Emergency Response Plan

Basic Plan

Preble County General Health District

Preble County Public Health

Prevent. Promote. Protect.

2019

Version 2.2

Date Originally Adopted: October 1, 2005

Date of Last Revision: January 3, 2019

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INTRODUCTION

LETTER OF PROMULGATION

APPROVAL AND IMPLEMENTATION

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

EXECUTIVE SUMMARY

The ***Preble County General Health District (PCGHD) Emergency Response Plan (ERP)*** is an all-hazards plan that establishes a single, comprehensive framework for the management of the public health response to incidents within Preble 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 PCGHD programs and staff for responding to emergencies and events. The Basic Plan of the ERP is not intended to represent the full extent of preparedness and response but rather establishes the basis for more detailed planning by the Emergency Preparedness staff in partnership with internal and external subject matter experts and community stakeholders. The ERP Basic Plan is intended to be executed in conjunction with both the more detailed annexes and attachments included as part of this document or with the standalone plans held by the department. Additionally, the ERP is designed to work in conjunction with the ***Preble County Emergency Operations Plan***.

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 ***Preble County General Health District (PCGHD) Emergency Response Plan (ERP)*** establishes the basis for coordination of PCGHD 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, PCGHD will provide public health and medical services assistance throughout Preble County.

All PCGHD program areas are required to participate in training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities of the agency. PCGHD 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 PCGHD program areas are directed to implement it. All previous versions of the PCGHD ERP are hereby rescinded.

Erik Balster, MPH, REHS, RS Date

Health Commissioner

Preble County General Health District

RECORD OF CHANGES

The Health Commissioner authorizes all changes to the ***Preble County General Health District Emergency Response Plan –Basic Plan*** (PCGHD ERP—Basic Plan). 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: 1	**Date of Change: 10/12/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Pg. 12 – 3.0 Situation – Third paragraph under Hazards Table, changed "West Central Ohio Domestic Preparedness Healthcare Coalition" to" West Central Ohio Healthcare Preparedness Coalition"		
Change Number: 2	**Date of Change 10/12/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Appendix 2 - Added Flood Plains Map		
Change Number: 3	**Date of Change 10/12/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Section 6.0 – Added how and when PCGHD will contact the Board of Health during an incident.		
Change Number: 4	**Date of Change 10/12/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Added Appendix 19 – Memorandum of Understandings (MOUS), which includes all MOUs in place for support during an incident, what resource they provide, the expiration date of the MOU, and the cost estimate services.		

Change Number: 5	**Date of Change 10/12/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Added Appendix 20 – National Incident Management System (NIMS) 2017 Refresh		
Change Number: 6	**Date of Change 10/12/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Section 9.3 - Added "Lewisburg CERT Team" to list of available staffing pools		
Change Number: 7	**Date of Change 10/12/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Attachment XIV – Added who leads cost recovery for PCGHD, and what costs can be recovered during emergency response operations.		
Change Number: 8	**Date of Change 10/12/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Section 9.3 - Added PCGHD's policy on using volunteers to support a LHD response, which includes available volunteers pools, roles that can be filled by volunteers, and limitations on volunteer utilization.		
Change Number: 9	**Date of Change 10/12/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Section 9.6 - Added definition of Psychological First Aid (PFA), how PFA will be made available to PCGHD's staff and volunteers during and after an incident, and included situations that may require PFA for personnel.		
Change Number: 10	**Date of Change 10/18/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Appendix 3 – Updated CMIST Profile for Preble County		

Change Number: 11	**Date of Change 10/18/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Section 5.3.7 – Added the process for coordination with state response agencies for large-scale or complex incidents to include establishment of EEIs with ODH, confirmation of response capacity in advance of state and local partner coordination calls, and participation in state and local partner coordination calls.		
Change Number: 12	**Date of Change 10/18/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Section 8.1 – Added language to describe the process PCGHD provides resources in response to an IMAC/EMAC request from another jurisdiction.		
Change Number: 13	**Date of Change 10/22/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Section 7.5 - Added how emergency legal authorities used during a response differ from standard procedures for accepting, allocating, and spending federal/state/local funds.		
Change Number: 14	**Date of Change 10/23/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Section 5.3.4 – Added a description of the interface between ESF8 and the Healthcare Coalition partners at the local and regional levels to include the plans that support he interface, general responsibilities of HCC partners in ESF-8, and the role of the RHC in local and multi-county responses within the region.		
Change Number: 15	**Date of Change 10/18/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Attachment IV – Added a placeholder for Access and Functional Needs partners contact list		
Change Number: 16	**Date of Change 10/16/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**

Version Number: 2.2	Appendix 2 - Added Socioeconomic Vulnerability Index (SVI) table of scores for each census tract in Preble County		
Change Number: 17	**Date of Change 10/23/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Section 5.3.4 – Added PCGHD's roles and responsibilities that directly support HCC members during response and recovery.		
Change Number: 18	**Date of Change 12/18/18**	**Print Name: Suzy Cottingim**	**Title: Emergency Preparedness Coordinator**
Version Number: 2.2	Section 7.2 – Added a statement explaining the Fiscal Officer is also the Finance Section Chief and is responsible for cost recovery.		

RECORD OF DISTRIBUTION

A single hard copy of this ***Preble County General Health District Emergency Response Plan*** (PCGHD ERP) is available in the Emergency Preparedness Coordinator's office. An electronic copy is available at all times on PCGHD's shared drive for access by all PCGHD staff.

SECTION I

1.0 PURPOSE

The Preble County General Health District (PCGHD) has developed this ***Emergency Response Plan – Basic Plan (ERP)*** in order to support PCGHD's mission to protect and improve the health of all Preble County residents at all times, especially during emergencies. This plan was developed to operationalize the execution of PCGHD's mission in emergencies by providing the direction to plan for and respond to natural, technological and man-made incidents with a heath impact so that negative health impacts are prevented, reversed or minimized through response.

This ERP is organized into three (3) sections designed to guide preparedness and response at PCGHD. Section one (1) describes the details and context necessary for planning. This section provides an overview of the situational context, assumptions, and describes existing hazards with potential to impact public health and medical services. Section two (2) provides detailed direction in how response operations are executed at PCGHD. This section covers the preliminary steps necessary for incident assessment, response activation, provides guidance on the execution of response operations, and details the processes that take place after a response. Finally, section three (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 PCGHD ERPs, plans and annexes are developed.

The PCGHD ERP is designed to serve as the foundation by which all response operations at the agency are executed. As such, the Basic Plan is applicable in all incidents for which the PCGHD ERP is activated, and all components of this plan must be developed and maintained in accordance with section three. This plan may be used on its own or executed in concert with the ***Preble County Emergency Operations Plan*** (Preble County EOP) or other PCGHD plans.

2.0 SCOPE AND APPLICABILITY

This plan pertains to the Preble County General Health District (PCGHD) and all program areas. This plan is always in force and is activated whenever an incident impacts public health and/or medical systems anywhere within Preble County and requires a response by PCGHD 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 vary in how they threaten the health of Preble County residents. This plan directs appropriate PCGHD response operations to any incidents that either impact, or could potentially impact, public health or healthcare within Preble County or require PCGHD to fulfill its roles described in the Preble County EOP.

PCGHD has responsibilities in multiple Preble County EOP Emergency Support Functions (ESFs) and Annexes as both a primary and support agency. PCGHD's roles and responsibilities can be found in Section 5 of this plan.

The PCGHD ERP incorporates NIMS and connects agency response actions to responses at the local, state and federal levels.

Issues related to continuity of operations (COOP) planning at PCGHD can be found in Annex C of this plan.

Additionally, the coordination of risk communications, i.e. public information, can be found in Annex H of this plan. However, tactical communications, i.e. communications between command and support elements, is addressed in the ERP, primarily in the **Annex H: PCGHD Public Information and Warning Plan**.

3.0 SITUATION

According to the 2016 population estimate by the United States Census, Preble County has a population of 41,247. Geographically, Preble County is primarily a rural county located in the far western part of Ohio and borders the state of Indiana. The counties surrounding Preble County in Ohio are: Darke County which is located on the northern border; Montgomery County on the eastern border; and Butler County on the southern border. Wayne and Union Counties in Indiana are located on Preble County's western border.

