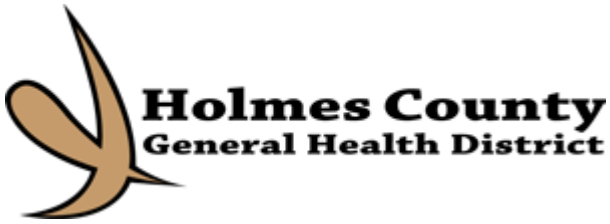

Emergency Response Plan - Basic Plan

Version 3.0
Adopted: 4/20/2018
Revised: 6/19/2020

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Attachments

Appendices

Statement of Promulgation:

The Holmes County General Health District (HCGHD) Emergency Response Plan (ERP) establishes the basis for coordination of HCGHD 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 capabilities of the HCGHD and/or the healthcare system to carry out operations necessary to save lives and protect public health. Consequently, HCGHD resources are used to provide public health and medical services within Holmes County.

All HCGHD program areas are directed to implement training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities of the agency. HCGHD will maintain this plan, review it, and reauthorize it at least annually.

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 All previous versions of the HCGHD ERP are hereby rescinded.

Board of Health Resolution Number: 025-18

_____ Date ___/___/____

Michael Derr
Holmes County Health Commissioner

SECTION 1

1. PURPOSE:

The primary purpose of the Holmes County General Health District (HCGHD) Emergency Response Plan (ERP) is to provide a framework for emergency management functions that may involve the HCGHD. More specifically, this section, the Basic Plan, is designed to provide direction for the planning and response to natural, technological, and man-made incidents that may impact the public's health in order to prevent and minimize negative health impacts to the Holmes County community.

This plan is organized into 3 sections. Section 1 provides necessary details for planning including situations, assumptions, and the hazards that are most likely to affect our community. Section 2 provides direction regarding how response operations are carried out at the HCGHD. Sections 3outlines how this plan is developed and maintained.

This ERP will serve as the foundation by which all response operations at the HCGHD are executed. This plan is applicable to any incident in which the HCGHD ERP is activated. This plan may act as a stand-alone document or may be used in conjunction with other HCGHD plans, the Holmes County Emergency Response Plan, and any other regional and state plans.

2. SCOPE AND APPLICABILITY:

- This plan applies to the HCGHD which is the only public health agency in Holmes County, Ohio. This plan serves the entire population of Holmes County, including all of its towns and villages.

- This plan is applicable to all hazards that may occur in Holmes County which have the ability to affect the public's health. Activation of this ERP will occur when an incident impacts public health and requires a response that is greater than normal day to day operations. The HCGHD ERP's activation and implementation authority lies with the HCGHD Health Commissioner or their designee.

3. PLANNING ASSUMPTIONS:

- HCGHD will have adequate time, information, and resources to effectively respond to an emergency.

- HCGHD will assume the lead role for public health emergency operations and response in Holmes County, Ohio.

- HCGHD and other local emergency plans have a common format, and are compliant with NIMS for effective response coordination and collaboration between agencies.

- HCGHD will utilize the Incident Command System (ICS) to manage emergency operations and response.

- The HCGHD will utilize its Continuity of Operations Plan (COOP) to ensure the execution of mission essential functions during an emergency that threatens or incapacitates operations.

- These assumptions will also apply to all additional documents related to this Basic Plan, unless stated otherwise. Individual supporting documents may also include their own document-specific assumptions.

4. SITUATION

1. Background and Possible Hazards

Holmes County, Ohio has an approximate population of 43,593 people (per U.S. Census Bureau 2013 update) and consists of approximately 424 square miles of land and water, to include seven villages and 14 townships. Holmes County's neighboring jurisdictions/counties are:

- Wayne County
- Stark County
- Tuscarawas County
- Coshocton County
- Knox County
- Ashland County

The State of Ohio boarders the following states:

- Michigan
- Indiana
- Kentucky
- West Virginia
- Pennsylvania.

The ***Holmes County Hazard Identification and Risk Assessment (HIRA) (Appendix 1)*** lists potential hazards that may occur in Holmes County, and their frequency, magnitude, severity, speed of onset, duration, location, and seasonal patterns. In 2014, the Holmes County Emergency Management Agency (EMA)

revised the hazards and threats likely to occur in Holmes County. These hazards are outlined in the 2014-2019 ***Holmes County Hazard Mitigation Plan*** **(*Appendix 2*).** According to this plan the top 5 hazards most likely to affect Holmes County are:

- Flood
- Drought
- Severe winter weather
- Severe thunderstorms
- Lightning and extreme temperatures (tied for the fifth hazard)

A map of floodplains within Holmes County may be found in ***Appendix 3.***

In addition to the natural hazards listed above, infectious disease outbreaks are a concern in Holmes County as well. Nearly half of the Holmes County population is of the Amish faith. Due to their religious beliefs, many Amish choose not to receive vaccinations. Therefore, infectious disease outbreaks are extremely probable. Additionally, Holmes County has many regular and recurring events which makes it a popular tourist destination. These encompass a multitude of events including sporting events, camping/RV parks, festivals, auctions, fairs, and flea markets. These events bring people from all over the state and out of state as well. Any incident that may occur during one of these events has the potential to impact the public's health both locally and regionally.

Any of the hazards described above has the potential to impact the public's health, which may lead to the activation of this plan. Potential public health impacts include:

- Community-wide limitation on maximal health for residents
- Widespread disease, illness, injury, or trauma
- Establishment of new disease
- Heat related illness/injury
- Hypothermia
- Dehydration
- Overwhelmed medical facilities
- Insufficient resources for response, especially medical countermeasures
- Insufficient personnel to provide an adequate public health response
- Agricultural terrorism
- Development of chronic conditions
- Lasting impairments of function or cognition
- Premature death

Holmes County may also be vulnerable to incidents and threats that may occur in neighboring jurisdictions. For instance, several of our surrounding counties have large Amish populations which have been the source of previous disease outbreaks due to the low vaccination rates within the Amish community. Additionally, we have one Airport in our NECO region – the Canton Akron Regional Airport – which has the potential to be the source of a threat or incident that could impact public health.

Identification of the communities within Holmes County that are the most vulnerable during a disaster or disease outbreak is an important component to the successful mitigation, response and recovery an incident. Social vulnerability factors such as poverty, lack of access to transportation, and crowded housing may have significant impact on a community's ability to prevent and recover from an incident. The Social Vulnerability Index (SVI) uses U.S. Census data to determine the social vulnerability of communities based on census tract. The SVI rates social vulnerability based of 4 factors – socioeconomic status, household composition, race/ethnicity/language, and housing/transport. A fact sheet about SVI can be found in ***Appendix 4*** along with a map and SVI scores for census tracts within Holmes County.

