing as outlined in the activation levels of the plan;
- The IC/DE with supervisor approval may authorize incident-related in-state travel for response personnel;
- IC/DE may with Administrator approval authorize incident expenditures totaling up to \$1,000.

LIMITATIONS OF AUTHORITIES

Any authorities not included in the Basic Authorities require additional authorization to execute. Key limitations on authority are detailed below:

- The IC/DE and any involved department supervisor approval will determine when staffing levels begin to approach any level that is beyond those pre-approved within this plan. The Administrator must authorize engagement of staff beyond those pre-approved levels;
- The IC/DE may not authorize staff to work a schedule other than their normal schedule without prior authorization of the involved supervisor. This includes approval of overtime, changing the number of days staff work in a week, changing the specific days staff work in a week, or changing the number of hours staff work in a day;
- The IC/DE must adhere to the policies of LCHD regarding overtime/comp-time and should clarification on these policies be required, the IC/DE must engage the involved supervisor and the Administrator
- The IC/DE must seek approval from the Administrator for incident expenditures totaling more than \$1,000. This is to be understood as total incident expenditures, not just the total cost for a single transaction.

5.3.4 INCIDENTS WITH LCHD AS THE LEAD AGENCY

When leading the response, LCHD employs ICS and organizes the response personnel and activities in accordance with the associated ICS resources and principles.

As the lead agency, LCHD supplies the IC who is responsible for (a) protection of life and health, (b) incident stabilization, (c) property protection, and (d) environmental conservation. The IC will engage local/regional/state partners and the State EOC (with assistance from LC EMA) as needed. Resources and support provided to LCHD for incident response will ultimately be directed by the LCHD IC, in accordance with the priorities and guidance established by the Triad and the parameters established by the supplying entities.

LCHD will remain the incident lead until (a) the incident has resolved and all response resources have been demobilized or (b) command is transferred to another entity.

5.3.5 INCIDENTS WHEN LCHD IS INTEGRATED INTO AN ICS STRUCTURE LED BY ANOTHER AGENCY

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

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

If such support is needed, LCHD will determine the appropriate activation level and assign a DE to lead the integration activities. In such responses, the Planning Support Section Chief will track engagement of LCHD 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 their HC of any attempt to circumvent the established parameters, as well as of any unapproved use of LCHD resources. The DE will then work with the incident's IC to determine an appropriate resolution.

5.3.6 INCIDENTS WITH LCHD IN A SUPPORTING ROLE

For incidents in which LCHD is a support agency, the Incident Commander is supplied by another agency. For these incidents, LCHD assigns a DE who 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.
- Facilitate logistical support and resource tracking.
- Inform resource allocation decisions using incident management priorities.
- Coordinate incident-related information.
- Coordinate and resolve interagency and intergovernmental issues regarding incident management policies, priorities, and strategies.

If the LC EMA EOC is activated, the LCHD DE coordinates all agency actions that support any Emergency Support Functions (ESFs) in which LCHD has a role. In such incidents, the DE will ensure that all LCHD actions to address incidents for which the LC EMA EOC is activated and will be coordinated through the State EOC.

5.3.7 LEGAL COUNSEL ENGAGEMENT

During any activation of the emergency response plan, LCHD legal counsel (Logan County Prosecutor) is always engaged, regardless of the incident type. The specific topics that require targeted engagement of legal counsel include the following:

- Isolation and quarantine,
- Drafting of public health orders,
- Execution of emergency contracts,
- Immediate jeopardy,
- Any topic that requires engagement of local legal counsel,
- Protected health information,
- Interpretation of rules, statutes, codes and agreements,

- Other applications of the authority of the Health Commissioner,
- Anything else for which legal counsel is normally sought.

LCHD legal counsel are integrated at the outset through the activation notification. There are no internal approvals required to engage the LCHD legal counsel; the HC, their designee or any program staff who normally engage legal may reach out. Contact information for LCHD legal counsel can be found in **Attachment VIII- HAN Emergency Listings – Tab 1 Local Agencies.**

5.3.8 INCIDENT ACTION PLANNING

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

- What do we want to do?
- Who is responsible for doing it?
- How do we communicate with each other?
- What is the procedure if someone is injured?

Within ICS, management by objectives covers six essential steps. These steps take place on every incident regardless of size or complexity.

1. Understand LCHD authorities, policies and directives
2. Establish incident objectives and priorities
3. Select appropriate strategy
4. Apply tactics appropriate to the strategy
5. Monitor the performance of tactical operations
6. Adjust strategy and tactics as needed to achieve objectives

Objectives answer the question, “What” with regards to desired outcomes and are statements of intent related to the overall incident. Priorities are situational and influenced by many factors, with Safety of Life always being the highest priority. In the planning cycle, incident objectives are established at the initial command meeting. Proper leadership involves developing incident objectives that can effectively guide a large response organization from the initial emergency and crises phase through the cleanup and recovery phase. Objectives all too often cause weak direction and improper tasking. To ensure that the established objectives are appropriate, incident needs must inform the established objectives and their completion timeframes, rather than internal, agency resources.

When objectives are poorly written the responders are not sure what the Command has in mind and are open to a wide range of interpretation that may or may not be on course. Poorly written objectives are:

1. Too general to be meaningful;
2. Incompatible with the resource status;
3. Incapable of accomplishment;
4. Inappropriately assigned;

5. Too limiting to allow the use of alternative approaches or innovation;
6. Incomplete or unclear;
7. Simply unintelligible.

Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.

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.

DEVELOPMENT OF INCIDENT OBJECTIVES

Development of LCHD's objectives is part of the planning cycle. The initial objective-setting process is dynamic and deliberate. As needed objectives will be revised to reflect current incident needs and the response situation. As the process goes through a few cycles, it becomes a more open style that addresses all LCHD's stakeholders concerns. The planning cycle has a four-step pattern that is repeated during each operational period and includes developing the following:

1. Constraints: Understanding the boundaries and setting limits on the response;
2. Objectives: Identifying what to accomplish;
3. Strategy: Deciding on a methodology for accomplishing critical tasks;
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). 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 LCHD's 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. LCHD's Command communicates the objectives to a large response organization through Incident Action Plans (IAP), Support Plans (SP) and briefings. Command may divide incident objectives into general objectives and operational (or tactical) objectives in the IAP. General objectives are those broad objectives and policy statements that are usually replicated on each IAP or SP. Operational objectives are those objectives in the IAP/SP that are applicable to the next operational period. These objectives may be continued from the previous IAP/SP if they were not accomplished and/or may be newly stated objectives for the next operational period.

METHODS USED TO DEVELOP INCIDENT OBJECTIVES

The following are four methods used by LCHD to develop objectives. Each method may be used alone or in combination with one or more of the other methods:

1. **Checklist:** Used in the early phase of the response to ensure key items are completed. It has pre-assigned responsibilities which helps speed up the response. It gives the UC an opportunity to focus on the unique rather than the common place aspects of the response. It ensures key issues are not overlooked. It can be tailored to the agency's mission. It can list the key tasks of command and general staff positions. It is good for the first four to six hours of a large response effort.
2. **Pro-forma Objectives:** Used in the early part of the response. They are a short list of generalized objectives that can help provide focus for a growing and expanding organization. They can be customized by adding specifics to general objectives when tasking commercial contractors. They highlight the major concerns of the organization and details are added by command as the response unfolds.
3. **Matrix:** This method divides the incident into manageable geographic zones and lists objectives for each zone. The UC considers the concerns in each zone and turns each problem into an objective. The y-axis of the matrix lists problem categories (i.e., people, property, environmental issues, economic or funding issues, information and communication needs). The x-axis lists geographic zones (i.e., on-scene, primary response zone, surrounding zone). Most of the problems, concerns and impacts related to the incident should not be overlooked if each box on the matrix is completed with accurate information.
4. **Critical Success Factors:** Objectives are linked to performance or results. Objectives are set to ensure the CSFs are met.