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

- Community-wide limitations on maximal health for residents;
- Widespread disease and illness;
- Establishment of new diseases;
- Heat-related illnesses and injuries;
- Hypothermia;
- Dehydration;
- Widespread injuries or trauma;
- Overwhelmed medical facilities;
- Insufficient resources for response, especially medical countermeasures;
- Insufficient personnel to provide adequate public health response;
- Development of chronic health conditions within a population;
- Lasting impairments of function or cognition;
- Development of birth defects;
- Premature death.

Based on the latest review of the PCGHD Hazard Analysis, with input from the Preble County EMA Director, hazards and vulnerabilities identified for mitigation in Preble County are:

Hazards Identified for Mitigation in Preble County		
Tornados	Droughts	Earthquake
Floods	Extreme Summer Weather	Expansive Soils
Invasive Species	Severe Thunderstorms	Dam Failures
Windstorms	Severe Winter/Ice Storm	Terrorism
Hailstorm	Epidemic	
Top 5 Health Hazards & Vulnerabilities Identified for Mitigation in Preble County		
1 – Natural Disaster		
2 – Extreme Temperature / Winter Event		
3 – Hazmat		
4 – Epidemic		
5 – Mass Casualty / Terrorism / CBRNE		

A Preble County Map along with a Flood Plain map for the county can be found in Appendix 2 – Preble County Maps with a Flood Plain Map.

Preble County could be impacted by incidents that originate in any of its surrounding counties, across the state line that borders Indiana, or are carried to the county along I-70 or the railroad. Examples of such incidents include infectious disease outbreaks, riots, terrorist acts, chemical or radiological releases, critical infrastructure loss, watershed runoff, and drinking water disruptions.

There are many events that occur annually in Preble County including, but not limited to: The Preble County Fair, the Preble County Pork Festival, other community festivals, sporting events, and the Boy Scout Camp. An incident that occurs at any of these events may significantly affect public health and medical services within Preble County, and have cascading effects potentially across adjacent counties, including neighboring counties in Indiana, the region, and the state, depending on the nature of the incident.

In an effort to foster preparedness planning and coordination in Preble County, PCGHD is an active partner in the West Central Ohio Healthcare Preparedness coalition. This coalition is an integral part of emergency preparedness planning and emergency response activities. The group meets monthly for healthcare organizations to work together to prepare for, respond to and recover from disasters.

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

Primary and secondary support comparison roles are clearly defined in Appendix 18 – Preble County's Local, Regional, State and Federal Primary and Support Roles ESF Matrix

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 Preble County have been detailed in Appendix 3 - Ohio CMIST Profile.

Potential impacts from an incident may require PCGHD to respond by initiating or supporting the following activities to address an incident:

- Prophylaxis and Dispensing
- Epidemiological Investigation and Surveillance
- Infection Control
- Medical Surge
- Prevention

As the county's leading health agency, PCGHD 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. (See section 5.3.9 for additional details.)

4.0 ASSUMPTIONS

- PCGHD will notify the West Central Ohio Regional Public Health Coordinator and ODH of the status of local health emergencies and the need for assistance.
    - Emergency events may render PCGHD inoperable.
    - Although a primary hazardous event may not initiate a public health emergency, secondary events stemming from the initial event such as CBRN may do so.
    - PCEMA will notify Ohio EMA of emergencies in Preble County.
    - Disruption of sanitation services and facilities, loss of power and massing of people in shelters may increase the potential for disease and injury.
    - A disaster may exceed the resources of PCGHD and the medical community. With the lack of a full-functioning hospital, Preble County could be operating in a surge capacity with a small incident. Regional, state, and federal resources may be required.
    - Requests for support will be coordinated through PCEMA.

- PCGHD enters into MOU/MOA with local and regional private, governmental and non-governmental entities for emergency public health and medical response support. List of MOUs in place can be found on Appendix 19 – Memorandum of Understandings (MOUS)
- An incident may occur with little or no warning.
- To ensure appropriate public health response, PCGHD must be prepared to respond to any incident with the ability to impact health in Preble County.
- Incidents may occur across county, regional, 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 Preble County.
- PCGHD 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 in accordance with NIMS and respond as necessary to the extent of their available resources.
- Incidents are distinct, but they all have common elements that can be effectively managed through plans. Plans are the best means of managing the common elements of incidents.
- In addition to PCGHD, 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 PCGHD responds will not result in a declaration.
- Incidents can affect PCGHD responders, staff, volunteers, vendors, partners, and the families of each group, impacting the agency's ability to respond.
- PCGHD may have incomplete information, as it must rely on federal, state and local partners to provide some critical details during response.
- 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 PCGHD has readily available.
- Although great care has been taken to provide direction for PCGHD 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.
- Every component of the PCGHD 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 PCGHD 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

As the lead health official for Preble County, it is under the authority of the Health Commissioner that the agency responds to incidents.

During incident response, the Health Commissioner has the following responsibilities:

- Provide direction and control and transfer of authority for health activities during emergency;
- Conduct health assessments of conditions in the communities affected by the emergency and, where possible, determine where public health problems could occur;
- Determine the scope and severity of public health impacts of the incident;
- Prioritize the public health response activities based on the public health incident assessment;
- Establish public health incident response objectives based on the scope and severity of public health impact of the incident;
- Coordinate county response to health problems at the Preble County EOC throughout assessment and response;
- Coordinate health recovery efforts at the DOC as needed;
- Establish place of assembly, communication, staff and volunteer identification, credentialing and staff assignment;
- Maintain liaison with all emergency response support organizations including volunteer organizations;
- Implement the public health emergency response annex as necessary;
- Develop resource plans for the provision of health services, including POD site;
- Provide appropriate information to PIO on protective measures to be taken by the public;
- Approve public health advisories and media release;

- May suspend routine public health services during emergencies;
- Authorize emergency purchase of supplies and equipment;
- Ensure the preservation of vital records

5.1.2 MEDICAL DIRECTOR

As the lead health expert for Preble County, the Medical Director could be engaged in any incident response.

During response, the Medical Director's responsibilities include the following:

- Serve as the medical advisor providing guidance on emergency response activities, community education, and mass prophylaxis operations;
- Inform medical policy and guidance for PCGHD and countywide health response;
- Engage county partners regarding medical decisions and guidance;
- As an authorized designee, act on behalf of the Health Commissioner in determining the need to activate the PCGHD ERP.

5.1.3 OFFICE OF HEALTH PREPAREDNESS

The PCGHD's Emergency Preparedness office has primary responsibility for coordinating emergency preparedness and response. The Health Commissioner or designee plans and coordinates all public health services on a daily basis, is responsible for facilitating activation of the ERP, and directing operational response of the health district personnel during a major emergency. **Page 7 of Annex C - PCGHD's Continuity of Operations Plan outlines succession and delegation of authority in the absence of the Health Commissioner.**

Once the ERP is activated, the Health Commissioner assigns staff to fill the planning functions in the incident organization; these functions will primarily be assigned to staff at PCGHD.

To facilitate a consistent application of the ERP in all incidents, PCGHD will utilize **Attachment II - Public Health Operations Guide (PHOG).** Engaged PCGHD staff will begin utilizing the PHOG as soon as they are notified of an incident.