5. ROLES & RESPONSIBILITIES

5.1 Holmes County General Health District:

- **Primary Responsibilities**
  - Environmental health services
  - Public health nursing services
  - Health promotion and education services
  - Vital statistics services
  - Women, Infants, and Children (WIC) services
  - Epidemiological investigations and surveillance

- **Support Roles:**
  - Emergency Public Information
  - Medical Surge
  - Mass Care
  - Mass Fatality
  - Debris Management

5.2 Local Partner Roles and Responsibilities:

- **Emergency Management Agency**
  - Resource identification and management
  - Develop and maintain liaison role with other partners
  - EOC operations

- **Law enforcement**
  - Evacuation
  - Traffic Control/crowd control
  - Maintain law and order
  - Notification and warning
  - Communications
- **Fire/EMS**
  - Emergency medical services
  - Fire Response
  - Evacuation
  - Communications
- **American Red Cross**
  - Shelter operations
  - Reception
  - First aid at shelters
  - Family Assistance Center (Mass Fatality)
  - Donations
  - Volunteer operations
- **Public Works**
  - Water/sewer service
  - Street/bridge/road construction and maintenance
  - Electric and gas services

- **Northeast Central Ohio Region (NECO) Coordinators**
  - Liaison with other countries
  - Response Coordination
- **Pomerene Hospital**
  - Medical Surge

5.3 State Partners

Tab A of the Ohio EMA plan outlines the primary and support agencies for the State:
http://ema.ohio.gov/Documents/Ohio_ERP/ERP_Overview/PRIMARY_AND_SUPPORT_AGENCIES.pdf

5.4 Federal Partners

Roles and Responsibilities at the federal level may be found at the FEMA website at: https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency_support_function_annexes_introduction_2008_.pdf

5.5 Local Healthcare Coalition Partners

Many of the public health impacts are beyond the scope the HCGHD alone.

Therefore, the HCGHD may integrate with the following Health and Medical partners to address the hazards and impacts:

- Ohio Department of Health (ODH)
  - Provide Support to the Holmes County Health District as requested.
  - Provide supplies and resources as requested.

- Ohio Environmental Protection Agency
  - Monitor contamination and pollution of public water supplies.
  - Responsible for decontamination of public waterways for use as potable water supply.

- Other local agencies, departments, and organizations:
  - Hospitals and nursing homes - provides care to those in need after an incident
  - Schools – serve as potential POD sites
  - Board of Developmental Disabilities – provides care to access and functional needs populations
  - EMS/Fire - provides equipment
  - Law Enforcement - provides security
  - Mental Health - provides counseling to responders after an incident

In an effort to work together to plan for and prepare for emergencies that may impact public health, the HCGHD belongs to several coalitions with partnering jurisdictions and agencies:

- **Wayne Holmes Emergency Coalition (WHEC)** is a local coalition made up of emergency response partners from Wayne and Holmes County's that meets monthly to discuss planning initiatives within the Public Health Emergency Preparedness (PHEP) grant.

- **Local Emergency Planning Committee (LEPC)** is a coalition made up of local response partners who help ensure emergency preparedness in the county especially for hazardous material incidents.

- **Northeast Central Ohio (NECO) Healthcare Coalition** is a group of local public health and hospital partners within the Northeast

Central regions who meet quarterly to discuss how best to integrate PHEP and HPP capabilities in emergency planning efforts. The HCGHD PHEP Coordinator is a co-chair of that coalition.

- **Northeast Central Ohio (NECO) Public Health Planning Committee** is a group of PHEP planners from the NECO region who meet quarterly to discuss PHEP planning capabilities.

In addition to local public health agencies, the NECO Region Healthcare Coalition includes the following health and medical partners representing 15 counties within our region:

- Hospitals: provide patient care during and after emergencies. Provides information sharing related to medical surge and availability of equipment and supplies.

- Long-term care facilities: support and assist in evacuation efforts during an emergency. Provide situational awareness updates as needed during an emergency.

- American Red Cross: provides volunteers to staff and set up shelters during an emergency. Provide family assistance centers during a mass fatality incident.

The NECO Region has a variety of regional plans that support the interface between public health and the Healthcare Coalition Partners. These include:

- NECO Basic Plan- Direction and Control
- NECO Ebola and other special pathogen plan
- NECO Epidemiology Concept Plan
- NECO Hazardous Material/Radiological Concept Plan
- NECO MCM/MMAM Coordination Plan
- NECO Medical Reserve Corps Coordination Plan
- NECO Public Information Coordination Plan
- NECO Region Mutual Aid Agreement (MAA)

During a local or multicounty incident, the NECO Regional Healthcare Coordinator (RHCC) and the NECO Regional Public Health Emergency Preparedness Coordinator (RPHC) have the responsibility to facilitate the interface between local public health and the health and medical partners described above. In an emergency, the RHCC and the RPHC will facilitate information sharing amongst the jurisdictions in the NECO Region, and may also

facilitate resource support via the region's MAA. The RHCC and the RPHC can deploy to a jurisdictions EOC if requested, however, most of the command and coordination responsibilities can be done remotely.

Within each of these coalitions, it is the role of the HCGHD to provide support to partners during an emergency event and to provide guidance on public health related matters. The HCGHD may support their local coalitions through the following mechanisms:

- Information sharing
- Surveillance and investigation
- Provide surge personnel and other resources as available
- Participate in planning meetings and exercises/drills

6. ACCESS AND FUNCTIONAL NEEDS

Access and functional needs populations are defined as those who may have additional needs before, during, and after an incident in areas such as communication, medical, independence, supervision, and transportation (C-MIST).

In 2018, the HCGHD updated the C-MIST profile for Holmes County. This profile outlines the access and functional needs within the County. The ***CMIST Profile Summary*** may be found in ***Appendix 5.***

The HCGHD will ensure that the access and functional needs populations are addressed during public health emergency response. The HCGHD will coordinate with Amish Bishops, the Holmes County Board of Developmental Disabilities, group homes, and local nursing homes and home health agencies to provide the necessary messaging and resources to ensure the health and safety of our access and functional needs population.

Contact information for those agencies that support access and functional needs populations may be found in the **Holmes County Emergency Contact List (Attachment I)** as well as in ***Appendix 6 provides a spreadsheet of CMIST Partner's.*** It will be the responsibility of the IC/DC or the Liaison to ensure coordination with these agencies.

The HCGHD will ensure the appropriate terminology for access and functional needs populations and will utilize person first language in all communications (including throughout this ERP) as outlined in ***Appendix 7:*** **Communicating with and about Individuals with Access and Functional needs.**

SECTION 2
CONCEPT OF OPERATIONS (CONOPS)

7. ORGANIZATION AND RESPONSIBILITIES

All HCGHD staff have a role in supporting and participating in the agency's preparedness and response efforts. The following staff have critical roles in with the preparedness and response efforts of the HCGHD:

a. **PHEP Coordinator**. The HCGHD PHEP program is directed and coordinated by the PHEP Coordinator. The PHEP Coordinator has the ultimate responsibility for coordinating emergency preparedness and response activities in Holmes County. HCGHD's Health Commissioner, management triad, and Epidemiologist support the PHEP Coordinator in preparedness and response efforts.

b. **Health Commissioner**. The HCGHD Health Commissioner has the authority and is the primary person responsible to facilitate activation of this ERP. If the Health Commissioner is not available, the Board of Health will designate an alternate or interim director.

c. **All Staff.** During a response, all staff will be responsible to maintain the appropriate ICS forms for time and record keeping, follow organizational procedures set forth by the Incident Commander, and support the execution of this ERP.

8. ACTIVATION OF THE ERP

This ERP can be activated in one of two ways:

1. The Health Commissioner can activate the plan by using the steps outlined in this section.

2. If the Health Commissioner is not available, the PHEP Coordinator or agency Directors may carry through with the steps outlined in this section and make a recommendation to the Board of Health for activation of the ERP. The Board of Health will then designate an interim Health Commissioner.