OBJECTIVE TRACKING

Any time LCHD 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. Mission requests may come in through the LCEOC or Web EOC. These mission requests should also be documented and tracked independently of LCEMA and Web EOC in a spreadsheet maintained by LCHD response staff in the Planning Section or Planning Support Section.

The objective development process works well when facilitated, and when all participants are motivated to work together and desire the best outcome for the incident response. As a rule, there should be no more than seven operational objectives for a given operational period. As objectives are tracked, realized, and closed this should be marked and revised as the incident requires. As needed objectives will be revised to reflect current incident needs and the response situation. Additional ones will naturally follow in subsequent operational periods.

For the documents included in an IAP, see **Attachment VII Incident Action Plan Template**

For additional information on the planning process, see **Appendix 4 - Planning Process**

5.3.9 ACCESS AND FUNCTIONAL NEEDS

LCHD follows response actions in the agency's **Appendix 13 - OP Cultural Diversity and Health Equity** to ensure that access and functional needs are appropriately addressed during planning and response. The support available includes the following:

- Evaluation of data to identify access and functional needs in the impact area;
- Review of incident details to ensure all access and functional needs have been accounted for;
- Outreach to partner organizations that serve access and functional needs;
- Assistance with development of the IAP, 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.

The Incident Commander and/or Planning Chief has primary responsibility for provision of these services during an incident.

In addition to the Office of Health Equity, LCHD engages other internal programs that serve individuals with access and functional needs. These include the following:

- WIC (Women, Infants and Children with limited financial resources)
- HIV/STD Clinic (Individuals with chronic illness)
- Bureau of Children with Medical Handicaps (BCMH)

In all communications during incident response, LCHD will utilize person-first language as described in **Appendix 6 - Communicating with and about Individuals with Access and Functional Needs**.

LCHD does not have access to translation and interpretation services through a state-term contract established by the Department of Administrative Services. **The HAN Directory** has listings of various types of services and resources available if needed for Communicating with and about Individuals with Access and Functional Needs.

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

- Ohio Department of Health (SHD)
- Department of Aging
- Department of Medicaid
- Department of Mental Health and Addiction Services
- Local and State Emergency Management Agency
- Local and State Development Disability Agency

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.

In every incident, a Demobilization Plan will be developed. This plan will include incident-specific demobilization procedures, priority resources for release, and section responsible for down-sizing the incident.

Demobilization is led by the Planning Section, which has three primary functions:

1. Provide the demobilization directions to Operations and Logistics.
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. Once the incident comes to a close, a Hot-wash will be conducted within 48 hours of the devolution decision for the incident response. 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. The Emergency Planner will complete the AAR/IP whether an incident is led by this agency or by another agency. See **Attachment IX - Development of an After**

Action Report/Improvement Plan (AAR/IP) and Completion of Corrective Actions.

5.3.12 PLAN INTEGRATION

Plan execution will be coordinated vertically among all levels of government to ensure singular operational focus.

At the local level, the **LCHD ERP** interfaces with the **LC EMA EOP** and the **LC Healthcare Coalition Concept of Operations Plan**. The **LCHD ERP** provides specificity for how the agency will complete the Public Health tasks and support responses necessary to respond to an incident at the local level.

At the regional level, LCHD interfaces with the Central Ohio Region, which is a collection of public health agencies in Ohio Region IV. The plans produced by the Central Region are designed to work in concert with the plans of the member organizations and define how the agencies collaborate during responses that affect one or more of their jurisdictions. There is a standing signed MOA, to share Public Health Resources, within our Central Region 4.

At the state level the **LCHD ERP** interfaces with the **ODH ERP** and the **State of Ohio EOP**. SHD recognizes that all responses are local and will activate the SHD ERP to support the actions directed by local response plans.

At the federal level, SHD interfaces with CDC and ASPR to support public health and medical response, respectively. Although LCHD does not review response plans from our federal partners, SHD plans are designed to identify, access and integrate with federal plans for support and resources made available to the state. Examples of such resources include the Strategic National Stockpile (SNS), CDC Emergency Response Teams (CERTs), and medical consultation through ATSDR. These resources and how to access them are included in each of the annexes they support.

5.3.13 SITUATION REPORTS

In general, situation reports (SITREP) 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 response, 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 LCHD Leadership, ICS Team/POD Team, and general staff for their situational awareness. Hardcopies of SITREPs will also be available in the LCHD DOC, if the DOC is active. At the discretion of the LCHD IC, any SITREP may be forwarded electronically to the LC EMA, local Hospital, State EMA, RHCs, LHDs, or other federal, state or local partners for their situational awareness and to foster a common operating picture. Additional SITREP recipients will be based 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 identified by the staff responsible for disseminating the SITREPs, through discussion with Public Information, the IC/DE, and operational staff.

SITREPs frequency is detailed in the table below.

Activation Level	SITREP Frequency
Situation Awareness & 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 X - Situation Report Template** for a situation report template.

5.3.14 STAFF SCHEDULE (BATTLE RHYTHM)

LCHD Planning and Logistics Chiefs will maintain staff scheduling and communicate the schedule to assigned staff utilizing **Attachment XII – Operational Schedule Form**. The completed staff schedule form will be distributed via email or by hard copy.

The battle rhythm will also detail essential command staff meetings, established reporting timelines and other necessary coordination requirements. The battle rhythm for each operational period will be created by the Planning and Logistics Chief using **Attachment XI – Battle Rhythm Template** and distributed to all response staff at the beginning of their shift.

Upon shift change, staff will be provided a shift change form utilizing **Attachment XIII- Shift Change Briefing Template**.

5.4 INFORMATION COLLECTION, ANALYSIS AND DISSEMINATION

5.4.1 INFORMATION TRACKING

Web EOC is the mission tasking and tracking system available through the LC EMA. It is a portal for information sharing. It is the primary source for distributing documentation to response partners across State and local levels and documenting response actions. All high-level response actions must be documented in Web EOC for accountability and reimbursement. SHD will also track all agency objectives to ensure that they remain on track for completion. Any incidents that are off-track will immediately be identified to the IC/DE.

To aide in centralized communication, LCHD maintains a dedicated network directory 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 directory folder. Information will be reported via situation reports to the recipients of those reports at the times and disbursement schedules established.

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.

Internally in the DOC, information tracking can also be done, however, certain situations may dictate the use of independent or co-dependent information tracking processes. In these situations, information may be tracked via a spreadsheet or through appropriate ICS forms or other means of documentation.

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 as the response begins, using **Appendix 7 - EEI Requirements**.

LCHD 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 for each operational period. At a minimum, the IC/DE, EPC, Operations Chief will contribute to this refinement.

To identify sources of information for EEIs, consult **Attachment VIII – HAN Emergency Listings**.

5.4.3 INFORMATION SHARING

To ensure that LCHD maintains a common operating picture across the county jurisdictions that response personnel are engaged, LCHD will assign a DE as a point of contact to the LC EMA EOC. **Appendix 10 - LC EMA EOP Annex A** defines the coordination between county jurisdictions, the LC EMA, and the Ohio EMA when activated.

6.0 COMMUNICATIONS

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

The ***Crisis 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, LCHD will ensure the dissemination of information and maintain communication with the following entities to ensure continuity of response operations:

- Applicable LCHD employees

- LC EMA EOC, as applicable who informs State EOC
- SHD DOC, as applicable
- Local Health Departments
- Regional Public Health Coordinators
- Regional Healthcare Coordinators
- City, county, state and federal officials
- Non-governmental partners
- Other support systems, agencies, and/or organizations involved in the incident response

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:

35. voice over internet protocol (VOIP)
36. phone lines
37. email
38. fax machines
39. MARCS radios
40. Web-based applications, including the Operational Public Health Communication System (OPHCS).