5.1.4 ENVIRONMENTAL HEALTH DIVISION

Evaluate possible health risks with a hazard and recommend corrective measures;

Provide information on household and public building clean up, disposal, re-entry, and reclaiming of household items;

Inspect foods, water, and other consumables for purity, usability, and quality control;

Coordinate with the water, public works, or sanitation departments to ensure the availability of safe portable drinking water and a satisfactory means of sewage disposal, sanitary garbage disposal, and repair of flooded plumbing and sewage systems;

Provide recommendation for household sewage disposal, housing sanitation, vector control, and public health nuisances;

Monitor food handling; ensure a safe food supply, mass feeding and sanitation services in emergency facilities, including increased attention to sanitation in commercial food services facilities;

Ensure adequate sanitary facilities are provided in emergency shelters and point of dispensing site. And conducts shelter inspections at the request of the American Red Cross, or agency opening an emergency shelter;

Implement actions to prevent or control vectors such as flies, mosquitoes and rodents;

Consult veterinarians to prevent the spread of disease through animals and provide recommendation for the disposal of the deceased animals;

5.1.5 NURSING DIVISION

Establish preventive health services, including control of communicable diseases;

Implement and direct mass vaccination and dispensing operations at the POD site;

Communicate and coordinate operational needs at POD to DOC;

Direct setting up of POD site and communicate appropriate information to public health officials;

Assure notification of the incident to the ODH, local healthcare providers, and LHD in WCO region;

Coordinate joint investigations of the incident with law enforcement as needed;

Assure compliance with ODH Infectious Disease Control Manual and Centers for Disease Control and Prevention guidelines for outbreak investigation and HIPPA;

Provide public health related emergency medical response activities such as vaccination, mass prophylaxis and emergency response activities;

Support the delivery of non-emergency health care programs by local support agencies throughout the emergency;

Provide pharmaceuticals, medical equipment and supplies as needed to designated Closed PODs, local business. and agencies during the emergency.

5.1.6 INFORMATICS AND EPIDEMIOLOGY DIVISION

Conduct epidemiologic surveillance, case investigations, mapping, and follow up;

Coordinate epidemiologic surveillance and investigation with LHDs in WCO region and ODH;

Maintain ongoing human health surveillance of affected communities in order to rapidly identify and coordinate public health medical response activities;

Coordinate health education activities with local public and private response agencies;

Coordinate logistics for general and mass emergency immunization or quarantine procedures;

Establish public health information hotline for health care providers and the public;

Ensure redundant communication systems are operational to ensure interoperable communication with local and state emergency response agencies;

Provide early warning and notification to the public and emergency response staff using media;

Provide public health media briefings within 3 hours as needed;

Keep health district website up-to-date with current public health information.

5.2 INCIDENT DETECTION, ASSESSMENT AND ACTIVATION

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

1. The Health Commissioner or an authorized designee 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 Health Commissioner. Barring deactivation by the Health Commissioner, response personnel then complete identified response actions. In the event the Health Commissioner or designee is unreachable, response personnel will proceed with the response unless deactivated by and PCGHD Director/Supervisor.

Activation of the ERP marks the beginning of the response.

5.2.1 INCIDENT DETECTION

Any PCGHD 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 divisions beyond the currently involved division(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 PCGHD;
- Need for resources or support from outside PCGHD;
- Significant or potentially significant mortality or morbidity;

5.2.2 INCIDENT ASSESSMENT

Any member of the Triad or any supervisor will immediately inform the Health Commissioner of any incident they believe is likely to require activation of the ERP. This

notification will trigger the Initial Incident Assessment Meeting, which must take place within 1 hour of the initial detection of a threat.

Once the incident is verified, Supervisors will immediately inform the Health Commissioner of any incident that they believe is likely to require activation of the ERP. Following this notification, they will contact the ERC, which is the first step in the Procedure section of **Attachment III - Initial Incident Assessment Standard Operating Procedure.**

Incident assessment will be repeated throughout the response to ensure that PCGHD remains appropriately engaged.

5.2.3 ACTIVATION

The Initial Incident Assessment Meeting supports the completion of **Attachment IV - Initial Threat Assessment Form** to determine the Activation Level. After determining the necessary activation level during the Initial Incident Assessment Meeting, activation of the plan will occur through utilization of **Attachment V - ERP Activation Standard Operating Procedure.**

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

Activation Level	Description	Minimum Command Function & Staffing Recommendations
Routine Operations	Routine incidents to which PCGHD responds on a daily basis and for which day-to-day SOPs and programmatic resources are sufficient	Normal, Day-to-Day Staff DOC not activated
Assessment & Monitoring	An emergency with limited severity, size, or actual/potential impact on health or welfare but that cannot be handled at the programmatic level Requires a minimal amount of coordination and agency engagement to conduct response; situational awareness and limited coordination are the primary activities Examples: Power outage in a nursing home; water disruption requiring limited state support	Response Lead (1) Public Information (1) Situational Awareness (1) Consider activation of the DOC County EOC unlikely to be activated
Partial Activation	An emergency with moderate-to-high severity, size, or actual/potential impact on health or welfare Requires significant coordination and agency engagement to conduct response, likely with significant engagement from other county partners; County EOC may be activated Examples: Widespread radiation contamination in	Response Lead (1) Public Information (1) Partner engagement (1) Situational Awareness (2) Planning Support (1) Operational Coordination (1) Resources Support (1) Staffing Support (1) DOC activation required

	a facility; multicounty disease outbreak requiring significant local support; water disruption requiring substantial state support and guidance	County EOC may be activated
Full Activation	An incident with extensive severity, size, or actual/potential impact on health or welfare; may be of such magnitude that the available assets that were put in place for the response are completely overwhelmed Requires an extreme amount of coordination and agency engagement to conduct response; almost certain engagement of multiple county, regional and state partners; County EOC most likely activated Examples: Peak of a pandemic influenza response; mass casualty incident from chemical plume; bioterrorism attack	FULL STAFFING: Response Lead (1) All Section/Function Leads and key support staff (16+) All other functions and positions, as identified by activated plans DOC activation required County EOC activated

Execution of the ERP may require staff mobilization and activation of the PCGHD Department Operations Center (DOC). The PCGHD DOC is a facility where the agency's response personnel can be co-located to promote coordination of response activities. Activation of the DOC is described in **Attachment VI - DOC Activation Standard Operating Procedure.**

5.3 COMMAND, CONTROL, AND COORDINATION

PCGHD 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 plan.

5.3.1 INCIDENT COMMAND AND MULTIAGENCY COORDINATION

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

See **Attachment XVI – Emergency Response Structure** for details on implementation.

5.3.2 INCIDENT COMMANDER/DEPARTMENT COORDINATOR

PCGHD 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 PCGHD is leading incident response or providing incident support. When leading the incident, PCGHD uses the ICS title Incident Commander (IC); when supporting the response, PCGHD uses the title Department Coordinator (DC). A Response Lead has the same authorities, regardless of the title.

The IC/DC role may be filled by the Health Commissioner or designee, or any Supervisor or Director.

5.3.3 BASIC AUTHORITIES FOR RESPONSE

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

The IC/DC may utilize and execute any approved component (i.e., attachment, appendix or annex) of the ERP;

IC/DC may direct all resources identified within any component of the ERP in accordance with agency policies;

IC/DC 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/DC may engage the minimum requirements for staffing as outlined in the activation levels of the plan;

The IC/DC may authorize incident-related, in-state travel for response personnel;

IC/DC may authorize exempt staff to work a schedule other than their normal schedule, as needed;

IC/DC may approve incident expenditures totaling up to $2,500. See the limitation section immediately below for the process for approving expenditures beyond this amount.

5.3.4 INTERFACE BETWEEN ESF-8 AND THE HEALTHCARE COALITION PARTNERS AT THE LOCAL AND REGIONAL LEVEL

PCGHD is a member of the West Central Ohio Healthcare Preparedness Coalition (HCC). PCGHD's role is to support the health of the community as a whole. PCGHD may also:

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

During and after a response, PCGHD may support the WCO HCC by the following:

- Information sharing with WCO HCC;
- Conduct assessments of public health/medical needs;
  - Health Surveillance
  - Medical Surge
- Provide public health and medical information;
- Assist with mass fatality management;
- Support facility operations through provision of expediated inspections;
- Actively participate in a coordinated response between the healthcare and public health sectors for successful management.

The West Central Ohio Healthcare Preparedness Coalition (WCO HCC) includes a diverse membership to ensure a successful whole community response. Core HCC members include hospitals, emergency medical services (EMS), emergency management agencies (EMAs), public health agencies and additional CMS agencies. A contact list of coalition members is included in the WCO HCC Coalition Roster, Annex B of the West Central Ohio Regional Healthcare Coalition Preparedness Plan**.**

For responses that trigger engagement of ESF-8 partners, all WCO HCC members will report situational awareness, updates, and medical needs to the Regional Healthcare Coordinator and non-medical needs to their local EMA. 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. Utilize patient tracking systems (SurgeNet; OHTrac);

Fire & EMS: Provide patient care and transport to medical facilities. Support training on donning and doffing of PPE;

Emergency Management Organizations: Obtain critical resource needed for the incident;

American Red Cross: Coordinate Family Assistance Centers during mass fatality incidents.

