



**Public Health**  
Prevent. Promote. Protect.

Greene County  
Combined Health District

# EMERGENCY RESPONSE PLAN

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Health Commissioner

*Attachment 1 to Annex H  
Emergency Support Function #8  
Greene County Emergency Operations Plan*

Revised Version – April 2014

## Record of Changes


<b>Date</b>	<b>Type of Change</b>
September, 2001	Document Original
April, 2002	Review, Additions
May, 2003	Review, Additions
2004	Review/Updated
2005	Review/Updated
2006	Review/Updated
2007	Review/Updated
2008	Review/Updated
2009	Review/Updated
2010	Review/Updated
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2012	Review/Updated
July, 2013	Review/Revisions and Updates
April, 2014	Review, Revised regarding Agency Branding/Graphics



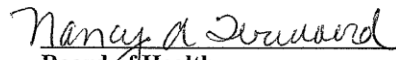
**Greene County Combined Health District  
Public Health Emergency Response Plan**

Date Approved: 03/01/12

By:

  
\_\_\_\_\_  
Mark A. McDonnell, Health Commissioner

By:

  
\_\_\_\_\_  
Board of Health

## Preface

Greene County Combined Health District is committed to developing and maintaining a strong public health infrastructure capable of preparing for and responding to incidents resulting in public health threats or emergencies. Greene County, Ohio is vulnerable to bioterrorism, terrorism, unintentional and/or naturally occurring events.

The following incidents have received federal declaration as disasters in Greene County:

- 1968 - Ohio Heavy Rains, Flooding Major Disaster Declared June 5, 1968 (FEMA-DR-243) Incident Period: June 5, 1968 to June 5, 1968
- 1973 - Ohio Tornados Major Disaster Declared April 4, 1974 (FEMA-DR-421) Incident Period: April 4, 1974 to April 4, 1974
- 2000 - Ohio Tornado And Severe Storms Major Disaster Declared September 26, 2000 (DR-1343) Incident: Tornado And Severe Storms Incident Period: September 20, 2000 to September 20, 2000
- 2008 - Ohio Severe Wind Storm associated with Tropical Depression Ike Disaster Summary For FEMA-DR-1805, Ohio Declaration Date: October 24, 2008 Incident: Severe Wind Storm associated with Tropical Depression Ike Incident Period: September 14, 2008 to September 14, 2008

These incidences in addition to the anthrax attacks and subsequent hoaxes in 2001, and the H1N1 pandemic of 2009 reinforced the vulnerabilities, and impressed upon public health officials, public safety, and private health care organizations the importance of maintaining a comprehensive plan to address these types of potential incidents. Managing the human health consequences of a large-scale public health emergency will challenge existing local public health, public safety, and health care infrastructures. Effective preparedness and response to an incident will require continual coordination and collaboration among local response partners, and state and national assistance.

Because public health threats and emergencies are not confined within political or jurisdictional boundaries, the Health District participates in regional planning efforts in the West Central Region of Ohio (Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, and Shelby counties) to insure collaboration and consistent emergency preparedness planning. This regional endeavor involves the Regional Medical Response System (RMRS). The RMRS includes representatives from local health departments, public safety, hospitals, emergency management, Environmental Protection Agency, American Red Cross, coroner's office, Federal Bureau of Investigators (FBI), academia, mental health agencies, the military, and other organizations, to insure a coordinated, multi-agency, multi-jurisdictional response. These response partners are developing a cooperative understanding of the respective emergency management actions needed during a large-scale public health emergency. The respective Public Health Emergency Preparedness Plans of all West Central Region local health departments will serve as the core guidance to a regional public health response.

The Health District's overall level of preparedness continues to improve through the development and implementation of a robust infrastructure capable of responding to a large-scale public health emergency. The Health District strives to responsibly apply the resources and is continuing to forge partnerships with local response partners and has made great strides in improving public health infrastructure within Greene County. Additionally, the Health District reviews all plans annually and after lessons learned from real events or exercises. Plans are revised or updated as needed.