There are four (4) alert levels employed by SHD 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) hours of 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, LCHD utilizes OPHCS. OPHCS is a reliable and secure web-based messaging and alerting system used to communicate incident information to relevant groups via email, fax, phone,

paggers and other messaging modalities to support notifications on a 24/7/365 basis. This system is used by SHD, 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 LCHD communication resources become overburdened or destroyed, redundant or back-up communication equipment include:

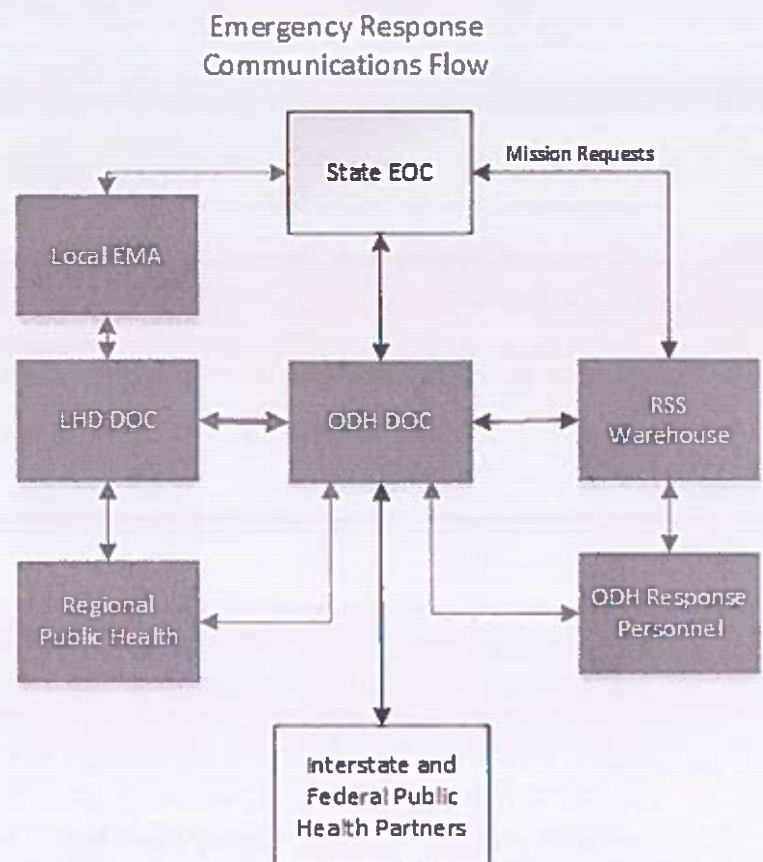
41. Governmental Emergency Telecommunication Service (GETS) cards
42. SHD Wireless Priority Service (WPS)
43. Multi-Agency Radio Communications (MARCS) radios
44. Two-way radios

GETS cards and WPS that has been made available to SHD mid-level management. GETS cards consist of numbers that receive priority over regular calls, thereby greatly increasing the probability a wired call is received. In addition to GETS cards, WPS, also allows for personnel priority access and prioritized processing in all nationwide and several regional cellular networks, greatly increasing the probability of call completion.

SHD maintains Multi-Agency Radio Communications (MARCS) both externally and has distributed radios to local and regional partners. LCHD currently houses (3) MARC's radios that can be deployed to response staff should LCHD experience power failure or the inability to reach partners. SHD conducts monthly MARCS radio checks with hospitals and local health departments to verify distributed MARCS radios are operational for emergency use.

Figure 5

senior and phone



Both GETS and MARCS radios are maintained and managed by SHD OHPs Logistics and Technology Unit and should be requested through appropriate resource request mechanisms as outlined in this plan.

SHD may engage primary and redundant methods of communication both at the programmatic, DOC and state level. When responses require the engagement of the State EOC SHD assumes its role at the ESF-8 desk. From the desk, SHD may require additional collaboration with other ESFs, State EMA staff and other state and federal partners. The ESF-8 desk facilitates an environment for situational awareness, information flow and coordination with partners. For a graphical illustration of the information flow, please see the flow chart above (Figure 5).

For a list partner point of contacts, please refer to the **Attachment VIII - HAN Emergency Listings**.

LCHD 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:

- | | |
|-----------------------------------|--|
| 45. Summary of the incident | 48. Objectives to be completed by the agency |
| 46. Summary of current operations | 49. Planned public information activities |
| 47. Response Lead | 50. Other engaged agencies |

6.1 PUBLIC COMMUNICATIONS

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

7.0 ADMINISTRATION AND FINANCE

7.1 GENERAL

Focused, deliberate and conscientious administrative efforts, recordkeeping 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.

- a) In an LCHD-led ICS response, finance and administration duties may be delegated by the IC to the Finance and Administration Section Chief.
- b) When LCHD is engaged in coordination, these duties may be delegated by the DE to the Staff Support Section Chief.

7.2 COST RECOVERY

Depending on whether an emergency response is declared a State Disaster or a Federal Disaster some emergency response costs may be reimbursed through State funding or federal funding. Regardless of whether the emergency response is declared a State or Federal Disaster, all requests for reimbursement will initiate from Logan County Health District through Logan County Emergency Management Agency.

Established funding streams through which reimbursement may be available include the following:

- State Disaster Relief Program (SDRP) – Administered by the Ohio Emergency Management Agency (Ohio EMA), Disaster Recovery Branch. The SDRP is designed to provide financial assistance to local governments and eligible non-profit organizations impacted by disasters. These funds are intended to SUPPLEMENT NOT SUPPLANT an applicant's resources and therefore, applicants must demonstrate the disaster has overwhelmed local resources and that other avenues of financial assistance have been exhausted prior to requesting assistance through the SDRP.

The SDRP is implemented at the governor's discretion, when federal assistance is not available. Local governments and eligible non-profit organizations must apply, through a written letter of intent, to the program within 14 days of the Program being made available. The supplemental assistance is cost shared between Ohio EMA and the applicant.

- FEMA Public Assistance (PA) Program – administered through a coordinated effort between the FEMA, Ohio EMA, and the applicants. While all entities must work together to meet the overall objective of quick, efficient, effective program delivery, each has a different role. FEMA's primary responsibilities are to determine the amount of funding, participate in educating the applicant on specific program issues and procedures, assist the applicant with the development of projects, and review the projects for compliance.

The FEMA PA Program provides supplemental Federal disaster grant assistance for debris removal, emergency protective measures, and the repair, replacement, or restoration of disaster-damaged, publicly owned facilities. The PA Program also encourages protection of these damaged facilities from future events by providing assistance for hazard mitigation measures during the recovery process. The Federal share of assistance is not less than 75% of the eligible cost for emergency measures and permanent restoration from major disasters or emergencies declared by the President.

- Public Health response funds are for federally designated public health emergencies following a public health emergency declaration by the Secretary of Health and Human Services. The funds would likely be administered through the Ohio Department of Health. (See Appendix 12 for SOP-Purchasing for LCHD)

Eligible costs/work may include:

- Labor costs – All labor hours (use of your own employees) should be documented. Depending on the funding source, only overtime/comp time may be reimbursed.
- Equipment costs – For FEMA dollars, reimbursement will be based on most current FEMA schedule of equipment rates. Requirements for other funding sources will be provided at the time the dollars are made available.
- Material costs – Costs of materials and supplies used for response/repair (from stock or purchased for purposes of completed project).
- Rented equipment – Include invoices and proof of payment for any rented equipment.
- Mutual aid – If there is a written mutual aid agreement in effect between jurisdictions (political subdivisions) at the time of the disaster, then associated costs may be eligible. The receiving entity can claim these costs once they are billed by the providing entity and the receiving entity provides payment to them.

In addition to the incident documentation detailed in **Attachment XIV – Incident Documentation Guide**, each funding source requires completion of specific forms to access available funds. To support preparation of these forms, the agency will scan invoices, timesheets and other applicable documents and save the copies in an incident cost-recovery folder on the agency drive. At the conclusion of the incident, the list of reimbursable expenses will be compiled into a spreadsheet and saved into that same folder.

These efforts are led by the LCHD’s Director of Business Operations, in coordination with personnel assigned to fiscal roles during the incident response.

7.3 LEGAL SUPPORT

LCHD legal counsel will work in collaboration with the incident command team to identify the legal boundaries and/or the ramifications of potential response actions in an effort to avert unintended liability.