CMS Agencies: Provide critical information and resources to their residents. Long term care facilities may support evacuation and relocation of non-critical patients from other facilities in the county or region.

The plans that currently support the ESF-8 or Annexes H & I and Healthcare Coalition interface include:

- WCO Regional Healthcare Coalition Preparedness Plan
- Preble County Emergency Management Agency Emergency Operations Plan
- PCGHD Emergency Response Plan

The role of the Regional Healthcare Coordinator (RHC) in local and multi-county incidents is to:

- Maintain a common operating picture when facilities in the region have a diminished ability to provide patient care;
- Provide facility support in the form of information gathering and sharing through the use of SurgeNet and OHTrac for patient tracking, and Facility and Regional Situational Reports.
- Facilitate interface between the RPHC, MMRS/RMRS Coordinator, WCO HCC members and appropriate jurisdictional authorities to establish effective support for medial surge events
- Coordinate medical resource needs as listed in the WCO Medical Asset Deployment Plan, Annex D of the WCO Regional Healthcare Coalition Preparedness Plan;
- Provide support, as needed, to the Preble County EOC throughout the incident;
- Coordinate with the State and Federal ESF #8 when federal medical assistance is needed;
- May assist in the activation of the National Disaster Medical System (NDMS).

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/DC must engage the Health Commissioner or Fiscal Officer when staffing levels begin to approach any level that is beyond those pre-approved within this plan. The Health Commissioner or Fiscal Officer must authorize engagement of staff beyond those pre-approved levels;
- The IC/DC may not authorize staff to work a schedule other than their normal schedule without prior authorization by the Health Commissioner or Fiscal Officer. 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/DC must adhere to the policies of PCGHD regarding overtime/comp-time and should clarification on these policies or exemption be required, the IC/DC must engage Health Commissioner or Fiscal Officer;
- The IC/DC must seek approval from the Health Commissioner or designee and the Fiscal Officer for all incident expenditures regardless of amount. This is to be understood as total incident expenditures, not just the total cost for a single transaction.

5.3.4 INCIDENTS WITH PCGHD AS THE LEAD AGENCY

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

As the lead agency, PCGHD 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 County EOC as needed. Resources and support provided to PCGHD for incident response will ultimately be directed by the PCGHD IC, in accordance with the priorities and guidance established by the Health Commissioner and the parameters established by the supplying entities.

PCGHD 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 PCGHD IS INTEGRATED INTO AN ICS STRUCTURE LED BY ANOTHER AGENCY

For incidents in which PCGHD is integrated into an existing ICS structure led by another agency, PCGHD provides personnel and resources to support that agency's response. PCGHD staff may be assigned to assist another local government agency 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 PCGHD staff may serve in any ICS role, except for Incident Commander.

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

If such support is needed, PCGHD will determine the appropriate activation level and assign a DC to lead the integration activities. In such responses, the Planning Support Section Chief will track engagement of PCGHD staff and resources and ensure that parameters for their utilization are communicated to both the integrated staff and the receiving Incident Commander.

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

5.3.6 INCIDENTS WITH PCGHD IN A SUPPORTING ROLE

For incidents in which PCGHD is a support agency, the Incident Commander is supplied by another agency. For these incidents, PCGHD assigns a DC 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 County EOC is activated, the PCGHD DC coordinates all agency actions that support any ESFs and Annexes in which PCGHD has a role. In such incidents, the DC will ensure that all PCGHD actions to address incidents for which the County EOC is activated are coordinated through the County EOC. Interface between the agency and the County EOC is further detailed in **Attachment VII - Interface between PCGHD and the County EOC Standard Operating Guide.**

5.3.7 COORDINATION WITH STATE RESPONSE AGENCIES FOR LARGE-SCALE OR COMPLEX INCIDENTS

In large-scale responses, Ohio EMA will initiate a state-and-local coordination call with state and local response agencies. Local agencies will be identified by local EMA and invited to this call.

Coordination between PCGHD and ODH will be critical to ensuring an effective response from public health. The steps below are to be followed in the event of a state-and-local coordination call:

- 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 PCGHD and ODH will contribute to the establishment of these EEIs. Once finalized, PCGHD will identify the POCs within the agency who will lead the implementation/identification of each EEI.
- PCGHD 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 PCGHD 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 the capacity, the Health Commissioner/designated spokesperson will identify the state agency that can provide assistance and defer to that state partner for an update.

5.3.8 LEGAL COUNSEL ENGAGEMENT

During any activation of the emergency response plan, legal counsel 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 Director of Health,
- Anything else for which legal counsel is normally sought.

PCGHD legal counsel are integrated at the outset through the activation notification. There are no internal approvals required to engage the PCGHD legal counsel; the IC/DC, their designee or any program staff who normally engage legal may reach out. PCGHD's legal counsel is assigned by the Preble County Prosecuting's Attorney. Contact information for PCGHD legal counsel can be found in Appendix 4 - Contact List.

5.3.9 INCIDENT ACTION PLANNING/SUPPORT PLANNING

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

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

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

For the documents included in an SP, see **Attachment XIX - Support Plan Template.**

For additional information on the planning process, see Appendix 5 - The Planning Process.

5.3.10 ACCESS AND FUNCTIONAL NEEDS

PCGHD coordinates response actions with Access and Functional Needs Coalition to ensure that access and functional needs are appropriately addressed during response. The support available through this coalition include the following:

- 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/SP, to include points of contact for individuals and organizations who serve individuals with access and functional needs;
- Provision of just-in-time training to response personnel regarding serving individuals with access and functional needs.

The ERC, in consultation with the Health Commissioner or IC/DC, has primary responsibility for provision of these services.

In addition to Access and Functional Needs Coalition, PCGHD engages other internal programs that serve individuals with access and functional needs. These include the following:

- Maternal and Child Health (Children and Pregnant women)
- WIC (Women, Infants and Children with limited financial resources)
- HIV/STD (Individuals with chronic illness)

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

PCGHD has identified interpretation services through a local individual. The process for securing language support is detailed in Appendix 7 - Translation and Interpretation Services.

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

- Preble County Developmental Disabilities
- Preble County Council on Aging
- Preble County Job & Family Services
- Preble County Mental Health and Recovery Board
- Preble County Emergency Management Agency

5.3.11 DEMOBILIZATION

Demobilization planning establishes the process by which resources and functions are released from the incident. Planning for demobilization begins as soon as the incident begins and is

informed by the targeted end state, which is the response goal that defines when the incident response may conclude and recovery may begin.

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

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

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

During incidents in which PCGHD is in a coordination/support role, demobilization planning is fulfilled by the Future Planning Unit in coordination with the Resource and Capability Branch.

For additional information on the demobilization process see **Attachment II - Public Health Operations Guide**.

5.3.12 AFTER ACTION REPORT/IMPROVEMENT PLAN(S)

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

5.3.13 PLAN INTEGRATION

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

At the local level, the PCGHD ERP interfaces with the County EOP. The ERP provides specificity for how the agency will complete the actions assigned to PCGHD in the County EOP.

At the regional level, PCGHD interfaces with the West Central Region of Health Agencies. The plans produced by West Central Region are designed to work in concert with the plans of the member organizations and to define how the agencies collaborate during responses that affect one or more of their jurisdictions.

At the state level, PCGHD interfaces with State EOP, to coordinate resources. Physical resources are coordinated through the local EMA, who then coordinates with the State EMA. Subject matter experts concerning public health are requested directly to ODH. ODH will activate the ODH ERP to support the actions directed by local response plans.

At the federal level, ODH interfaces with CDC and ASPR to support public health and medical response, respectively. Although ODH does not review response plans from our federal partners, ODH 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 the Agency for Toxic Substances and Disease Registry (ATSDR). These resources and how to access them are included in each of the annexes they support.