8.1 Incident Detection

Any HCGHD staff who becomes aware of an incident that could potentially require activation of the ERP should immediately notify their supervisor/director.

The following situations may potentially lead to activation of the ERP and should be assessed:

- Novel, epidemic, or otherwise unique situation that will likely require a greater than normal response from the HCGHD

- Significant or potentially significant mortality or morbidity
- Need for resources outside of the HCGHD
- Any incident occurring within the NECO region or the State that has the potential to widen in scope and affect Holmes County.

8.2 Incident Assessment

Once a supervisor or director becomes aware of an incident that may require ERP activation, they should immediately notify the Health Commissioner. This will trigger an Initial Incident Assessment Meeting to determine if the situation warrants activation of the ERP. See **Attachment II** – **HCGHD Incident Assessment SOP.**

8.3 Activation

The initial incident assessment meeting will prompt completion of the **HCGHD Initial Incident Assessment form (Attachment III)** to determine the activation level for the incident. Activation of the ERP will then occur as outlined in the **Activation SOP (Attachment IV).** A description of the activation levels and the minimum command and staffing recommendations are outlined in the **Activation SOP (Attachment IV).**

An **Activation Algorithm** may also be found in **Attachment V.**

9. COMMAND AND CONTROL

The HCGHD comply with National Incident Management System (NIMS) principles and will utilize the Incident Command System (ICS) to manage emergency response operations. In 2017 FEMA published a revised version of the NIMS doctrine. A summary of the revisions may be found in ***Appendix 8.***

9.1. Incident Commander (IC)/Department Coordinator (DC)

Response activities are managed by a single individual who serves as the response lead or commander for the incident. This position title is different depending on whether the HCGHD or another agency is leading the response operations. If the HCGHD is leading response operations the term "incident commander (IC)" is used. If the HCGHD is serving in a supporting role for the response, the title "department coordinator (DC)" is used.

9.1.1. Basic Authorities for Response

Basic authorities define the essential authorities given to the IC/DC. These

include:

- The IC/DC may utilize and execute any approved component of the ERP including its attachments, appendices and/or annexes.

- The IC/DC may direct all resources identified within any component of the ERP in accordance with agencies policies and procedures.

- The 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.

- The IC/DC may engage the minimum staffing requirements as outlined in the **Activation SOP** (**Attachment IV**).

- The IC/DC may authorize staff to work a schedule other than their normal schedule, as needed, if the time can be flexed or comped within the pay period. If the IC/DC is not the Health Commissioner, then they may not authorize overtime.

9.1.2. Limitations of Authorities

Any authorities not included in the Basic Authorities require additional Authorization to execute. Depending on the limitation, the Health Commissioner and/or the Board of Health may be engaged to authorize actions:

- If the IC/DC is not the Health Commissioner, the IC/DC must engage with either the Health Commissioner or Board of Health (if the Health Commissioner is unavailable) when staffing levels begin to approach any level that is beyond those pre-approved in this plan. The Health Commissioner or Board of Health must authorize engagement of staff beyond pre-approved levels.

- The IC/DC must adhere to HCGHD polices regarding comp-time and overtime. Overtime must be authorized by the Health Commissioner or Board of Health (if the Health Commissioner is not available).

- The IC/DC must seek approval from the Board of Health for incident expenditures totaling more than $7,000.

9.2. Incidents with HCGHD as the Lead Agency

As per the HCEMA ERP, Annex H: Public Health, HCGHD is expected to assume the lead emergency operational role in response to incidents and emergency

situations involving the following:

- Communicable disease outbreaks
- Environmental health
- Mass prophylaxis of Holmes County citizens in response to a naturally occurring, accidental release, or deliberate biological event

When leading a response to the incidents outlined above, the HCGHD will do so using the Incident Command System (ICS). The HCGHD will identify an incident commander, who will be responsible to lead the incident and ensure the protection of life and health, incident stabilization, property protection, and environmental conservation.

The incident commander will engage local and state partners at the EOC and will coordinate with partners to ensure that adequate support and resources are available to respond to an incident.

9.3 Incidents when HCGHD is integrated into an ICS structure led by another agency

For incidents in which the HCGHD is integrated into the ICS structure led by another agency, the HCGHD may guide and direct the health and safety response, may contribute to public information, may assist in coordination, and may offer resources needed to carry out the response.

The role of the HCGHD in an ICS structure led by another agency will vary depending on the type of incident. Generally, the HCGHD may serve in any role or capacity within the ICS structure, except for that of the Incident Commander.

The Health Commissioner, or other designee as approved by the Board of Health, will work with the assigned IC/DC to coordinate the integration of the HCGHD into the response. If needed, per the incident activation level, the DOC may be opened.

9.4. Incidents with HCGHD in a supporting role/MACC

For incidents in which the HCGHD is a support agency, the IC is supplied by another agency. For these incidents, the HCGHD will assign a DC who will coordinate the agency's support of the incident. Support activities may include:

- Provide guidance and resources
- Facilitate logistical support and resource tracking
- Coordinate incident related information with partners

If the Holmes County EOC is activated, the HCGHD DC will coordinate any actions that are listed in the Holmes County ERP in which the HCGHD is listed as a primary or supportive role. The DC will ensure that any actions taken to address the incident are communicated and coordinated through the County EOC.

9.5. Board of Health Engagement

The Health Commissioner or designated IC/DC will engage the Board of Health during incident response for the following situations:

- A large scale incident that is impacting our Region and has the potential to impact Holmes County
- A large scale incident in which an emergency declaration may be needed
- When additional resources are needed
- When it is necessary to contact legal council
- Whenever a situation warrants activation of ICS

The Health Commissioner or designated IC/DC will be responsible to maintain contact with the BOH for the situations described above. The BOH can be contacted via telephone or email depending on the size and complexity of the incident.

9.6. Legal Counsel Engagement

The HCGHD may engage legal counsel for certain matters during a public health emergency response:

- Issuance of isolation and quarantine orders, or other public health orders
- HIPAA/protected health information
- Interpretation of Ohio Revised Code and other rules, statutes, codes and agreements
- Any other issues as advised by the Board of Health to ensure defense would be taken in court

Legal consultation is handled through the Holmes County Prosecuting Attorney whose contact information may be found in the **Holmes County Emergency Contact List (Attachment I).** Generally speaking, the Prosecuting Attorney may be contacted by the Health Commissioner or the Board of Health. If the IC/DC is not the Health Commissioner, the IC/DC may contact the Prosecuting Attorney for consultation in legal matters, however, permission must be granted from the Health Commissioner or the Board of Health.

9.7. Incident Action Planning

Incident Actions Plans (IAPs) are necessary to communicate what needs accomplished and who is responsible for doing it. Refer to the **Incident Action**

Plan SOP *(***Attachment VI***)* for the steps involved in writing an IAP.

IAPs will be developed each operational period and will be shared with all response personnel and volunteers. IAPs may also be shared with partners and other HCGHD staff at the discretion of the Incident Commander. Partners may include those involved in the County EOC, Regional partners, and State Partners (such as ODH). IAPs will be shared electronically via email or OPHCS.