Legal claims in the aftermath of incidents include but are not limited to;

- Negligent planning or actions during an incident,
- Workers compensation claims;
- Improper use or authority.
- Improper uses of funds or resources.

Depending on the severity and scope of the incident, the LCHD Prosecutor could be required to attend daily operational planning and briefing sessions for their

situational awareness and to provide their opinions to ensure the applicable administrative law statutes are recognized and being adhered to.

The LCHD Prosecutor and Administrator will also support the execution of Memorandums of Understanding (MOUs), Mutual Aid Agreements (MAAs) and requests for resources through the Emergency Management Assistance Compact.

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, 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 recordkeeping. The Finance/Administration section and Payroll Officer 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).

Records Security. During an incident LCHD will collect and receive, create and maintain a large amount of data and records. This includes anything that is sensitive documentation or data (such as POD Locations, Vaccine amounts/locations) that if released it could adversely effect the public or the agency's ability to respond. Some of this collected data is protected/sensitive or confidential pursuant to numerous laws (e.g., R.C. 3701.17, 45 CFR Parts 160 and 164 [HIPAA Privacy Rule]). Any violation of these laws may result in civil, criminal, or administrative penalties, as well as adverse employment action by LCHD. Sensitive data are kept in a secure location.

LCHD HIPPA Unauthorized Personal Information Disclosure and Notification, prescribes that data collected by organizational units or individuals within LCHD are collected pursuant to law and as authorized by LCHD.

Immediately upon discovery that there has been an unauthorized disclosure or suspected unauthorized disclosure of the information, the person who discovers the disclosure or suspected disclosure will notify his or her direct supervisor, the responsible LCHD staff supervisor and/or incident commander.

Records Retention. During an incident all staff will abide by the LCHD Records Retention Policy. The LCHD Records Retention Policy provides direction to LCHD employees regarding the required timeframe documentation is kept/ retention periods, transfer and destruction methods for LCHD records.

During the response, an incident folder will be created on the LCHD Company drive in the Emergency Response folder " *INCIDENT RESPONSE*". It will be the responsibility of the Planning Section Chief/Planning Support Unit to ensure all information is categorized correctly using the following steps.

- a) Establish Incident Response Folder on the LCHD Company drive.
- b) Establish files for the response folder.
- c) Inform response personnel of the location of file.
- d) Each incident supervisor will be responsible for the organization and orderliness of their respective file (e.g., Operations, Logistics, Administration)
- e) Reminders of recordkeeping and locations of files will be reviewed during each change of shift brief.
- f) Response Folders will be backed up daily using an external hard drive by the documentation Unit representative.
- g) Location of external hard drive and any documents associated will be kept initially in a secure location in the Department Operations Center and maintained by the administrative section or designated representative.
- h) After incident documents (hardcopies) and any external hard drive storage will be kept and managed by the documentation unit.
- i) At the end of a response, all hardcopy records as well as any external hard drives will be stored in the EPC cubicle for reference. All supervisors within LCHD and selected LCHD personnel will be allowed access to records all records/logs/documents or computer storage devices will be kept by the EPC.

LCHD Record retention for Policies, procedures, Rules and Regulations state the retention period shall be 6 years after revised. (Paper or electronic) Further detailed in **Attachment XV – Records Retention Schedule**.

Documentation procedures are further detailed in **Attachment XIV - 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 Administrator/Finance Chief which have been provided by the IC for approval.

Types of administrative needs that may warrant an expedited action during a response are as follows; Requests for overtime, execution of contracts, purchases exceeding predetermined limits. LCHD's Emergency Procurement policy states in Appendix 12 *"Emergency Procurement; In the case of a public health emergency event, the Administrator will set up a system with the Logistics Chief to obtain what is needed in an emergency."*

Any approvals beyond the basic authority of the IC must engage the process detailed below.

51. **Expedited Personnel and Staffing Actions:** All requests for expedited personnel actions, e.g. personnel staffing increases or overtime approval, require consultation with the Triad.
52. **Expedited Financial Actions:** All expedited financial actions will be coordinated by the Administrator. No funding will be obligated or committed without the consent HC.
53. **Expedited Procurement Actions.** LCHD will follow the LCHD Emergency Procurement Process.
54. See Appendix 12- Organizational Procedure- Purchasing Procedure for further details.

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 or chronology of events document and reviewed Operations Chief as needed. All necessary agency forms will also be completed, in addition to the incident forms.

In response to emergencies, governments at all levels have the ability to make funds available to responding agencies. There are two primary mechanisms by which the funds could be quickly received:

1. Funds are provided as an increase to an existing funding line. In this case, funds would be moved to agencies through an existing grant with responsibilities related to the incident to which they are responding. Moving funds in this manner may only require an abbreviated acceptance process with signature from key personnel.
2. Funds are provided as separate funding provision, through an application process. In this case, agencies will be asked to apply for funds as if they are a new grant. In an emergency, there may be an abbreviated process and elements of a standard application may be suspended. These emergency grants may require short execution periods.

To ensure rapid receipt of these funds, LCHD will expedite the approval process through GrantsTracker and will work directly with key stakeholders to obtain approval of the contract relationship and support availability of additional funds. The Health Commissioner is able to enter into contracts or receive funds on behalf of the agency during emergencies, to be approved at the next Board of Health Meeting.

During emergencies, LCHD can petition the BOH for a waiver of the standard budgeting process, which normally requires BOH approval. With the consent of the BOH President, the Health Commissioner may allocate funds to critical programs. Those allocations will remain in force until the next, regularly scheduled BOH meeting, at which time they will be reviewed. Unless the BOH rejects the allocations

made at that time, the funds may continue to be used as previously assigned. This power will persist with the identified funds until the end of the emergency.

During normal operations, purchases over \$50,000 and the entering into contracts require BOH approval. These restrictions are waived, allowing the Health Commissioner to apply funds as needed to address “an imminent or critical public health incident.”

During an emergency, emergency staff may be installed after an interview with Senior Staff. The employee will be able to begin work after passing the background check if applicable.

8.0 LOGISTICS AND RESOURCE MANAGEMENT

8.1 GENERAL

LCHD has a limited amount of materiel 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:

55. Source 1: LCHD has 20 employees to pull from for human resource/personnel and inventory management systems. All resources will be exhausted prior to engaging State partners or stakeholders. When all LCHD required resources that are not on-hand or have been exhausted the agency will contact the LC EMA who search the county before pursuing the State agency partners for resources.
56. Source 2: State agency resources. When SHD resource avenues have been exhausted, the acting logistics section chief will work through the State EMA to engage State Partners to secure a resource. State EMA may choose to activate the State Emergency Operations Center (STATE EOC) and Emergency Support Function (ESF) Partners to identify and secure a resource (e.g., DAS, ESF-1, ESF-7).
57. Source 3: MOUs and MAAs. When a required resource is needed, the Logistics Chief or Emergency Planner will refer to existing MOUs or MAAs to fulfill resource shortfalls. Assistance will be sought from the Logan County Prosecutor, as necessary.
58. Source 4: Emergency Purchasing and Contracts. Special provisions have been described in **Appendix 12- OP Purchasing Procedure** that details how emergency procurement and contracts can be executed.
59. Source 5: Emergency Management Assistance Compact (EMAC). When a resource for SHD use is not available and cannot be found in state, the logistics section chief will notify the LC EMA who will notify State EOC to request interstate resources using the IMAC/EMAC Process.
60. Source 6: Federal Assets. Specialized federal assets to include subject matter experts and material may be required to support state incident response. Federal agencies that support SHD responsibilities include but are not limited to the Centers for Disease Control (CDC),

Department of Health and Human Services (HHS) and the Department of Energy (DOE). These assets range from requests from the CDC for Strategic National Stockpile (SNS) Medical Countermeasures (MCM) and the Department of Energy for radiation incidents.

8.2 LCHD RESOURCES

LCHD has identified the three resource priorities for fill during an incident: personnel, material/supplies and transportation.