5.3.14 SITUATION REPORTS

In general, situation reports (SITREPs) will be produced regardless of activation level, however the extent of content will vary depending on the operational complexity, scale, and length of the response. For response operations that require lower numbers of resources (both staff and materials), a short yet concise SITREP will be produced. For a larger scale 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 PCGHD Health Commissioner or designee and all members of the triad for their situational awareness. In addition, SITREPs will be sent electronically to all operational staff. Hardcopies of SITREPs will also be available in the PCGHD DOC, if the DOC is active. At the discretion of the PCGHD IC/DC, any SITREP may be forwarded electronically to the Preble County EMA, RHCs, or other federal, state or local partners for their situational awareness and to foster a common operating picture. Additional SITREP recipients will be identified on a per-incident basis, based upon their informational needs and to maintain effective and efficient response coordination among partner responding agencies. These additional recipients will be added by the staff responsible for disseminating the SITREPs, through discussion with Public Information, the IC/DC, and operational staff.

SITREPs frequency is detailed in the table below.

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

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

5.3.15 OPERATIONAL SCHEDULE AND BATTLE RHYTHM

PCGHD Staff Support Section will maintain staff scheduling and communicate the schedule to assigned staff utilizing **Attachment XI – Operational Period Staff Schedule Form.** The completed staff schedule form will be distributed via email or by hard copy.

The battle rhythm will 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 (Support) Section Chief using **Attachment XII – Battle Rhythm Template** and distributed both electronically and in print to all response staff at the beginning of their shift.

Upon shift change, staff will be provided a shift change form utilizing **Attachment XIII- Shift Change Briefing Template.** The response lead will also conduct a shift briefing with all incoming staff.

5.4 INFORMATION COLLECTION, ANALYSIS AND DISSEMINATION

5.4.1 INFORMATION TRACKING

PCGHD will use appropriate ICS forms for accountability and tracking for reimbursement.

PCGHD 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/DC via phone or face-to-face discussion; accompanying documentation will also be provided, as necessary.

To aide in centralized communication, PCGHD will create 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 necessary for urgent tactical decisions will be reported to the supervisors of impacted response areas either electronically or by briefing, whichever is most appropriate. Information required to maintain a common operating picture will be reported via situation reports to the recipients of those reports at the times and disbursement schedules established.

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 interdependent 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 at the response begins, using Appendix 8 - EEI Requirements.

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

To identify sources of information for EEIs, consult Appendix 9 - External POCs ***and*** Appendix 10 - Internal PCGHC office-program topic POCs.

5.4.3 INFORMATION SHARING

To ensure that PCGHD maintains a common operating picture across all the locations response personnel are engaged, PCGHD will execute **Attachment VII - Interface between PCGHD and the Preble County EOC Standard Operating Guide.** This procedure defines the coordination between PCGHD and the Preble County EOC when activated.

6.0 COMMUNICATIONS

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

During an incident, the Health Commissioner or designee will contact the Preble County Board of Health members to brief them on the incident upon opening the DOC. All Board of Health members will be contacted via email and/or telephone. Contact information for Board of Health members can be found in the HAN Directory located in the Emergency Preparedness Office or on PCGHD's Shared Drive.

Annex H: Public Information and Warning 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, PCGHD will ensure the dissemination of information and maintain communication with the following entities to ensure continuity of response operations:

- Applicable PCGHD employees
- Preble County EOC, as applicable
- PCGHD DOC, as applicable
- West Central Ohio (WCO) Health Departments
- WCO Regional Public Health Coordinator
- WCO Regional Healthcare Coordinator
- City, county, state and federal officials, as applicable

- 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:

- voice over internet protocol (VOIP)
- phone lines
- email
- fax machines
- MARCS
- Web-based applications, including the Ohio Public Health Communication System (OPHCS).

There are four (4) alert levels employed by PCGHD 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 time frame prescribed.

When notifications or alerts must be sent, PCGHD 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, pagers and other messaging modalities to support notifications on a 24/7/365 basis. This system is used by ODH, 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 PCGHD communication resources become overburdened or destroyed, redundant or back-up communication strategies include:

- Multi-Agency Radio Communications (MARCS) radios
- Two-way radios
- Cellular Phones
- Amateur Radio Communications (MOU in place).

PCGHD maintains Multi-Agency Radio Communications (MARCS) internally and has distributed radios to local partners. PCGHD conducts monthly MARC's radio checks with the Preble County EMA, Preble County Sheriff, Eaton Police Division and the Eaton Fire & EMS Department to verify distributed MARCS radios are operational for emergency use. MARCS radios are maintained and managed by the ERC and should be requested through appropriate resource request mechanisms as outlined in the **Annex H – Public Information and Warning Plan.**

PCGHD may engage primary and redundant methods of communication at the programmatic, DOC and county level. When responses require the engagement of the County EOC, PCGHD assumes its role at the ESF-8 desk. From the desk, PCGHD may require additional collaboration with the Preble County EMA director and other county 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 communication flow chart in **Attachment VII - Interface between PCGHD and the Preble County EOC Standard Operating Guide** along with additional details.

For a list of partner point of contacts, please refer to Appendix 4 – Contact List.

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

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

6.1 PUBLIC COMMUNICATIONS

PCGHD maintains a Public Information Officer (PIO) to plan and review public communications and messaging activities are outlined in the ***PCGHD Public Information and***

Warning Plan. This plan will be active during all response activities of PCGHD and describes protocols by which Public Information will interface with the PCGHD response organization.

7.0 ADMINISTRATION AND FINANCE

7.1 GENERAL

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

a) In a PCGHD-led ICS response, finance and administration duties may be delegated by the IC to the Finance and Administration Section (FAS) Chief.

b) When PCGHJD is engaged in coordination, these duties may be delegated by the DC to the Finance and Admin Support Section (FASS) Chief.

7.2 COST RECOVERY

Cost recovery for an incident includes all costs reasonably incurred by PCGHD staff/personnel, including overtime costs for appropriately deployed emergency response personnel, supplies, expendable items and equipment. The cost recovery process begins in the initial incident operational period and continues through the end of demobilization activities. Cost Recovery is handled by PCGHD's Fiscal Officer who also serves as the Finance / Administrative Section Chief in the Table of Organization.

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

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

- Equipment replacement: This includes material used during normal operations that must be replaced due to contamination or breakage during the incident response.

7.3 LEGAL SUPPORT

PCGHD 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;
- Union or bargaining unit grievances,
- Improper use or authority.
- Improper uses of funds or resources.

Depending on the severity and scope of the incident, the PCGHD legal counsel could be requested to attend daily operational planning and briefing sessions for their situational awareness and to provide their opinions to ensure the applicable statutes are recognized and being followed.

The legal counsel 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/SPs, and (e) development of the AAR/IP. All forms completed or prepared for response will be collected at the end of each operational period. Staff will be required to turn in all required documentation before the end of their shifts.

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

Documentation procedures are further detailed in **Attachment XIV - Incident Documentation Guide.**

7.5 EXPEDITED ADMINISTRATIVE AND FINANCIAL ACTIONS

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

- Expedited Personnel and Staffing Actions: All requests for expedited personnel actions, e.g. personnel staffing increases or overtime approval, require consultation with the acting Incident Commander or health commissioner.
- Expedited Financial Actions: All expedited financial actions will be coordinated by the FAS/FASS Chief in consultation with the PCGHD OPU, OFA and OGC. No funding will be obligated or committed without the consent of the PCGHD OFA Chief.
- Expedited Procurement Actions. PCGHD will follow the PCGHD Emergency Procurement Process. ***See Appendix 11- Emergency Procurement Process*** 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 and chronology of events document and reviewed with the FAS/FASS Chief as needed. All necessary agency forms will also be completed, in addition to the incident forms. Any delays in expedited actions will be immediately reported to the IC/DC, Chief Information Officer, and the Health Commissioner's Office.

Below describes the process to receive, allocate and spend federal/state/local funds:

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 fund. In this case, funds would run through our general fund, with a line added to specify the use. Appropriations would be added in order to spend the funds. The additional appropriations would be approved by the Board of Health then sent through the Budget Commission, at the court house. Once the appropriations were approved, purchase orders would be opened in order to spend the funds as needed. The Health Commissioner is able to spend money as needed throughout the month, without immediate Board of Health approval.