9.8 Incident Objectives

Incident objectives answer the question "what needs to be accomplished"? Within the "Planning P", incident objectives are established at the initial command meeting within Phase 2. Cleary written objectives are essential to carrying out and guiding a successful response. In order to ensure that objectives are clear, concise, and appropriate, incident objectives should follow the SMART model:

S= Specific
M= Measurable
A= Action oriented
R= Realistic
T= Time-sensitive

Incident objectives should be established based on incident needs and priorities and should be informed by situational awareness, leader's intent, and delegations of authority, rather than internal, agency resources.

Incident objectives are tracked throughout the incident using ICS form 202 within the IAP. Objectives can be modified or revised as the incident requires.

9.9. Demobilization

Demobilization establishes the process by which resources, both personnel and equipment, are released from an incident. Planning for demobilization should begin as soon as the incident begins. A targeted end date/goal should be developed to define when an incident response may conclude.

For every incident, a demobilization plan should be developed to include incident specific demobilization procedures, release priorities, and plans for how to down-size the incident.

Demobilization is led by the Planning Section's Demobilization Unit, if it is formed. The Planning Section/Demobilization Unit will be responsible to develop the demobilization plan and ensure completion of the ICS forms 221.

Attachment VII provides a **Demobilization SOP.**

9.10. After Action Reports/Improvement Plans

An After Action Report/Improvement Plan (AAR/IP) must be completed for any incident in which the ERP is activated. Completion of an AAR/IP will allow the HCGHD to review actions taken, identify shortcomings, highlight strengths, improve operational readiness, and facilitate in a stronger response for future incidents.

See the **AAR/IP Development Guide (Attachment VIII)** for more information about the development of the AAR/IP.

9.11. Plan Integration

This HCGHD ERP interfaces with the Holmes County Emergency Operations Plan that is maintained by the Holmes County Emergency Management Agency. The Holmes County EOP Annex H outlines the responsibilities of public health, which align with this plan.

At the regional level, this ERP interfaces with plans developed by the Northeast Central Ohio (NECO) Region, including the *Regional Base Plan-Direction and Control Concept Plan,* and the *Regional Public Information Coordination Concept Plan.* These plans outline how agencies within the NECO Region will collaborate during a response that affects one or more jurisdictions in the Region.

At the State level, HCGHD will work with the ODH for guidance and support to carry out the activities described in this ERP during a public health emergency response incident.

9.12. Situation Reports

In general, situation reports (SITREP) will be produced regardless of the activation level. SITREP's may be completed using the ***ICS 209 form***. A template may be found in ***Appendix 9.*** Frequency of distribution of SITREPs will vary depending on the activation level. See Table 1 in the **Activation SOP** *(***Attachment IV)** for recommendations on SITREP frequency.

In addition to operational staff, SITREPs will be sent to HCGHD directors and managers, at a minimum, in order to facilitate situational awareness. SITREPs will be sent electronically via email. If the DOC is active, then hardcopies of the SITREPs should be kept on site.

SITREPs may also be shared electronically with local, regional, and state partners at the discretion of the Health Commissioner or IC. Partners may include

additional HCGHD staff, local EMA, local hospital, Regional Public Health Preparedness Coordinator, and the ODH Office of Health Preparedness. Additional SITREP recipients will be decided upon based on a per-incident basis. These recipients will be decided by the staff responsible for disseminating the SITREPs and in collaboration with the PIO, IC, and operational staff.

9.13. Battle Rhythm/Staff Schedule

HCGHD will maintain staff scheduling and communicate the schedule to assigned staff utilizing the **Operational Schedule Form (Attachment IX).** This form should be completed by the Planning Section Chief and will be distributed to all HCGHD staff and volunteers via email or hard copy.

The battle rhythm/schedule should 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 Section Chief using the **Battle Rhythm Template** (**Attachment X).** This template should be distributed to all response staff, including volunteers, at the beginning of their shift along with the Operational Schedule Form.

In addition to the above mentioned forms, at shift change, staff will be provided with a **Shift Change Briefing Template** *(***Attachment XI***).*

10. INFORMATION COLLECTION, ANALYSIS, AND DISSEMINATION

See the ***Information Sharing and Communications Policy (Appendix 10)***

11. COMMUNICATIONS

See the ***Information Sharing and Communications Policy (Appendix 10)***

12. PUBLIC INFORMATION

See the ***Risk Communication and Public Information Appendix (Appendix 11)***

13. ADMINISTRATION AND FINANCE

13.1 General

Complete and consistent administrative efforts, recordkeeping, and accounting are essential to ensure a successful response, demobilization, and recovery. During an incident it is everyone's responsibility to keep accurate records and documents.

During a response in which the HCGHD is the lead agency, the IC may delegate

finance and administrative responsibilities to the Finance and Administration Section Chief (HCGHD Fiscal Officer).

In a response in which the HCGHD is not the lead agency, the administration and finance duties may be done by the DC or may to delegated to another staff member.

13.2 Cost Recovery

All response activities should be documented for cost recovery purposes and to ensure that the appropriate costs are reimbursed. Cost recovery for an incident includes all costs reasonably incurred by the HCGHD staff/personnel, including overtimes costs and mileage for response personnel, supplies, expendable items and equipment, and any operational charges such as food, water, and fuel. The cost recovery process begins in the initial incident operation period and continues through the end of demobilization.

13.3 Legal Support

The HCGHD will work in collaboration with the Holmes County Prosecuting Attorney concerning legal matters that may arise during or in the aftermath of an emergency response.

13.4 Incident Documentation

Documentation is critical to response, review, and recovery activities. Appropriate documentation supports:

- Cost recovery
- Resolution of legal matters
- Evaluation of incident strategies both during the incident and afterwards
- Development of IAPs
- Development of the AAR/IP.

All documentation should be completed using the appropriate HCGHD forms or ICS forms. Forms will be collected at the end of each operational period and should be turned into the Finance and Administrative Section Chief.

Cost-recovery documentation is essential to all cost recovery and administrative actions regarding personnel, payroll, benefits, and financial and procurement recordkeeping. Cost recovery efforts will be led by the HCGHD Fiscal Officer or finance and administrative section. The finance/administrative section will use the forms collected as a tracking mechanism for determining resources expended and initiating any additional documentation.

Documentation used to support cost recovery are outlined in **Attachment XII Incident Documentation Guide.**

13.5 Administrative and Financial Actions

Expedited actions can occur in the forms of approvals for personnel actions and procurement of resources. Expedited actions will be initially approved by the Finance and Administrative Section Chief and then approved by the IC/Health Commissioner. Any approvals beyond the basic authority of the IC/Health Commissioner must be approved by the HCGHD Board of Health.

Expedited personnel and staffing actions: All requests for personnel actions such as staffing increases or comp time approval will require consultation among the fiscal officer, Health Commissioner, and Division Director. Additional staff on-boarded to the HCGHD during an emergency, either through contract or hire, will follow the normal policies and procedures for recruitment and selection.

Expedited Fiscal/Procurement Actions: The Health Commissioner may approve expedited financial expenses up to $7,000. Any fiscal actions needing approval exceeding $7,000 must be approved by the Board of Health. In an emergency, a special Board meeting can be requested to expedite the process.

Expedited actions will be tracked using the appropriate HCGHD fiscal forms. Expedited actions that must be approved by the Board of Health will be tracked/documented via meeting minutes

Accepting and Allocating Federal/State/Local funds

The acceptance of emergency funds will follow our normal process. If the funds are appropriated, the county Auditor will deposit the funds and issue a receipt to the HCGHD. The HCGHD Fiscal Officer will then allocate the funds to the appropriate program.