8.2.1 PERSONNEL RESOURCES

The Planning/Planning Support Section chief will work with LCHD Triad to fill the shortfalls. If there are insufficient LCHD personnel staffing assets available internally, LCHD will engage the Citizen Corps/Medical Reserve Corps for staffing through the LCEMA.

8.2.2 MATERIEL RESOURCES

In an effort to fulfill materiel resource gaps the acting Logistics Chief or designee will research for the asset internally within LCHD departments or emergency supplies for the required asset or resource. If the resource is not found, an **Appendix 5 -ICS Form 213 RR 20170316 Blank Fillable Form** will be completed and provided to the LC EMA EOC who will attempt to locate the resource locally. If available, the resource will then be released and assigned to the Logistics Chief for the duration of the incident. If the local resources have become exhausted the ICS Form 213 RR will be sent to the State EOC. Request for medical countermeasures will follow the procedures set forth in **Medical Countermeasures Plan** and also utilize the Inventory Management and Tracking System (IMATS)

8.2.3 TRANSPORTATION RESOURCES

LCHD transportation assets are limited material transportation. There is one vehicle that a trailer can be attached during an incident response The Logistics Section Chief will collaborate with LC EMA EOC to determine any other transportation needs. LCHD employees drive personal vehicles and are reimbursed for mileage. Any transportation needs that remain unmet after this engagement will be addressed through engagement of LC EMA EOC to the State EMA on ICS 213RR resource request.

8.3 MANAGEMENT AND ACCOUNTABILITY OF RESOURCES

8.3.1 MANAGEMENT OF LCHD INTERNAL RESOURCES

The management of LCHD internal resources and assets used in support of an incident, will be in compliance with **Appendix 11- SOP Inventory Resource**

Management. Assets and resources used to assist in the response will be tracked using IMATS for MCM, supplies and material managed by the Receipt, Stage, and Store (RSS) Warehouse.

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

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

8.3.2 MANAGEMENT OF EXTERNAL RESOURCES

Upon receipt of an external resource, the LCHD IC/DE in collaboration with the LCHD Logistics Chief will accept responsibility of the asset, by entering in relevant information into the tracking system designated. For equipment, supplies or MCMs received by the RSS warehouse, IMATS 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.

The Logistic Chief 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 LCHD POD Team Manager is responsible for managing the internal resources that belong to their section. When an LCHD asset or resource is requested for internal or external use during a response, the responsibility for that resource will be transferred to the incident response lead, using the determined inventory system and asset/resource transfer and receipt documentation. It is then the responsibility of the response lead to account for/track the resource, its use, sustainment and demobilization.

- 1) When an individual LCHD employee responds or deploys to an incident with an LCHD asset, that employee becomes the equipment custodian and assumes responsibility for the asset throughout the response and demobilization phases.
- 2) During a response, an update of all resources deployed from LCHD (internal and external) will be compiled at the beginning of and end of each operational period for the LCHD incident lead or authorized designee throughout the response and demobilization phases.

- 3) The following Incident Command System (ICS) forms (See attachment 17 will be used to assist in resource accountability tracking and post incident cost recovery:

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 or personnel and equipment at incident site and other subsequent locations.
ICS 213 RR Adapted SHD	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 LCHD asset or resource used in an incident, a full accountability of equipment returning to LCHD will be done by the Logistics Chief. The asset will be inventoried and matched against the asset tag or EDH number, 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 Logistics Chief/or equipment custodian of origin and returned to normal service. This can be done using the ICS Form 221 Demobilization Check-Out Form.

61. If the equipment deployed is lost, damaged or does not meet serviceability requirements, the LCHD incident lead, or designee and stakeholder, or equipment custodian will collaborate with the LCHD Logistics Chief and the LCHD Administrator 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. 4f2

8.5 EMERGENCY MANAGEMENT ASSISTANCE COMPACT (EMAC) AND OHIO INTRASTATE MUTUAL AID CENTER (IMAC)

Per State Revised Code (ORC) 5502.41 for IMAC for Ohio and EMAC (SRC 55), the purpose of this compact is to provide for mutual assistance within Ohio and 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) The IMAC/EMAC process may be used to support a Public Health Emergency at either a State, or local jurisdiction level and will be requested through the LC EMA.
- 3) The IMAC process is facilitated by local EMA; the EMAC process is facilitated for the State of Ohio by Ohio EMA. **Any and all public health engagement in IMAC/EMAC will be facilitated by local/state EMA, respectively.**
- 4) Within jurisdictions, public health agencies may receive requests for available resources that could be provided to address IMAC/EMAC requests from other jurisdictions. These could be for general resources that the agency may have or for public-health-specific resources that the agency is likely to have. Public health agencies must have internal processes that allow them to quickly provide available resources in support of the broader response community.
 - Internal processing of IMAC/EMAC requests is led by the Emergency Response Coordinator after approval by HC.
 - Following HC approval, the Emergency Response Coordinator will query for available resources within the LCHD and will collaborate with Human Resources (HR), to query internal databases, institutional knowledge centers and the various LCHD inventory systems for the required resource. As needed, HR will engage the Chief(s) of the section(s) where the potential resource exists.
 - Upon receipt of the request, the ERC, in coordination with HR, will obtain pre-approval from the Health Commissioner or designee to query available resources that would meet the request.
 - If such resources are identified, provision of those resources is at the discretion of the applicable section Chief, in consultation with HR and the Chair of Fiscal Opportunities.

[Receiving states will only accept resources from the State of Ohio. For local resources to qualify as State resources, the providing agency must enter into an intergovernmental agreement with Ohio EMA.]

Once the provision of the resource has been approved by the Health Commissioner, Ohio EMA will begin dialogue with the requesting state, in collaboration with LCHD. If the requesting state accepts the resource(s) offered by LCHD, Ohio EMA will execute an intergovernmental agreement with LCHD. Receiving states will only accept resources from the State of Ohio. An intergovernmental agreement with Ohio EMA will allow LCHD's resources to be designated as State of Ohio resources.

LCHD staff deployed through this mechanism will be paid, e.g. compensation, travel reimbursement, etc., by LCHD and will receive the same benefits as if working at his/her home station. The employee will carry with him/her all the liability protections of a LCHD employee afforded to him/her by his/her home station and applicable law.

Ohio EMA assumes no responsibility for this/these employee(s) other than the submission of completed reimbursement request through the EMAC reimbursement process, and the transmittal of reimbursement from the requesting State to LCHD. Upon completion of the intergovernmental agreement, Ohio EMA, the receiving organization and LCHD will develop and execute the plan for the checkout of the resource, the transportation of the resource, and the onward movement of the resource into the requesting state's incident response operations.

3) **In Logan County the processes for requesting resources from IMAC/EMAC** and for providing resources to another state in response to an EMAC request are as follows:

- Logan County Emergency Management Agency (EMA Director) may submit a "Local Emergency Proclamation" after consultation with the Logan County Commissioners.
- Therefore the jurisdictional partners that support these requests are the Logan County EMA Director and the Logan County Commissioners. At the state level Ohio EMA leads the EMAC process.
- All local resources must be depleted.
- In a Public Health Emergency this request can be made to the EMA Director by the Health Commissioner or his designee. (*Logan County Health District Board of Health Resolution #2003-03 dated March 2007 authorizes the Health Commissioner 72-hour discretion to impose and enforce isolation and quarantine practices as he deems necessary to protect the health of the public in an emergency until the Board can meet to confirm or cancel such action*).
- The IMAC/EMAC request will then be faxed to the Ohio EMA.

8.6 MEMORANDUMS OF UNDERSTANDING, MUTUAL AID AGREEMENTS AND OTHER AGREEMENTS

1) 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 LCHD 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 LCHD Leadership and the HC.

- 2) Established LCHD MOUs and MAAs are retained by each department that has an existing agreement. The LCHD Administrator retains the compilation of original/official agreements. Additionally, the LCHD Administrator also retains copies that have financial commitments.
- 3) Upon an incident response, it is incumbent upon the Logistics/Resources Support Section Chief to inquire with the appropriate leadership and Administrator to determine whether any MOUs and MAAs are applicable to the response activities.
- 4) If an MOU or MAA is determined to be needed during an incident, the IC/DE, Administrator, Logistics Chief and appropriate LCHD department will collaborate on execution of the MOU/MAA.