2. Funds are provided as separate funding provision, through an application process. In this case, agencies will be asked to apply for the funds as a new grant. This will require a new fund be established. A new fund would need approval of the Board of Health and Budget

Commission, at the court house. Once the fund is established, appropriations would be added in order to spend the funds. Once the appropriations were approved, purchase orders would be opened in order to spend the funds as needed. The Health Commissioner is able to spend money as needed throughout the month, without immediate Board of Health approval.

During emergencies, Preble County General Health District's Health Commissioner has the ability to enter into contracts and make financial decisions without immediate Board of Health approval. These actions would be approved at the next scheduled Board of Health meeting. The Health Commissioner would request an emergency meeting of the Budget Commission if needed.

During normal operations, contracts entered into require Board of Health approval. During an emergency, the Health Commissioner has the authority to enter into contracts without the immediate Board approval. The contracts would be approved at the next scheduled Board of Health meeting.

Additionally, Preble County Health District interviews candidates at least once, sometimes twice before hiring. The hiring team is made up of at least three people. During an emergency, interviews will be held with the Health Commissioner and direct supervisor. Once the employee passes a background check and has all essential paperwork completed, they may begin work.

8.0 LOGISTICS AND RESOURCE MANAGEMENT

8.1 GENERAL

PCGHD has a limited amount of materiel and personnel staffing resources available for incident response, and shortfalls are most likely in these commodities. PCGHD resources can be requested through mutual aid agreements and the IMAC/EMAC process.

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.

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. The purpose of this component is to position public health agencies to

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.

The following six (6) levels of sourcing have been identified to fill potential resource shortfalls and minimize any time delays in acquiring the asset:

- Source 1: PCGHD internal human resource/personnel and inventory management systems. 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. Following approval, the Emergency Response Coordinator will query for available resources within the PCGHD and will collaborate with the PCGHD Leadership Team/Section Chiefs for potential resources. All resources will be queried internally prior to engaging county partners or stakeholders. When PCGHD requires resources that are not on-hand or have been exhausted, the agency will engage county agency partners for resources.
- Source 2: County agency resources. When PCGHD resource avenues have been exhausted, the acting Logistics/Resources Support Section Chief will work through the Preble County EMA to engage County Partners to secure a resource. Preble County EMA may choose to activate the Preble County Emergency Operations Center (Preble County EOC) and Emergency Support Function (ESF) partners to identify and secure a resource (e.g., DAS, ESF-1, ESF-7).
- Source 3: MOUs and MAAs. When a required resource is needed, the FASSS Chief will refer to existing MOUs or MAAs to fulfill resource shortfalls.
- Source 4: Emergency Purchasing and Contracts. Special provisions have been described in Appendix 11 - Emergency Procurement Process that detail how emergency procurement and contracts can be executed.
- Source 5: Emergency Management Assistance Compact (EMAC). When a resource for PCGHD use is not available and cannot be found in-county, the Logistics/Resources Support Section Chief will work through the Preble County EOC to request Regional and State resources using the EMAC Process.
- Source 6: State and Federal Assets. Specialized state and federal assets to include subject matter experts and material may be required to support county incident response. State and federal agencies that support PCGHD responsibilities include but are not limited to the Ohio Department of Health (ODH), Ohio Emergency Management Agency (OEMA), Ohio Environmental Protection Agency (OEPA), Ohio Department of Agriculture (ODA), Ohio State Highway Patrol (OSP), Centers for Disease Control (CDC), Department of Health and Human Services (HHS) and the Department of Energy (DOE).

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 PCGHD. If the requesting state accepts the resource(s) offered by PCGHD, Ohio EMA will execute an

intergovernmental agreement with PCGHD. An intergovernmental agreement with Ohio EMA will allow PCGHD's resources to be designated as State of Ohio Resources.

PCGHD staff deployed through this mechanism will be paid, e.g. compensation, travel reimbursement, etc., by PCGHD 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 PCGHD 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 submission of completed reimbursement request through the EMAC reimbursement process, and the transmittal of reimbursement from the requesting State to PCGHD.

Upon completion of the intergovernmental agreement, Ohio EMA, the receiving organization and PCGHD 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.

8.2 PCGHD RESOURCES

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

8.2.1 PERSONNEL RESOURCES

The Planning Section/Planning Support Section Chief will work with PCGHD staff to fill the shortfalls. If there are insufficient PCGHD personnel staffing assets available internally, PCGHD will engage the staffing pools in section 9.3 of this plan.

8.2.2 MATERIAL RESOURCES

In an effort to fulfill materiel resource gaps the acting Logistics Section/Logistics and Communications Support Section Chief will research for the asset internally within each PCGHD department for the required asset or resource. If the resource is found, it will be logged in a spreadsheet, released, and assigned to an equipment custodian for the duration of the incident. After the incident the resource will be replaced. A copy of the resource log will be kept in the DOC and on the Shared Drive. Operations Management (OM) Unit and the Resource Manager will be provided copies of the transaction for internal tracking purposes. Request for medical countermeasures will follow the procedures set forth in **Annex B – Medical Countermeasures Response.**

8.2.3 TRANSPORTATION RESOURCES

PCGHD transportation assets are limited for both personnel and material transportation. During an incident response, the Logistics/Resources Support Section Chief will collaborate with PCGHD front office staff to determine available PCGHD transportation assets for personnel transport, and the availability of the trailer for materiel transportation requirements. Any transportation needs that remain unmet after this engagement will be addressed through engagement of Preble County EMA.

8.3 MANAGEMENT AND ACCOUNTABILITY OF RESOURCES

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

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

8.3.1 MANAGEMENT OF PCGHD INTERNAL RESOURCES

Internal assets and resources used to assist in the response will be tracked using PCGHD's Request for use of Equipment / Resource form. The Logistics/Resources Support Section Chief will track the loan and return of all equipment and assets, as well as making sure all inventory and/or equipment has been inspected and refurbished or replenished. WebEOC may be used to track all resources.

8.3.2 MANAGEMENT OF EXTERNAL RESOURCES

Upon receipt of an external resource, the PCGHD IC/DC in collaboration with the PCGHD Operations Section 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, WebEOC or 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.

An equipment custodian will be assigned to all external asset(s) 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 PCGHD Supervisor is responsible for managing the internal resources that belong to their division. When a PCGHD 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 a PCGHD employee responds or deploys to an incident with a PCGHD 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 PCGHD (internal and external) will be compiled at the beginning of and end of each operational period for the PCGHD incident commander/department coordinator or authorized designee throughout the response and demobilization phases; it will be documented in the PCGHD Resources Summary Report.
3) In addition to the PCGHD Resource Summary Report, the following Incident Command System (ICS) forms 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 of personnel and equipment at incident site and other subsequent locations.
ICS 213	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

PCGHD asset or resource used in an incident, a full accountability of equipment returning to PCGHD will be done in collaboration with the Operations Section Chief, the IC/DC, and the equipment custodian. The asset will be inventoried and matched against the asset tag and serial number, then inspected for damage, serviceability and cleanliness. If all equipment serviceability and cleanliness requirements are met, the assets or resource will be transferred to the division and/or equipment custodian of origin and returned to normal service. This can be done using the ICS Form 221 Demobilization Check out form.

- If the equipment deployed is lost, damaged or does not meet serviceability requirements, the PCGHD incident lead, or designee and stakeholder, or equipment custodian will collaborate with the Operations Section Chief and the Fiscal Officer to determine next steps in the reconditioning of the asset, salvage or the purchase of a replacement item. The costs for reconditioning and or replacement of the item will be included in the post-incident cost recovery process.