If the funds have not been appropriated, then the HCGHD must complete an appropriate change request with the county Auditor. This request must then be taken to the Board of Health for approval.

14. LOGISTICS AND RESOURCE MANAGEMENT

14.1 General

HCGHD has a limited amount of materiel and personnel staffing resources available for incident response. The following levels of sourcing have been identified to fill potential resource shortfalls and minimize any time delays in acquiring assets:

- Regional Resources
- State Resources
- MOUs/MAAs
- Contracts
- EMAC/IMAC

14.2 HCGHD Resources

HCGHD has identified the following 3 resources priorities that may need filled during an incident response:

14.2.1 Personnel Resources

HCGHD will utilize all available HCGHD staff first. If there is an insufficient number of staff to adequately respond to the incident, the HCGHD will engage the staffing pools as listed in section 15.2 of this plan.

14.2.2 Materiel Resources

At the end of each operational period, incident personnel can utilize ICS form 215 to communicate the resources currently available and the resources needed. Materiel Resources needed for an incident can be requested though Holmes County EMA using the ICS form 213 Resource Request (2016 ODH template).

14.2.3 Transportation Resources

HCGHD maintains a small fleet of vehicles including 3 small trucks, and 2 SUV's. We also have an emergency trailer that can haul equipment if needed. Transportation resources needed beyond this fleet would be requested by following the process outlined in 14.2.2.

14.3 Management of Internal Resources

Internal resources, such as equipment, are tracked during normal operations by the HCGHD Fiscal Office using an Excel Spreadsheet. The spreadsheet has a tab specific for emergency equipment and includes inventory of the Emergency Trailer, POD and COOP kits. During an emergency incident, the Logistics Unit /Resource Unit Leader will be responsible for the tracking and management of both internal and resources. Prior to requesting resources from an external source, the Logistics Unit/Resource Unit Leader should first check the inventory spreadsheet.

If internal resources are used or moved from their current location, the Logistics unit should complete the ICS 210 Resource Status Change Form.

14.4 Management of External Resources

If external resources are needed for an incident, the Holmes County EMA in collaboration with the HCGHD will work to secure needed resources by completing the ICS 213 Resource Request Form (the 2016 ODH Template).

14.5 Tracking of Resources Throughout the Incident

Resource tracking of personnel will be conducted using the ICS 211 form.

Material resources may be tracked using a variety of ICS forms as appropriate:

Form Number	Form Title	Form Purpose
ICS 204	Assignment List	Identifies resources assigned during an operational period
ICS 210	Resource Status Changed	Tracks when resources are moved
ICS 213	Resource Request (ODH 2016 Template)	Order and track resources
ICS 215	Operational Planning Worksheet	Communicates resource assignments and needs for the next operational period
ICS 221	Demobilization Check Out	Provides information on the resources released

The Fiscal Officer or Logistics/Resource Unit Leader is responsible for managing internal resources, including personnel. When a HCGHD resource is requested for internal or external use during an emergency response, the appropriate ICS forms should be completed and given to the Fiscal Officer or Logistics/Resource Unit Leader (if ICS is activated) who will be responsible for tracking the resource throughout the response and demobilization phase. The Fiscal Officer or Logistics/Resource Unit Leader will be responsible to provide the Health Commissioner or IC/DC an update of all internal and external resources deployed from the HCGHD at the beginning and end of each operational period throughout the response and demobilization phases.

14.6 Demobilization of Resources

Tracking of resources through demobilization will occur as outlined in **Attachment VII: Demobilization SOP.** Any equipment that needs reconditioning or repaired shall be noted in section 7 of the ICS 221 Demobilization Check-Out Form.

14.7 Emergency Management Assistance Compact (EMAC)

14.7.1 Intrastate Mutual Aid Compact (IMAC)

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

IMAC may be used to support a public health emergency at the local level. The HCGHD Health Commissioner or IC would coordinate with local EMA if the IMAC process needed to be used to support a public health emergency. Together, local EMA and the HCGHD Health Commissioner or IC would be responsible to prepare the request with the cooperation and approval of the Holmes County Commissioners and the Board of Health.

14.7.2 Emergency Management Assistance Comact (EMAC)

EMAC is a national interstate mutual aid agreement that enables states to share resources during times of disaster. EMAC would be used to support public health at the local level in the event that all local and regional resources have been utilized and additional resources are necessary.

The process of requesting resources through EMAC would be coordinated through the HCGHD, local EMA and the State of Ohio EMA. If the HCGHD identified that additional resources are needed to support an incident, the Health Commissioner or IC, with the approval of the Board of Health, would prepare and submit a request to the Holmes County EMA Director detailing what is needed, and the duration of need. The EMA Director would then submit the request to the County Commissioners who will review the request and will determine if a disaster declaration or state of emergency declaration is necessary. If approved by the County Commissioners, the EMA Director will submit the EMAC request to the State of Ohio EMA.

14.7.3 External IMAC Requests

The Holmes County EMA Director may receive requests for IMAC and EMAC requests from another jurisdiction/state. If public health resources are needed, the EMA Director would forward the request to the HCGHD Health Commissioner. The Health Commissioner would review the request and would determine if the HCGHD has the resources available to satisfy the request. The Health Commissioner may need to defer the request to the appropriate division director, depending on the type of resource requested. If the HCGHD has the resources available to satisfy the request, the Health Commissioner would need to seek approval from both the County Commissioners and the Holmes County Board of Health if the resource request totals more than $7,000.

14.7.4 External EMAC Requests/Intergovernmental Agreement

Once the provision of the resource has been approved by the Health Commissioner, Board of Health, and County Commissioners, Ohio EMA

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

HCGHD staff deployed through this mechanism will be paid, e.g. compensation, travel reimbursement, etc., by HCGHD 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 HCGHD employee afforded to him/her by his/her home station and applicable law.

Ohio EMA assumes no responsibility for this/these employee(s) other than the submission of completed reimbursement request through the EMAC reimbursement process, and the transmittal of reimbursement from the requesting State to HCGHD.

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

14.8 MOUs, MAA's, and other agreements

Memoranda of Understanding (MOUs) and Mutual Aid Agreements (MAAs) are similar in that they are both designed to improve interagency or interjurisdictional assistance and coordination.

MOU's 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. 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. Such things as incident structure, resource management, requesting/sharing of staff, and payment are often addressed in MOUs/MAAs. Such agreements expand the capacity of the HCGHD by enabling access to resources of the organization/agency with which agreements have been executed. MOUs/MAAs must be approved by the Health Commissioner and the Board of Health through a resolution.

A list of MOUs/MAAs and other agreements may be found in ***Appendix 12*** Finalized copies of MOUs/MAAs and other agreements for emergency purposes are retained

and maintained by the PHEP Coordinator. The Fiscal Offer retains copies of agreements which have financial obligations. During an incident response, the logistics/resource section chief will be responsible to inquire with the appropriate individuals to determine if any MOUs/MAAs are applicable to the response activities.

15. STAFFING

All HCGHD employees are designated as public health responders and can be called upon to fulfill response functions during an incident. The role assigned to any HCGHD staff is dependent upon the nature of the incident and the availability of staff to respond. With the approval of the Health Commissioner and/or individual division directors, staff may be asked to work outside of normal business hours.