See existing LCHD MOU's/MAA's and LOI's listed in Table below:

Document Name	Document Type	Resources/ Support Provided	Cost for Utilization	POC to Activate	POC Primary Contact Info

Central Region Local Health Districts Mutual Aid Agreement	MAA	Public Health Response Personnel from all Central Ohio Region H.D.'s	No cost; staff & resources provided as available	Kara Cover-Regional Public Health EPC	614-525-4982 or see table below for additional Contact Info
Logan County Health districts Mutual Aid Agreement	MAA	Public Health Response Personnel from Auglaize County	No cost; staff & resources provided as available	Health Commissioner	419-738-3410
Logan County Health districts Mutual Aid Agreement	MAA	Public Health Response Personnel from Champaign County	No cost; staff & resources provided as available	Health Commissioner	937-484-1605
Memorandum of Understanding Between Logan County Health District and Bellefontaine City Schools	MOU	Open POD Location-Facility at Bellefontaine High School and Resources listed in MOU pg. 2	Possible reimbursement for any damage, supplies or additional expenses that may be incurred during POD activities	Superintendent	937-599-1346
Memorandum of Understanding Between Logan County Health District and Benjamin Logan Schools	MOU	Open POD Location-Facility at Ben Logan High School and Resources listed in MOU pg. 2	Possible reimbursement for any damage, supplies or additional expenses that may be incurred during POD activities	Superintendent	937-592-1666

Document Name	Document Type	Resources/ Support Provided	Cost for Utilization	POC to Activate	POC Primary Contact Info
Memorandum of Understanding Between Logan County Health District and Indian Lake Schools	MOU	Open POD Location- Facility at Indian Lake Middle School and Resources listed in MOU pg. 2	Possible reimbursement for any damage, supplies or additional expenses that may be incurred during POD activities	Superintendent	937-686-8601
Memorandum of Understanding Between Logan County Health District and Hi Point Career Center	MOU	Open POD Location- Facility at High Point Career Center and Resources listed in MOU pg. 2	Possible reimbursement for any damage, supplies or additional expenses that may be incurred during POD activities	Superintendent	937-592-9733
Memorandum of Understanding Between Logan County Health District and Riverside Local Schools	MOU	Open POD Location- Facility at Riverside Local Schools and Resources listed in MOU pg. 2	Possible reimbursement for any damage, supplies or additional expenses that may be incurred during POD activities	Superintendent	937-585-4599
(Honda Transmission) Letter of Intent (LOI) Regarding Mass Prophylaxis Dispensing CLOSED Point of Dispensing (POD)	LOI	CLOSED POD – Location at Honda Transmission Plant in Logan County Dispensing to Associates & their Families	None	Tim Salley	937-843-5555
Letter of Intent (LOI) Regarding Mass Prophylaxis Dispensing CLOSED Point of Dispensing (POD) (Logan Acres)	LOI	CLOSED POD – Location at Logan Acres (a LTCF) in Logan County Dispensing to Staff & their Family and Patients	None	DON-Bobbi Jo Dow	937-599-7244 or 937-592-2763

Letter of Intent (LOI) Regarding Mass Prophylaxis Dispensing CLOSED Point of Dispensing (POD) (Honda Logistics/Midwest Express)	LOI	CLOSED POD – Location at Honda Logistics/Midwest Express) in Logan County Dispensing to Associates & their Families	NONE	Jackie Wheeler	937-243-2106
(Community Health and Wellness) Letter of Intent (LOI) Regarding Mass Prophylaxis Dispensing – CLOSED Point of Dispensing (POD)	LOI	CLOSED POD – Location at Community health and Wellness Clinics in Logan County Dispensing to Staff & their Family and Patients	None	President/CEO	937-887-1013 or 937-935-7700
Contract for Epidemiological Services PHEP Grant #04610012PH1019 Between Delaware General Health District and Logan County Health District	Contract	The PHEP Consulting Epi Services listed in Exhibit A of the Contract	\$1800.00/Quarter for routine Epi Services and Hourly Rate of \$60.00 for additional services during outbreaks or high need	Delaware County Epidemiologist –Travis Irvan, MPH	740-203-2017
Memorandum of Understanding Between Logan County Health Department AND Franklin County Public Health for Emergency Vaccine Transfer and Storage October 1, 2018	MOU	Providing extra monitored vaccine storage space for either agency to use the others facilities to store vaccines in the event their storage facilities cease operating.	None	Franklin County Public Health Emergency Number	614-525-4982 or 614-525-3965

Central Ohio Regional Public Health Partnering Agencies with MAA

LHD Name	LHD Address	Contact Name	Daytime Contact	After Hours Contact
Columbus Public Health	240 Parsons Ave Columbus, OH 43215	Infectious Disease Reporting System (IDRS)	614-525-8888	On call- IDRS: 614-525-8888
Crawford County Public Health	1520 Isaac Beal Rd. Bucyrus, OH 44820	Kate Siefert, RS/ Lisa Stine, RN	419-562-5871 Ext. 1213-1214	Kate Siefert, RS 419-834-0884
Delaware General Health District	1-3 W. Winter St. Delaware, OH 43015	Communicable Disease Team	740-368-1700	On call- 740-815-6518
Fairfield Department of Health	1550 Sheridan Dr. Ste 100 Lancaster, OH 43130	Communicable Disease Team	740-652-2800	Sheriff's Department/911: 740-652-7911
Fayette County Health District	317 S. Fayette St Washington CH, OH 43160	Communicable Disease Team	740-335-5910	On call: 740-505-1936
Franklin County Public Health	280 E. Broad St Columbus, OH 43215	Infectious Disease Reporting System (IDRS)	614-525-8888	On call- IDRS: 614-525-8888
Galion City Health Department	113 Harding Way E. Galion, OH 44833		419-468-1075	Galion City Police Department: 419-468-9111
Kenton-Hardin Health Department	175 W. Franklin St #120 Kenton, OH 43326	Communicable Disease Team	419-673-6230	On Call: 567-674-7108
Knox County Health Department	11660 Upper Gilchrist Rd.		740-392-2200	740-397-3333, Ext.#1

	Mount Vernon, OH 43050			
Licking County Health Department	675 Price Rd. Newark, OH 43055		740-349-6535	740- 349-6535
Logan County Health District	310 S. Main St. Bellevue, OH 43311	Communicable Disease	937-592-9040	Logan County Sheriff: 937-592-5731
Madison County- Public Health	306 Lafayette St. Suite B London, OH 43140	Infectious Disease Surveillance and Epidemiology Program	740-852-3065	Madison County Sheriff Dispatch: 740-852-1332
Marion Public Health	181 S. Main St. Marion, OH 43302	Communicable Disease Reporting	740-387-6520 option 2	Marion County Sheriff: 740-382-8244
Morrow County Health District	619 W. Marion Rd., Suite B Mount Gilead, OH 43338	Stephanie Shaver	419-947-1545 ext. 326	After hours On Call: 567-231-9740
Pickaway County General Health District	110 Island Rd. Ste. C Circleville, OH 43113	Barb Steward, RN	740-477-9667ext 234	Sheriff's Office: 740-474-2176
Union Health Department	940 London Ave. Ste 1100 Marysville, OH 43040	Union County IDRS	937-642-2053 888-333-9461	Union County Sheriff: 937-645-4110
Wyandot County General Health District	127 S. Sandusky Ave Upper Sandusky, OH 43351		419-294-3852	On Call Pager
Ohio Department of Health	246 N. High St. Columbus, OH 43215	ODH 24/7 Public Health Response	614-722-7221	614-722-7221

9.0 STAFFING

9.1 GENERAL

All LCHD employees are designated as public health responders and can be called upon to fulfill response functions during an incident. The role assigned to any LCHD employee in an incident is dependent upon the nature of the incident and the availability of staff to respond. With approval by LCHD Triad which includes the Administrator, 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 department, and Payroll Officer.