**PRIMARY AGENCY:** Greene County Combined Health District (Health District)

**SUPPORT AGENCIES:** American Red Cross (ARC)  
Disaster Mortuary Operational Response Team (DMORT)  
Disaster Medical Assistance Team (DMAT)  
Greater Dayton Area Hospital Association (GDAHA)  
Greater Dayton Regional Transit Authority (RTA)  
Greene County Board of Commissioners  
Greene County Board of Developmental Disabilities (GCBDD)  
Greene County Coordinated Agency Transportation Services  
*Greene CATS*  
Greene County Emergency Management Agency (GCEMA)  
Ohio State University (OSU) Extension Office – Greene County  
Greene County Medical Reserve Corp - Unit 306  
Greene County Sheriff's Office  
Greene County Coroner's Office & Local Funeral Homes  
Greene Memorial Hospital (GMH)  
Indu & Raj Soin Medical Center  
Local Fire Departments & Emergency Medical Services (EMS)  
Local Health Care Providers and Clinics  
Local Law Enforcement Agencies  
Ohio Environmental Protection Agency (OEPA)  
Ohio Veterinary Medical Association (OVMA)  
TCN Behavioral Health Services under the oversight of - *Greene County Alcohol Drug Addiction and Mental Health Services (ADAMHS)*  
Veterans Administration Hospital (VA)  
Local Veterinarians  
Veterinary Medical Assistance Team (VMAT)  
Wright Patterson Air Force Base (WPAFB)  
West Central Ohio Public Health Agencies (WCO)  
State Partners: Department of Agriculture, Department of Health, Department of Transportation, Emergency Management Division, National Guard, Ohio State Patrol, etc.  
Federal Partners: Centers for Disease Control and Prevention (CDC), Department of Defense (DOD), Department of Health and Human Services (DHHS), Department of Homeland Security (DHS), Environmental Protection Agency (EPA), Federal Bureau of Investigation (FBI), Nuclear Regulatory Commission (NRC), National Association of County and City Health Officials (NACCHO), etc.

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# **I. Introduction**

## **A. Purpose**

The *Emergency Response Plan (ERP)* details the Health District's preparedness and response activities needed to reduce vulnerability to incidents having the potential to escalate into public health emergencies within Greene County. This document will serve as an attachment to Annex H, Emergency Support Function #8 of the Greene County Emergency Operations Plan (EOP).

The ERP is the base plan for Health District preparedness activities. This base plan identifies public health functions, assigns responsibility for accomplishing each function, and specifies accountability.

A public health emergency is broadly defined as the occurrence of a sudden event that affects the public's health, safety, and quality of life. A public health emergency can be caused by natural disasters, biological terrorism, chemical terrorism/accidents, radiological terrorism/accidents, or naturally occurring communicable disease outbreaks.

This plan provides the mechanism for coordination of resources in response to public health concerns based on an all hazards approach. The plan determines to the best extent possible, actions to be taken by the Health District and cooperating private and/or voluntary organizations in mitigation, preparedness, response and for recovery in the event of any disaster or emergency posing a threat to the health of the people in Greene County. This plan is consistent with the concepts, principles, terminology, and organizational processes in the National Incident Management System (NIMS) and in the National Response Framework (NRF).

The Health District has many legal and moral responsibilities as a part of our routine duties, including the responsibility to respond to and assist in a wide variety of possible emergency scenarios that could range from an extremely limited geographically isolated situation to community or county wide problems. This plan is intended to be multifunctional in that it addresses events that may require a varying range of response. The plan will also be used to simulate exercises and drills.

## **B. Scope**

The *ERP* outlines the Health District's activities/functions associated with incidents of national significance, terrorism incidents/threats, outbreaks of emerging infectious diseases, and other public health threats and emergencies in Greene County. Key components of this plan include:

- Organization
- Command and Control
- Notification
- Interoperable Communication

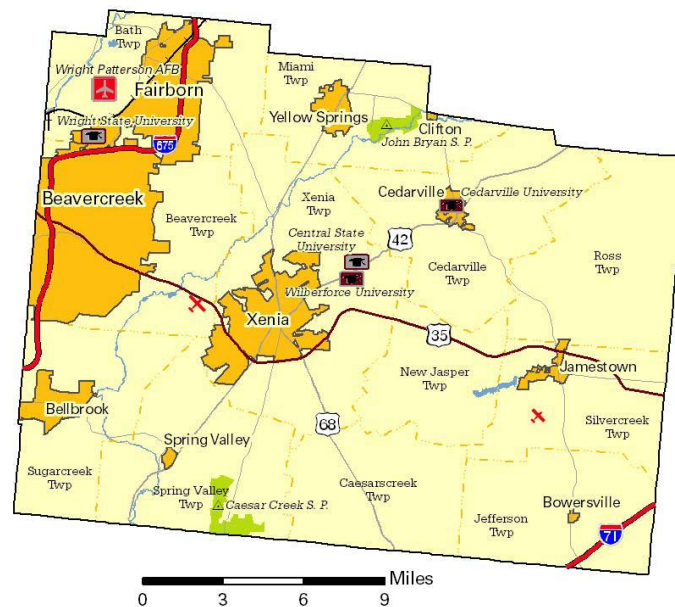
- Public Information and Warning
- Inter-jurisdictional Relationships
- Epidemiological Surveillance
- Prevention and Control Activities
- Workforce Development
- Continuity of Operations
- Mental Health