15.1 Activation levels

Staffing levels will be determined in accordance with the activation levels outlined in the **Activation SOP** (**Attachment IV**). Staffing levels will remain flexible and may change as needed throughout the incident as the activation levels change. Staffing levels will be evaluated during the development of the IAP and updated with each operational period.

15.2 Staffing Pools

Public Health response staffing requirements may be fulfilled by several options:

- *Available staff in the agency:* HCGHD has 20 full-time employees and 2 part-time employees

- *Contract Staff.* HCGHD has an Epidemiologist and nurse on contract.

- *Medical Reserve Corps (MRC).* HCGHD has an MRC unit of 12 volunteers comprised of nurses, a physician, mental health professionals, and administrative/support volunteers.

- *NECO Region*. Additional public health personnel may be requested via the NECO Region MAA.

Public Health Command positions may be fulfilled by those staff who have had advanced ICS Training (ICS 300 and ICS 400). Volunteers may not assume a lead role in the ICS structure. All HCGHD staff, contractors, and volunteers are required to complete at a minimum ICS, 100, 700, and 800. Staff who serve in a management role are required to take ICS 200, ICS 300, and ICS 400. Certifications of completion are required to be submitted to the HCGHD Finance and HR Director and are placed in the employees personnel file. The Finance and HR Director maintains a spreadsheet of all agency personnel and the trainings that they have completed.

In the event that public health personnel from within the NECO Region are utilized to respond to an incident, ICS course training certificates will be verified by the prior to deployment.

The HCGHD Surge Protocol further describes the volunteer pools available to the assist the HCGHD in an emergency response and outlines the potential roles that volunteers and other surge personnel may fulfill.

15.3 Mobilization, Alert and Notification

Alert and notification of available staff outlined in sections 15.2 will be done by individual Department/Program Directors or the Health Commissioner. Staff mobilized for deployment will follow these instructions:

- **Where to Report:** All personnel who are mobilized for an incident will report to the DOC unless otherwise specified.

- **When to Report:** Staff who are mobilized should report within the timeframe requested, which will depend on the incident type, scope and complexity.

- **Whom to Report to:** Mobilized staff should report to their immediate supervisor or other person designated at the time of the notification. Notification messages will specify who the staff/volunteers should report to.

Upon reporting to the DOC, the staff/volunteers will check-in, receive an incident summary, and will be given their role/assignment, along with the corresponding job action sheet. Just in time training (JITT) will be provided as needed. HCGHD staff and volunteers are required to wear their name badge at all times while responding to an incident. Depending on the incident, vests may be given to individuals in certain roles (i.e parking, greeters, etc.) to identify them as "staff/responders". Upon receipt of their assignment, staff may be deployed to another location in support of the incident response.

15.4 Responder Health and Safety

The health and safety of HCGHD employees and volunteers is of upmost importance during the response and recovery to an incident. In addition to physical safety, mental and behavior health is a priority.

Psychological First Aid (PFA)

Psychological First Aid (PFA) is assistance aimed at reducing acute distress and promoting successful coping and functioning in the immediate aftermath of a traumatic event. PFA encompasses eight (8) core actions:

- Contact and Engagement

- Safety and Comfort
- Stabilization
- Gathering information
- Practical Assistance
- Connecting with social supports
- Information on Coping
- Linking with Collaborative Services

PFA can be used in the aftermath of any incident in which a responder is having difficulty coping. Such instances may include:

- Mass fatality incident
- Incidents involving children
- Incidents have require extended use of PPE
- Incidents that are highly publicized/criticized

Behavioral health services are available to HCGHD employees and volunteers via the Stress Reduction Team of the Mental Health and Recovery Board of Wayne and Holmes County. Per the MOU, the HCGHD in conjunction with the local EMA can request assistance from the Stress Reduction Team in county-wide declared disaster. The stress response team has been trained in PFA.

For an event that is not a declared disaster, anyone with training may provide PFA. Several HCGHD staff have been trained in PFA principles as well as several MRC volunteers.

16. DISASTER DECLARATIONS

16.1 Non-declared Disaster

The HCGHD may respond to an incident as set forth in law and as outlined in this plan without a formal declaration of a disaster or state of emergency with the expectation that local resources may be used and with the understanding that reimbursement for those resources will not be requested. The Health Commissioner may redirect and deploy HCGHD resources as needed to prepare for, respond to, and recover from an event.

16.2 Declared Disaster

The HCGHD cannot issue an emergency declaration. A state of emergency may be declared by the Holmes County Commissioners. In the event of a public health disaster, the HCGHD and the Holmes County EMA will work collaboratively to develop a declaration proposal. The following approval process should be followed:

a) Health Commissioner requests an emergency Board of Health

Meeting (3/5 members must be present to quorum)

b) Declaration proposal is approved by the Holmes County EMA
c) Declaration is approved by the Holmes County Commissioners
d) Declaration is sent to the Ohio EMA
e) Declaration is sent to the Governor

SECTION 3

17. PLAN DEVELOPMENT AND MAINTENANCE

17.1 Plan Formatting

All plan components will align with the definitions, organization and formatting described below. Additionally, HCGHD will ensure that the appropriate terminology for access and functional needs populations (i.e. "person-first language") will be used throughout the ERP and is consistent with the standards described in ***Appendix 7*** **"Communicating with and about Individuals with Access and Functional Needs".**

17.1.1 Plans

A plan is a collection of related documents used to direct response or activities. Plans may include four types of documents, including a basic plan, attachment, appendix or annex.

When reference, plans should be designated with ***bold, italicized, underlined font.***

a. Basic Plan

A basic plan is the main body of a plan. It is the primary document and may include attachments, appendices, and annexes.

b. Attachment

An attachment is a supplementary document that is attached to a primary document in order to address deficiencies. The inclusion of an attachment is necessary for a primary document to be complete.

Attachments should be included immediately after the primary document that they supplement and should be labeled with Roman numerals. When referenced within plans, attachments should be designated by **bold font.**

c. Appendix

An appendix is a complementary document; usually, statistical, or bibliographical in nature that is added to the primary document, but is not necessarily essential to its completeness. Thus, an appendix is distinguished from an attachment in that it is supplementary and not necessary for the primary document to be complete.

Appendices should be included immediately after the attachments of the primary document to which they are added. Appendices should be labeled with numbers. When referenced in plan, appendices should be designated with ***bold, italicized font.***

d. Annex

An annex is something (i.e. an additional plan, policy, procedure, etc) that is added to a primary document 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 a supplement or component.

Annexes should guide a specific function or type of response. They should be included immediately after the appendices of the primary document to which they are added and should be labeled by capital letters (i.e Annex A). When referenced in plans, annexes should be designated with **bold, underlined font.**

Since annexes are considered independent from the basic plan, annexes may contain their own attachments and appendices.

Attachments to annexes should be labeled by Roman numerals preceded by the letter of the annex and a dash (e.g. “A-II”). Appendices to annexes should be labeled by numbers preceded by the letter of the annex and a dash (e.g. “A-1”).

17.2 Plan Review and Development

Planning shall be initiated and coordinated by the HCGHD PHEP Program, specifically, the PHEP Coordinator. The PHEP Coordinator will form a collaborative planning team to include:

- Health Commissioner
- PHEP Coordinator
- Director of Nursing

- Director of Environmental Health
- Holmes County Emergency Management Agency
- Pomerene Hospital Emergency Preparedness
- Holmes County Board of Developmental Disabilities or another representative for access and functional needs populations

This team will be responsible for reviewing and updating the ERP and all of its elements including, the basic plan, attachments, appendices, and annexes.