9.2 STAFFING ACTIVATION LEVELS

Staffing levels will be determined in accordance with the **Attachment IV ERP Activation Process** and **Attachment VI - Emergency Call Down**. 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 and updated for each operational period.

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

9.3 STAFFING POOLS

LCHD staffing will provide help during the incident that can be effectively supported by internal staff. The following staffing pools could be considered for fulfilling staffing requirements:

1. Volunteers – local, regional or state

LCHD actively utilizes volunteers from the Logan County Medical Reserve Corps (MRC) and Logan County Citizen Corps. By requesting them through the Logan County EMA/Citizen Corps/Medical Reserve Corps. LCHD also has a group of non-medical volunteers that operate directly from the Health District by contacting Volunteer Coordinator. In the event these volunteer pools do not meet the requirements of the response, volunteers from other local volunteer programs can be utilized including the Community Emergency Response Team (CERT), Neighborhood Watch, and the Northern Miami Valley Chapter of the American Red Cross (ARC).

Volunteers can be used in any position, provided they do not exceed their scope of practice for the duties they are assigned.

Volunteers may not, at any time, operate government vehicles, machinery, or industrial equipment without prior authorization and appropriate licensing.

2. IC/DE role may be filled by any Office Chief, Bureau Chief or their designee.

Other Partner Staffing pools include the following:

1. Central Region LHD's;
2. Contract staff, especially for positions requiring specific skills or licensure;
3. Staffing agreements in Mutual Aid Agreements or Memorandums of Understanding;
4. Staffing request through Intrastate Emergency Management Compact (IMAC) or Emergency Management Assistance Compact (EMAC);
5. Federal Entities.

LCHD Leadership and Logistics will be engaged, as appropriate for prior outreach efforts to these alternate staffing pools.

9.4 MOBILIZATION ALERT AND NOTIFICATION

The Planning (Support) Section Chief will prepare a mobilization message for dissemination to response personnel. This message will be shared with the appropriate supervisors to be passed to their engaged staff. 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 the LCHD DOC, unless otherwise specified.
2. **When to report;** Staff alerted will report within the required time established by the IC/DE. The goal for initiating deployment is within 1 hour of notification; arrival times may vary depending on the distance the staff must travel.
3. **Whom to report to:** The staff alerted will report to the DOC Manager or other individual, if designated. The Office of Health Preparedness will review the responsibilities of assigned staff and consult with them to ensure they are able to receive and process responding personnel.

Upon reporting to the DOC, the staff will be received, checked in, provided an incident summary, assigned and integrated into their role. At this time, the staff could be deployed to another location in support of the incident response. All reasonable efforts will be made to inform LCHD 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. **No LCHD staff member will self-deploy to an incident response.**

9.5 PSYCHOLOGICAL FIRST AID AVAILABLE TO RESPONSE STAFF

Psychological first aid (PFA) is "a supportive and compassionate presence designed to reduce acute psychological distress and/or facilitate continued support, if necessary." PFA includes the following components:

- Providing comfort
- Addressing immediate physical needs

- Supporting practical tasks
- Providing anticipatory information
- Listening and validating feeling
- Linking survivors to social support
- Normalizing stress reactions
- Reinforcing positive coping mechanisms

LCHD works closely with Consolidated Care to ensure PFA is available to response personnel during and after an incident. At least one PFA provider will be accessible during all incidents. For incidents in which higher demand for PFA is anticipated/requested, LCHD will request additional personnel.

The PFA provider may be engaged by calling 937-599-1975. This call may be made by any incident personnel during or after a shift.

LCHD anticipates that PFA may be needed in any incident. Incidents for which higher demand for PFA is anticipated include the following:

- Mass fatality incidents;
- Incidents with significant impact on children;
- Incidents that require extended use of PPE

Incidents with significant public demonstration, e.g. vaccination campaigns with limited supply.

10.0 DISASTER DECLARATIONS

10.1 NON-DECLARED DISASTERS

LCHD 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 HC or 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

The difference between a disaster declaration and declaration of a state of emergency is that a state of emergency can be declared as the result of an event that is not perceived as a disaster. Also, an emergency declaration is generally of

lesser scope and impact than a major disaster declaration. However, in both cases, additional resources can be requested.

Logan County Health district can engage the jurisdictions emergency declaration process in several ways.

1) Logan County Health District Board of Health Resolution #2003-03 dated March 2007 authorizes the Health Commissioner 72-hour discretion to impose and enforce isolation and quarantine practices as he deems necessary to protect the health of the public in an emergency until the Board can meet to confirm or cancel such action. The LC EMA Director should be made aware of this action when this authorization occurs. This could precipitate an emergency declaration if deemed necessary by the EMA Director and Logan County Commissioners.

2) The Health Commissioner or his designee may request an emergency declaration to the LCEMA Director due to a public health emergency/threat (i.e.: Pandemic, disease outbreaks, foodborne/waterborne diseases, zoonotic disease outbreaks etc.). In the declaration process, LCHD may consider (a) potential impacts to county residents, (b) lack of necessary resources to address the emergency, or (c) the need to expedite procurement of goods and services.

3) LCHD may also play a support role for other types of county emergencies by request from the Logan County EMA Director.

4) The coordination of the local declaration will take place through the Logan County EOC where most jurisdictional partners will be coordinating from. LCHD will provide a liaison to the county EOC when requested by the Logan County EMA Director.

A state of emergency may be declared by 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.

Either a disaster declaration or a state of emergency issued by the Governor of the State 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. When the Governor declares a disaster, it allows state agencies some additional abilities. These abilities may include but are not limited to request waivers of purchasing requirements, such as competitive bidding, for emergency needs or the allotment of monies to be used or the purpose of providing disaster and emergency aid to state agencies and political subdivisions or for other purposes approved by the controlling board, as stated by ORC 127.19.

The Governor may also declare a disaster if the threat of a disaster or emergency is imminent. A state of emergency may also be declared whenever the Governor believes that an emergency exists.

10.2.1 PROCESS FOR STATE DECLARATION OF DISASTER EMERGENCY

LCHD cannot declare an emergency or disaster; only the Governor may do so. LC EMA/LC Commissioners will request the need to the State EMA. SHD, as a cabinet level agency, may be asked by the State EMA to weigh in on the effects of a disaster and its public health implications. The HC/MD and any LCHD DE that the Governor deems necessary to include will act as consultants to the Governor and inform the local and state-EMA-led disaster declaration process. As a participant in the any declaration process, LCHD may consider (a) potential impacts to state residence or county residents, (b) lack of necessary resources to address the emergency, or (c) the need to expedite procurement of goods and services.

If the Governor declares a disaster, then LC EMA EOC will coordinate with other federal, state and local agencies through the State EOC. LCHD functions as both a primary and support agency for multiple ESFs coordinated by the LCHD EMA EOC.

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, use both appropriate terminology for access and functional needs and person-first language throughout the ERP, consistent with the standards described in ***Appendix 6 - 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 ***bold, italicized, underlined font***.

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 ***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

11.2 REVIEW AND DEVELOPMENT PROCESS

- The planning shall be initiated and coordinated by the LCHD Emergency Preparedness Coordinator. Planning shall address revisions to the ERP Basic Plan, as well as revision or development of any other ERP components. EPC will form a collaborative planning team to include the following staff:
 - Leadership Team
 - Infectious Disease Nurse
 - LC EMA, local hospital, CEOT and healthcare coalition
 - Representative for access and functional needs
 - Subject Matter Experts (SME's) from both within LCHD and without
- Revisions will be 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 HC and EPC. Production of an after action report 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.
- LCHD planning teams 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.
- Once these elements are identified, revised processes are developed for improvement or replacement. In order to maintain transparency and record of collaboration, LCHD 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:
- "Company Folder Drive I – EmergencyResponseNEW -PLAN DEVELOPMENT\Emergency Response Plan - Basic"

- 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.

Items	Cycle
Plan	Annual
Annex	Annual
Attachment	Annual
Appendix	Annual, or as needed

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 HC or Leadership Team.