8.5 INTRASTATE MUTUAL AID COMPACT (IMAC) & EMERGENCY MANAGEMENT ASSISTANCE COMPACT (EMAC)

Intrastate Mutual Aid Compact (IMAC) for emergency preparedness, and disaster response and recovery has been established pursuant to Ohio Revised Code section 5502.41. This program provides for mutual assistance and cooperation among participating political subdivisions in response to and recovery from any disaster that results in a formal declaration of emergency by a participating political subdivision. For planning purposes, it is prudent to assume that a public health emergency in the West Central Region of Ohio will impact, and subsequently require a coordinated response from all counties in the region. Declaration of a public health emergency within Preble County will invoke the provisions of the Intrastate Mutual Aid Compact. Regional response actions will be coordinated through the EOC's in the affected jurisdictions.

The purpose of the Emergency Management Assistance Compact (EMAC) is to provide for mutual assistance between the states entering into this compact in managing any emergency or disaster that is duly declared by the governor of the affected state(s), whether arising from natural disaster, technological hazard, man-made disaster, civil emergency aspects of resource 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 EMAC process may be used to support a Public Health Emergency at either a State, or local jurisdiction level.

In order to facilitate an EMAC or IMAC request during an incident, the Health Commissioner or IC would make a formal request to Preble County EMA. The Preble County EMA director or designee would prepare the request for assistance through Ohio EMA. Coordination and approval of such a request would be made by the Health Commissioner, in coordination with EMA Director.

Incident management activities will be conducted under an Incident/Unified Command System structure as outlined in the NIMS and NRP.

Fire/EMS, law enforcement, public health, medical, emergency management, and other personnel are responsible for local incident management activities.

A large-scale public health emergency will require cancellation of most routine PCGHD programs to direct available resources to emergency public health initiatives.

PCGHD staff continues to receive awareness-level emergency preparedness training.

Public health emergency infection control measures may include mass immunization/prophylaxis, and imposition of limitations on movement.

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 PCGHD by allowing the agency access to resources held by the organizations with which agreements have been executed.
2) Established PCGHD MOUs and regional MAAs are retained by the ERC or supervisors that has an existing agreement. The ERC retains the compilation of original/official agreements.
3) Upon an incident response, it is incumbent upon the Logistics/Resources Support Section Chief to inquire with the appropriate leadership and OGC 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 or designee and the Operations Section Chief will collaborate on execution of the MOU/MAA.

9.0 STAFFING

9.1 GENERAL

All PCGHD employees are designated as public health responders and can be called upon to fulfill response functions during an incident. The role assigned to any PCGHD employee in an incident is dependent upon the nature of the incident and the availability of staff to respond. With approval by the IC or designee, staff may be asked to work outside of business hours or for periods of time longer than a standard work day. Staff rosters are maintained by each supervisor and the fiscal officer.

9.2 STAFFING ACTIVATION LEVELS

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

PCGHD will utilize the ***PCGHD Continuity of Operations 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 ***PCGHD Continuity of Operations Plan***.

9.3 STAFFING POOLS

PCGHD will be tapped to provide staffing for incidents that can be effectively supported by their staff. The IC or supervisors will determine what specially qualified personnel are needed for the response. The following PCGHD staff are identified for fulfilling staffing requirements:

1. The IC/DC role may be filled by any supervisor or any designee of a supervisor;
2. Program personnel will fulfill specific roles that are defined in functional or incident-specific annexes included in this plan;
3. Qualified program staff from involved programs are eligible to fill remaining response positions after the two, previous categories of positions have been filled.

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

1. The Preble County Medical Reserve Corps (MRC);
2. The Preble County CERT Team, through the Preble County EMA;
3. Lewisburg CERT Team;

4. Mutual aid from the West Central Ohio Pubic Health agencies;
5. Mutual Aid from West Central Ohio Regional Medical Reserve Corps (MRC) Units;
6. Mutual Aid from the MOU with the Southwest Regional Public Health agencies;
7. Other county agencies;
8. State agencies.

The IC, Emergency Response Coordinator (ERC), MRC Coordinator, or designee will conduct outreach efforts to these alternate staffing pools.

The use of volunteers to support PCGHD's response during an emergency is vital due to the small staff at PCGHD. Available volunteer pools include: The Preble County Medical Reserve Corps (MRC); Preble County CERT Team; Lewisburg CERT Team; American Red Cross, Dayton Area Chapter; and the Preble County Amateur Radio Organization. Volunteers from these organizations can be utilized to help staff a Point of Dispensing (POD) site, a Community Reception Center (CRC) during a radiation event, a Family Assistance Center (FAC) during a mass casualty or fatality event, in shelters, etc. The Preble County Medical Reserve Corps Emergency Department Surge Team can also provide support during a mass casualty event at the Preble County Emergency Department. All volunteers are limited to the extent of their training and licensed medical volunteers can only work within the scope of their license.

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. Mobilization notifications will always be passed to response personnel by their day-to-day supervisors. 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 PCGHD DOC, unless otherwise specified. The DOC will be the default location for reporting unless incident demands require somewhere else.

2. **When to report**; Staff alerted will report within the required time established by the IC. The goal for initiating deployment is within 30 minutes of notification; arrival times may vary depending on the distance the staff must travel.

3**. To whom to report**: The staff alerted will report to the DOC Manager/Finance and Administration Support Section Chief or other individual, if designated. The actual position will be noted in the mobilization message and based on the activation level and the activation status of the PCGHD DOC. 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.

4. **An overview of the incident and their role, including the anticipated length of time they will be engaged**: Staff will receive general information about the response and their anticipated role; adjustments may be made as necessary to support the evolving response needs. Staff will

be told about how long they will be engaged with the incident so they can make appropriate adjustments to schedules and hand off critical work.

5. **Anything they need to bring**: All reasonable efforts will be made to inform PCGHD employees who will be deployed to another location, on what to prepare for in relation to time expected for deployment and providing the appropriate packing list information. Additionally, appropriate resources needed for response will be provided so staff do not have to use their own resources.

Upon reporting to the DOC, the staff will be received, checked in, provided an incident summary, and integrated into their role. At this time, the staff could be deployed to another location in support of the incident response.

NO PCGHD STAFF MEMBER WILL SELF-DEPLOY TO AN INCIDENT RESPONSE.

9.6 MENTAL HEALTH CONCERNS FOR STAFF

Not only the physical health, but also the mental health of staff and volunteers is a priority during an emergency. Some incidents, like mass casualty and mass fatality incidents, are much more stressful and require additional follow-up to maintain the mental health of those working with individuals and families impacted by the incident.

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

PCGHD works closely with the Preble County Mental Health and Recovery Board to ensure PFA is available to response personnel during and after an incident. The Preble County Medical Reserve Corps (MRC) also has several members who are part of its Crisis Response Team that may also be available. At least one PFA provider will be accessible during all incidents. For incidents with higher demand for PFA is anticipated/requested, PCGHD will request additional personnel.

A PFA provider may be engaged by calling the Preble County Mental Health and Recovery Board (See HAN Directory for contact information), or contact the Preble County MRC Coordinator for trained volunteers.

PCGHD 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

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

10.2 DECLARED DISASTERS

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

A declaration of a disaster or emergency by the Governor of Ohio provides the affected jurisdictions access to resources and assistance of state agencies and departments, including the National Guard. A declaration also releases emergency funds.

The Governor may declare a disaster without an official local declaration. 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.

10.2.1 PROCESS FOR COUNTY DECLARATION OF DISASTER EMERGENCY

It is the responsibility of the appropriate county, municipal or township government officials to declare a Proclamation of Emergency. PCGHD cannot declare an emergency. If local officials declare a disaster, PCGHD will coordinate with other jurisdictional partners through the Preble County EOC.

PCGHD's role in the emergency declaration process is to provide subject matter expertise and situational information. Depending on the hazard, the Health Commissioner may assign staff members to assist in the emergency declaration process based on their expertise.

10.2.2 PROCESS FOR STATE DECLARATION OF DISASTER EMERGENCY

ODH's role in the emergency declaration process is to provide subject matter expertise and situational information. ODH cannot declare an emergency or disaster; only the Governor may do so. ODH, as a cabinet level agency, may be asked by the Ohio EMA to weigh in on the effects of a disaster and its public health implications. The Director of Health and any ODH staff member that the Governor deems necessary to include will act as consultants to the Governor and inform the Ohio-EMA-led disaster declaration process. As a participant in the declaration process, ODH may consider (a) potential impacts to Ohioans 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 PCGDH will coordinate with other federal, state and local agencies through the Preble County EOC. PCGHD functions as both a primary and support agency for multiple ESFs and Annexes coordinated by the Preble County EOC.