The planning team will review the ERP and all of its components (basic plan, attachments, appendices, and annexes, including attachments and appendices to the annexes) at least annually and will work collaboratively to revise it as needed. The entire ERP must be reviewed by the Director of Nursing and the Director of Environmental Health before it is submitted to the Health Commissioner for promulgation. HCGHD's ERP development and maintenance will be based upon corrective action and improvement planning from various public health trainings and exercises, as well as state and federal planning guidance.

The planning team will meet in person or will communicate via email or conference call annually, or sooner if revisions are needed per AAR/IPs or other suggested guidance. Revisions to the ERP and its components, will be adopted only by a majority consensus of the planning team. In-person meetings will be documented by a sign-in sheet and agenda. A conference call log will be used to document phone calls amongst the planning team. Email correspondence may serve as documentation for electronic communications. The PHEP Coordinator maintains all meeting and attendance records.

Proposed changes to plans in-between the review cycle shall be tabled for further discussion at the annual review meeting with the collaborative planning team. Potential changes to the ERP and its components will be tracked by the PHEP Coordinator. In the interim, if the proposed changes are necessary to effectively carry out a response, the Health Commissioner may approve the change.

17.3 Review and adoption of the ERP and its attachments

The basic plan and its attachments shall be reviewed by management level staff and approved/endorsed by the Health Commissioner. New versions of the ERP, including the attachments, must be approved by the Board of Health. The basic plan and its attachments should be reviewed annually based on the version date of adoption. Changes to the basic plan and its attachments may be initiated by any member of management, or any member of the planning team.

17.4 Review and adoption of the appendices to the Basic Plan

Because appendices are complimentary to the basic plan, they should be reviewed annually with the ERP and attachments. As with the attachments, any member of management or the planning team may recommend revisions to an appendix. Revisions to appendices should be reviewed by the Health Commissioner, but written approval is not required.

17.5 Development and adoption of annexes and its attachments

Annexes and their attachments will be reviewed annually along with the regularly scheduled ERP updates by the planning team mentioned above. As in section 17.4, any member of management or the planning team may recommend revisions to an annex. Revisions to annexes should be reviewed by the Health Commissioner, but written approval is not required.

17.6 Development and adoption of appendices to an annex

Because appendices are complimentary to the annexes, they should be reviewed annually with the annex. As with the annexes, any member of management or the planning team may recommend revisions to an appendix to an annex. Revisions to annex appendices should be reviewed by the Health Commissioner, but written approval is not required.

17.7 Version numbering and dating

Version and revision history for the ERP and all of its components (attachments, appendices, and annexes) will be tracked using a numbering system as follows: #.#. The first number will represent the version number. The second number will identify the revision number of the plan. For example, Version 1, revision 1 would be represented as 1.1. Substantial changes to the ERP, such as changes to the organization, structure, or concepts will require the adoption of a new version. New versions must be promulgated by the Health Commissioner.

For reviews and revisions that do not necessitate a new version of the ERP to be adopted, the date of last revision and last review which will be documented in the footer as indicated in ***Plan Formatting Guide (Appendix 13).*** This will be the consistent format across all ERP components. The current version number of the plan will be indicated on the plans cover page.

17.8 Plan formatting

The ***HCGHD Plan Formatting Guide*** may be found in ***Appendix 13***

17.9 Plan Publishing

HCGHD seeks public plan review and comments to identify potential issues,

concerns, or other contributions to the HCGHD Emergency Response Plan. Policies and procedures related to soliciting public comment may be found in the ***HCGHD Public Comment Policy (Appendix 14).***

All staff have access to the HCGHD Emergency Response Plan – Basic Plan and all of its attachments and appendices. The formats in which the plan is made available are electronic or hard copy.

The plan can be accessed electronically via two mechanisms:

i. On a shared drive called access_pub under the "PHEP" folder. This drive is protected on a server. A designated staff member is responsible to remove the backup server daily and to restore it the next day at the health department.

ii. Via Policy Stat. https://holmes.policystat.com/
    i. This is an online, cloud based system in which all of our staff have access.

Two hard copies of the plan will be available to access. These will be located in the PHEP Coordinators office and Health Commissioners office.

17.10 Testing and Evaluation of the Plan

The ERP will be exercised and tested at least annually via a functional or full scale exercise. The plan may also be evaluated after a real world event. Evaluation of the plan will be done through the completion of an AAR/IP (See **Attachment VIII AAR/IP Development Guide).**

18. AUTHORITIES & REFERENCES:

18.1 Authorities:

a. Federal General Public Health Emergency Powers:

- 42 U.S.C. § 247d

b. State:

- Ohio Revised Code (ORC):
  - 149.433, 3701.03, 3701.04, 3701.06, 3701.13, 3701.14, 3701.16, 3701.23, 3701.25, 3701.352, 3701.56, 5502.28.

- Ohio Administrative Code (OAC):
  - 3701-3-02.1, 3701-3-06, and 3701-3-08

c. Local:

- ORC:

- 3707.01 through 3707.10, 3707.12 through 3707.14, 3707.16, 3707.17, 3707.19, 3707.23, 3707.26, 3707.27, 3707.31, 3707.32, 3707.34, 3707.48, 3709.20, 3709.21, 3709.22, and 3709.36

- OAC:
  - 3701-3-02 through 3701-3-05

- Holmes County Board of Health Resolution:
  - 96-2006 (Adoption of NIMS)
  - 24-2007 (Delegation of Authority)

18.2 References:

The HCGHD ERP and all of its components were developed using the following:

1. Planning guidance from the Ohio Department of Health (ODH), including the Sample Plan provided by the ODH
2. ODH Emergency Response Plan Basic Plan Rubric BP 1
3. Holmes County General Health District ERP, Version 2
4. Holmes County Emergency Response Plan
5. Holmes County Hazard Identification and Risk Assessment
6. FEMA ICS Glossary (https://training.fema.gov/emiweb/is/icsresource/assets/icsglossary.pdf)
7. Ohio Department of Health Emergency Response Plan Basic Plan Rubric

Acronyms List

Acronym:	Meaning:
AAR	After Action Repot
C-MIST	Communication, Maintaining Health, Independence, Safety and Support, Transportation
CONPLAN	Concept Plan
COOP	Continuity of Operations Plan
DC	Department Coordinator
DOC	Department Operations Center
EMA	Emergency Management Agency
EMAC	Emergency Management Assistance Compact
EOC	Emergency Operations Center
ERP	Emergency Response Plan
ERF	Emergency Response Function
HDOC	Health Department Operations Center
HIRA	Hazard Identification and Risk Assessment
HSEEP	Homeland Security Exercise & Evaluation Program
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
IMAC	Intrastate Mutual Aid Compact
IP	Improvement Plan
HCGHD	Holmes County General Health District
LEPC	Local Emergency Planning Committee

MAA	Mutual Aid Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NECO	Northeast Central Ohio
NIMS	National Incident Management System
OAC	Ohio Administrative Code
ODH	Ohio Department of Health
OPHCS	Ohio Public Health Communications System
OPLAN	Operations Plan
ORC	Ohio Revised Code
PHEP	Public Health Emergency Preparedness
POD	Point of Dispensing
PFA	Psychological First Aid
SITREP	Situation Report
SNS	Strategic National Stockpile
SOG	Standard Operating Guide
WHEC	Wayne-Holmes Emergency Coalition
WIC	Women, Infants, and Children

Definitions

After Action Report: A professional document formulated in partnership with participants in a process. Evaluators, sponsoring agencies, and key participants from federal, state, and local agencies participate in the formulation of the after-action report. The after-action report must give a summary of the lessons learned from an incident. It furnishes a historical record of findings and forms the foundation for refinements to plans, policies, procedures, training, equipment, and overall preparedness of an entity. The report depicts on the process, preliminary observations, major issues, and recommendations for improvements.