11.3 REVIEW AND ADOPTION OF THE ERP – BASIC PLAN AND ITS ATTACHMENTS

- The basic plan and its attachments shall be reviewed by Leadership Team which includes the DON and the ED endorsed by the HC. 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 department may initiate changes to the basic plan and its attachments by submitting the proposed changes to the Emergency Planner for presentation to the LCHD Leadership Team during the annual review.
- Proposed changes may be approved for use in response activities by the Emergency Planner with Leadership approval before adoption by the HC; such approval is only valid until the annual review, after which the HC must have adopted the proposed changes for their continued use in response activities to be allowable.

11.4 REVIEW AND ADOPTION OF APPENDICES TO THE BASIC PLAN

- Because appendices are complementary to the basic plan, they may be approved for inclusion, revision or expansion by Emergency Planner. Any department may initiate changes to appendices by submitting

the proposed changes to the ERP. All appendices should be reviewed by Leadership Team upon inclusion, revision or expansion, but it is not necessary, at any time, for the Leadership Team or Health Commissioner to approve 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 EPC and conducted by a review team, which will comprise the following: (a) All department supervisors of programs with responsibilities in the annex or attachments, (b) any other subject matter experts designated by the supervisors(s) in group a, and (c) appropriate representatives from outside the agency, including state 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 department may initiate changes to annexes and its attachments by submitting the proposed changes to the ERP for presentation to the identified reviewers. Please note that if an attachment is a directive, then that attachment must be updated through the existing directive policy.
- Proposed changes may be approved for interim use in response activities by the HC or LCHD Leadership; 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 for inclusion, revision or expansion by the HC or LCHD Leadership at any time. Any department may initiate changes to an appendix to an annex by submitting the proposed changes to the ERP. All appendices should be reviewed by the review committee 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-two digits represent 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 –Plan Style Guide.***

11.9 PLAN PUBLISHING

The ERP will be made available for review for public comment on-line or via email on the LCHD website under Emergency Preparedness section. EPC will be responsible for communicating to LCHD's PIO and IT Manager when the emergency response plan has been revised and a new version is available for public publishing. Prior to the web publishing of the revised plan, LCHD Leadership Team together with the EPC 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 coordinate with LCHD IT to publish the ERP online. Public comment to the ERP will be accepted via email and tabled in addition to the proposed changes between revision cycles for consideration.

www.loganhealth.org/EmergencyPreparedness

12.0 DOCUMENT DEFINITIONS AND ACRONYMS

Definitions and acronyms related to the LCHD ERP Base Plan are in **Appendix 9 - Definitions & Acronyms**.

13.0 AUTHORITIES

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

13.1 FEDERAL

- a. "The Robert T. Stafford Disaster Relief and Emergency Assistance Act", as amended, 42 U.S.C. Sections 5121, et seq.
- b. National Plan for Telecommunications Support in Non-Wartime Emergencies
- c. Executive Order 12148, Formation of the Federal Emergency Management Agency
- d. Executive Order 12656, Assignment of Federal Emergency Responsibilities
- e. Homeland Security Presidential Directive #5 (HSPD-5), Management of Domestic Incidents, 2003
- f. Homeland Security Presidential Directive #8 (HSPD-8), National Preparedness, 2003
- g. Presidential Policy Directive 8 (PPD-8), National Preparedness, 2011
- h. Uniform Administrative Requirements for Grants and Cooperative Agreements to state and Local Governments, 44 CRF Parts 13 and 206.

13.2 STATE

SHD authorities include:

62. Infectious Disease Control
63. Emergencies
64. Management of People
65. Monetary
66. License and Regulatory Authority

67.Support Services

68.Registries

69.General Confidentiality

13.3 LOCAL

Specific Public Health authorities are listed in Logan County EOP, Public Health Annex H, IX. Authorities and References. Additional Emergency Response authorities are listed in Logan County EOP Basic Plan, IX. Authorities. LCHD has many legal and moral responsibilities as a part of its routine duties. Local, State and Federal codes provide authority for the basis of LCHD emergency plans.

- 1) Logan County General Health District Board of Health Resolution #2003-03 dated March 2007 authorizes the Health Commissioner 72-hour discretion to impose and enforce isolation and quarantine practices as he deems necessary to protect the health of the public in an emergency until the Board can meet to confirm or cancel such action.
- 2) County-wide Emergency Management Resolution #537-90 adopted November 20, 1990.
- 3) Comprehensive Mutual Aid Agreement 2001 (Uniting EMA, law enforcement, fire service and EMS organizations in Logan County and the five adjacent counties in mutual aid support)
- 4) The following State laws give local health districts authorities.
 - a) Ohio Attorney General Opinion 926 (1949) Health Districts may impose quarantine
 - b) Ohio Revised Code (ORC) 305.12 – County Commissioners
 - c) ORC 311.07 – General Powers and Duties of Sheriff
 - d) ORC 733 – Executive Powers in Cities
 - e) ORC Chapters 3701 includes PH Standards 3701.36.01-13
 - f) ORC Chapters 3707,
 - g) ORC Chapter 3709 (authority of local health boards and districts)
 - h) ORC Chapter 3750, State Emergency Response Commission
 - i) ORC Chapter 4937, Utility Radiological Safety Board
 - j) ORC Chapter 5502.26, 27, 27.1, 38
 - k) Ohio Administrative Code (OAC) Chapter 3701-5 provides authority to local health districts to control human infectious diseases
 - l) OAC Rules, Chapter 3750.20-70-84d
 - m) OAC Rules, Chapter 4937
 - n) OAC 4501.3-6.01
 - o) Ohio Hazard Analysis/Risk Manual
 - p) DOT Guide
 - q) CAMEO

14.0 REFERENCES

14.1 FEDERAL

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

14.2 STATE

- 70.State Department of Health Continuity of Operations Plan, 2014
- 71.State Department of Health Emergency Communications Plan, 2013
- 72.State Emergency Operations Plan, 2016
- 73.State Hazard Analysis and Risk Assessment, 2013
- 74.State Hazard Mitigation Plan, 2014
- 75.State Plan for Response to Radiation Emergencies at Licensed Nuclear Facilities State Emergency Management Agency.
- 76.State Hazard Identification and Risk Analysis (HIRA) January 2011 Revisions Spring/Summer 2013.

ATTACHMENT I – LC EMA EOP BASIC PLAN

ATTACHMENT II –HVA

ATTACHMENT III – EMERGENCY PRIORITY CALL

ATTACHMENT IV – ERP ACTIVATION PROCESS

ATTACHMENT V – INITIAL INCIDENT ASSESSMENT FORM

ATTACHMENT VI – EMERGENCY CALL DOWN

ATTACHMENT VII – INCIDENT ACTION PLAN TEMPLATE

ATTACHMENT VIII – HAN EMERGENCY LISTINGS

ATTACHMENT IX – DEVELOPMENT OF AN AAR-IR AND COMPLETION OF CORRECTIVE ACTIONS

ATTACHMENT X – SITUATION REPORT TEMPLATE

ATTACHMENT XI – BATTLE RHYTHM TEMPLATE

ATTACHMENT XII – OPERATIONAL SCHEDULE FORM

ATTACHMENT XIII – SHIFT CHANGE BRIEFING TEMPLATE

ATTACHMENT XIV - INCIDENT DOCUMENTATION GUIDE

APPENDIX 1 – LCHD CMIST PROFILE
APPENDIX 2 – LCHD PLAN INDEX
APPENDIX 3 – LCHD GENERAL ICS CHART
APPENDIX 4 – PLANNING PROCESS
APPENDIX 5 – ICS 213 RR 20170316 BLANK FILLABLE FORM
APPENDIX 6 – COMMUNICATING WITH AND ABOUT INDIVIDUALS WITH ACCESS AND FUNCTIONAL NEEDS
APPENDIX 7 – EEI REQUIREMENTS
APPENDIX 8 – PLAN STYLE GUIDE
APPENDIX 9 – DEFINITIONS AND ACRONYMS
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