10.2.3 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.

10.2.4 SECRETARY OF HHS PUBLIC HEALTH EMERGENCY DECLARATION

For a federal Public Health Emergency (PHE) to be declared, the Secretary of the Department of Health and Human Services (HHS) must, under section 319 of the Public Health Service (PHS) Act, determine that either (a) a disease or disorder represents a PHE; or (b) that a PHE, including significant outbreaks of infectious disease or bioterrorist attacks, otherwise exists.

The declaration lasts for the duration of the emergency or 90-days but may be extended by the Secretary.

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

SECTION III

11.0 PLAN DEVELOPMENT AND MAINTENANCE

11.1 PLAN FORMATTING

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

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

- Health Commissioner
- Environmental Health Director
- Director of Nursing
- Medical Director
- Emergency Response Coordinator
- Representative(s) for access and functional needs
- Subject Matter Experts (SME's)
- Stakeholders

Revisions and developments will be will determined on an annual revision schedule and by identifying gaps and lessons learned through exercise and real-word events, or by the direction of the Health Commissioner. 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.

PCGHD 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 of the plan component(s). Once the planning team has prepared the plan revisions, the components will be submitted to reviewers prior to being submitted for approval. Any feedback will be incorporated and then the updated document will be presented for approval.

In order to maintain transparency and record of collaboration, PCGHD 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:

"S:/Emergency Response Plans/Preble County Local Plans/ERP Meetings"

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

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

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

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

Any department may initiate changes to the basic plan and its attachments by submitting the proposed changes to the ERC for presentation to the review team during the annual review.

Proposed changes may be approved for use in response activities by the ERC before adoption by the Health Commissioner; such approval is only valid until the annual review, after which the Health Commissioner 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 at any time for inclusion, revision or expansion by the Health Commissioner. Any department may initiate changes to appendices by submitting the proposed changes to the ERC. All appendices should be reviewed by the review team upon inclusion, revision or expansion, but it is not necessary, at any time, for the review team or the 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 the ERC 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 supervisor(s) in group a, and (c) appropriate representatives from outside the agency, including local partners and representatives of individuals with access and functional needs. The review team will be led by a chair, who will be the ERC. The Health Commissioner will be ultimate approver of both the annex and its attachments. 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 for presentation to the ERC. Please note that if an attachment is a directive, then that attachment must be updated through the existing directive policy.

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

11.6 DEVELOPMENT AND ADOPTION OF APPENDICES TO AN ANNEX

Because appendices to annexes are complementary, they may be approved at any time for inclusion, revision or expansion by the PCGHD Health Commissioner. Any department may initiate changes to an appendix to an annex by submitting the proposed changes. 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 12 – PCGHD Plan Style Guide.

11.9 PLAN PUBLISHING

Emergency response plans will be made available for review by the public on the PCGHD website under Emergency Preparedness (https://www.preblecountyhealth.org/emergency-preparedness). Emergency Response Coordinator will be responsible for communicating to PCGHD's Public Information Officer (PIO) when the emergency response plan has been revised and new version is available for public publishing. Prior to the web publishing of the revised plan, ERC with the Health Commissioner will determine the attachments, annexes and appendices that will be redacted from the public version of the plan. Once the plan is prepared for public viewing, PIO will coordinate with PCGHD webmaster to publish the ERP online. Public comment to the ERP will be accepted via email and tabled for consideration, in addition to the proposed changes between revision cycles.

12.0 DOCUMENT DEFINITIONS AND ACRONYMS

Definitions and acronyms related to the PCGHD ERP Base Plan are in Appendix 13 - 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

ODH authorities are detailed in Appendix 14 – State and Local Authorities. They include:

- Infectious Disease Control
- Emergencies
- Management of People
- Monetary
- License and Regulatory Authority
- Support Services
- Registries
- General Confidentiality

13.3 COUNTY

ODH authorities are detailed in Appendix 14 – State and Local Authorities. They include:

- Isolation and Quarantine

14.0 REFERENCES

14.1 FEDERAL

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

14.2 STATE

1) Ohio Department of Health Continuity of Operations Plan, 2014
2) Ohio Department of Health Emergency Communications Plan, 2013
3) State of Ohio Emergency Operations Plan, 2016
4) State of Ohio Hazard Mitigation Plan, 2014
5) Ohio Plan for Response to Radiation Emergencies at Licensed Nuclear Facilities Ohio Emergency Management Agency
6) Ohio Department of Health Ohio Department of Health Continuity of Operations Plan, 2014
7) Ohio Department of Health Emergency Response Plan, 2017
8) Ohio Department of Health Emergency Response Plan Rubric, 2017

14.3 LOCAL

1) Preble County Hazard Analysis, 2014
2) PCGHD Emergency Response Plan, 2017
3) Preble County Emergency Operations Plan, 2012

ATTACHMENTS

ATTACHMENT X – SITUATION REPORT TEMPLATE

ATTACHMENT XI – OPERATIONAL PERIOD STAFF SCHEDULE FORM

ATTACHMENT XII – BATTLE RHYTHM TEMPLATE

ATTACHMENT XIII – SHIFT CHANGE BRIEFING TEMPLATE

ATTACHMENT XIV- INCIDENT DOCUMENTATION GUIDE

ATTACHMENT XV – EMAC REQUEST AND FULFILLMENT PROCESS

ATTACHMENT XVI – PCGHD RESPONSE STRUCTURE

ATTACHMENT XVII – ICS FORM 214 – ACTIVITY LOG

ATTACHMENT XVIII – ICS FORM 201 – INCIDENT BRIEFING

ATTACHMENT XIX – SUPPORT PLAN TEMPLATE

ATTACHMENT XX – ICS FORM 221 DEMOBILIZATION CHECK OUT FORM

ATTACHMENT XXI – ICS FORM 213RR – RESOURCE REQUEST FORM

APPENDICES

APPENDIX 14 – STATE AND LOCAL AUTHORITIES

APPENDIX 15 – WEST CENTRAL OHIO HOSPITALS WITH SPECIAL CAPABILITIES

APPENDIX 16 - ROLES OF FEDERAL AGENCIES IN EMERGENCY SUPPORT FUNCTIONS

APPENDIX 17 - PLAN ACTIVATION FORM

APPENDIX 18 – PREBLE COUNTY – PRIMARY AND SUPPORT AGENCY ESF MATRIX

APPENDIX 19 – MEMORANDUM OF UNDERSTANDINGS (MOUS)

APPENDIX 20 – NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) 2017 REFRESH

APPENDIX 21 –

ANNEXES

ANNEX A – NATURAL DISASTER PLAN

ANNEX B – NUCLEAR, BIOLOGICAL, CHEMICAL RESPONSE PLAN

ANNEX C – CONTINUITY OF OPERATIONS PLAN

ANNEX D – MEDICAL COUNTERMEASURES PLAN

ANNEX E – EPIDEMIOLOGIAL RESPONSE PLAN

ANNEX F – EMERGING INFECTIOUS DISEASE EBOLA/SPECIAL PATHOGENS PLAN

ANNEX G – ISOLATION AND QUARANTINE PLAN

ANNEX H – PUBLIC INFORMATION AND WARNING PLAN

ANNEX I – PANDEMIC INFLUENZA PLAN

ANNEX J – VOLUNTEER MANAGEMENT PLAN

ANNEX K – COMMUNITY LONG TERM RECOVERY

ANNEX L – RESPONDER HEALTH AND SAFETY

ANNEX M – FATALITY MANAGEMENT PLAN

ANNEX N – REGIONAL EPIDEMIOLOGICAL RESPONSE PLAN

ANNEX O – REGIONAL BIOLOGICAL RESPONSE

ANNEX P – REGIONAL RADIOLOGICAL RESPONSE

ANNEX Q – REGIONAL EMERGING INFECTIOUS DISEASE EBOLA/SPECIAL PATHOGENS PLAN

ANNEX R – REGIONAL FATALITY MANAGEMENT