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.

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.

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.

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

C-MIST: A functional needs framework used to identify at risk individuals needs during emergency planning and preparedness. The framework includes five categories - communications, maintaining health, independence, safety and support, transportation.

Continuity of Operations (COOP): A United States federal government initiative, required by U.S. Presidential Policy Directive 40 (PPD-40), to ensure that agencies are able to continue performance of essential functions under a broad range of circumstances.

Department Coordinator (DC): The person responsible for the management and coordination of the department operations center

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

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

Emergency Management Agency: An independent agency of the United States government that provides a single point of accountability for all federal emergency preparedness and mitigation and response activities.

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

Emergency Response Plan: The plan that each jurisdiction has and maintains for responding to appropriate hazards.

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

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

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

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

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

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

Medical Reserve Corps (MRC): The Medical Reserve Corps (MRC) is a network in the U.S. of community-based units initiated and established by local organizations to meet the public health needs of their communities. It is sponsored by the Office of the Assistant Secretary for Preparedness and Response (ASPR).

Mutual Aid Agreement: A written agreement between agencies and/or jurisdictions that they will assist one another on request, by furnishing personnel, equipment, and/or expertise in a specified manner.

National Incident Management System: A system mandated by HSPD-5 that provides a consistent nationwide approach for Federal, State, local, and tribal governments; the private sector; and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or

complexity. To provide for interoperability and compatibility among Federal, State, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. Homeland Security Presidential Directive-5 identifies these as the ICS; multiagency coordination systems; training; identification and management of resources (including systems for classifying types of resources); qualification and certification; and the collection, tracking, and reporting of incident information and incident resources.

Ohio Administrative Code (OAC): Legislation is enacted by the Ohio General Assembly, published in the Laws of Ohio, and codified in the Ohio Revised Code. State agencies promulgate rules and regulations (sometimes called administrative law) in the Register of Ohio, which are in turn codified in the Ohio Administrative Code (OAC).

Ohio Revised Code: The Ohio Revised Code contains all of the laws that have been passed by the legislature.

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

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.

Points of Dispensing: A location used to distributing medications or vaccines to a large number of people in the event of a public health emergency.

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

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

Resource Management: Efficient incident management required a system for identifying available resources at all jurisdiction levels to enable timely and unimpeded access to resources needed to prepare for, respond to, or recover from an incident.

Response: Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of Emergency Response Plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.

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

Attachments and Appendices

Attachments

I: Holmes County Emergency Contact List
II: HCGHD Incident Assessment Standard Operating Procedure
III: HCGHD Initial Incident Assessment Form
IV: Activation Standard Operating Procedure
V: Activation Algorithm
VI: Incident Action Plan Standard Operating Procedure
VII: Demobilization Standard Operating Procedure
VIII: AAR/IP Development Guide
IX: Operational Schedule Form
X: Battle Rhythm Template
XI: Shift Change Briefing Template
XII: Incident Documentation Guide

Appendices

1: Holmes County Hazard Identification and Risk Analysis (HIRA)
2. Holmes County Hazard Mitigation Plan
3. Holmes County Floodplain Map
4. Social Vulnerability Index
5. CMIST Profile Summary
6. CMIST Partner List
7. Communicating with and about Access and Functional Needs Populations
8. NIMS 2017 Refresh Summary
9. ICS 209 form
10. Information Sharing and Communications Policy
11. Public Information and Emergency Risk Communication Plan
12. List of MOUs and MAAs
13. HCGHD Plan Formatting Guide
14. HCGHD Public Comment Policy

Record of Distribution

Date Received	Program Area	Title	Name
	Administration	Health Commissioner	Mike Derr
	PHEP	PHEP Coordinator	Jennifer McCoy

Record of Changes:

Change Number	Date of Change	Version	Changes Made By (name/title):	Summary of Changes Made:
1	03/10/2008	1.0	Laura Cerrito	Document Developed
2	3/31/2014	2.0	Matt Falb	Significant revisions made to content and structure
3	12/22/2015	2.0	Jennifer McCoy	Added information for public comment policy to plan maintenance section per ODH Site Visit recommendation

4	8/18/2016	2.0	Jennifer McCoy	Updated roles and responsibilities section to include roles of community partners. Also added the roles and responsibilities for the HCGHD Preparedness Coordinator as required per PHAB.
5	9/26/2016	2.0	Jennifer McCoy/Management Team	ERP reviewed and recommended for Board Approval.
6	9/27/2016	2.0	EMA	Document approved by EMA
7	10/21/2016	2.0	NA	Approved by BOH; Resolution # 107.16
8	11/21/16	2.0	Jennifer McCoy	Reviewed plan to ensure person first language was utilized – made any necessary changes.
9	11/21/2017	3.0	Jennifer McCoy	Complete revision of version 2. Revised and updated plan to include all elements required per the ODH ERP Rubric, and per recommendations made by hospital, EMA, and Board of DD at meeting on 9/6/2017.
10	4/4/2018	3.0	Jennifer McCoy	Per conference call with ODH, made corrections to EMAC/IMAC section, Information Sharing and Communications Plan

11	4/27/2018	3.0	Jennifer McCoy	**Updates as Required per 2018 NECO FE AAR/IP:** Updated Attachment IV Activation SOP. Updated activation chart to include FEMA incident types; also updated Appendix 7: Risk Communication Plan to include the addition of a message map template
12	8/2/2018	3.0	Jennifer McCoy	Updated CMIST profile (appendix 5), added SVI data (appendix 4, and floodplain map (appendix 3), created Appendix 8 for NIMS updates, added section 15.4 for Psychological First Aid; added Appendix 12: MOU/MAA list to ERP
13	8/17/2018	3.0	Jennifer Talkington	Added section 9.5 to ERP which describes BOH engagement during an emergency; Added a placeholder in Appendix 6 for CMIST Partner List; Updated section 14.7 to update process for EMAC/IMAC requests from another jurisdiction; Updated section 5.5 to include roles of regional healthcare coalition (HCC) and roles of HCGHD to support regional HCC
14	8/20/2018	3.0	Jennifer Talkington	Updated Appendix 10: Information Sharing and Communication Policy to include the process for coordination with state response agencies during a large scale incident

15	9/11/2018	3.0	Jennifer Talkington	Updated section 13.5 to include allocation and spending of emergency funds
16	6/10/2020	3.0	Jennifer Talkington	Updated Attachment IV – Activation SOP to include a description of how the organizational table changes based on activation level; and added a list of primary and back-up staff to fulfill those roles Updated section 9.7 to include who IAPs will be shared with and mechanism for sharing. Updated section 15.2 and 15.3 to specify how response personnel are selected, badged, and assigned positions.