### C. Community Profile

Greene County is located in West Central Ohio and covers about 421 square miles. Greene County is home to the Wright Patterson Air Force Base, five colleges and universities, seven school districts, nine private schools, and a vocational training and career center.

The 2010 U.S. Census documented that there were 161,573 people, 61,825 households, and 39,160 families residing in the county. The population density was 356 people per square mile (138/km<sup>2</sup>). The racial makeup of the county was 86.4% White, 7.2% Black or African American, 0.3% Native American, 2.9% Asian, 0.1% Pacific Islander, 0.38% from other races, and 1.66% from two or more races. The percentage of the population reported Hispanic or Latino of any race was 1.23%.

Greene County is comprised of a combination of rural, urban, and suburban communities which include four cities, twelve townships, and six villages. The most densely populated areas in the county include Beavercreek City, Fairborn City, and Xenia City. Greene County operates under home rule. The map below shows the layout of the county and the major interstates and highways that go through it.



## **D. Authorities**

1. Determination of critical priorities in the public health efforts will be made in consultation with the Greene County Board of Health, local elected officials and when involved, state and federal services agencies.
2. Following a communicable disease outbreak, an act of terrorism, or any public health emergency, the Health District shall have the responsibility to provide guidance to the local community partner agencies and the general public on basic public health issues dealing with communicable diseases, environmental health, and other health concerns as needed during the event.
3. The Health District shall accomplish coordination of public health services and prioritization in partnership with local, regional, state and federal public health authorities. Decisions involving medical and technical expertise shall be the responsibility of the Health Commissioner, and assignment of such responsibilities shall be at the direction of the Health Commissioner or his/her designated person(s).
4. The Health District's ability to respond to a public health emergency including communicable disease outbreaks, biological, chemical, or radiological incidents, whether naturally occurring, accidents or manmade will be limited by defined laws and policies, jurisdictional boundaries and available resources.

### **Federal Statutes and Executive Orders**

The Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988 (PL 93-288 as amended) establishes the programs and processes for the federal government to provide disaster and emergency assistance to states and local governments. The Act establishes the basic framework for provision of federal assistance to local communities in response to a disaster or emergency. Provisions of the Act include a process for Governors to request federal disaster and emergency assistance.

The Public Health Security and Bio-terrorism Preparedness and Response Act of 2002 is designed to improve the ability of the United States to prevent, prepare for, and respond to bioterrorism and other public health emergencies. The Act also addresses the provision of federal assistance to state and local governments in the event of bioterrorism or other public health emergency.

The Public Health Services Act provides that the Secretary of HHS may declare a public health emergency under certain circumstances, and authorizes the Secretary to prepare for and respond to public health emergencies. The Act also empowers the Secretary to make and enforce quarantine regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States, or from one state to another.

The Animal Health Protection Act of 2002 includes the statutory framework which allows the United States' Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS) Veterinary Services to act to protect United States' animal health from a foreign pest or disease.

Executive Order 13295 specifies certain quarantinable communicable diseases for which quarantine regulations may be promulgated. Such regulations may provide for the apprehension, detention, or conditional release of individuals to prevent the introduction, transmission, or spread of suspected communicable diseases.

### **Federal Statutes and Executives Orders**

Section 319 of the Public Health Service Act: Public Health Emergencies

- 42 U.S.C. § 247d

Section 311 of the Public Health Service Act: General Grant of Authority for Cooperation

- 42 U.S.C. § 243

Section 319F-2 of the Public Health Service Act: Strategic National Stockpile and Security

- 42 U.S.C. § 247d-6b

Public Health Security and Bioterrorism Preparedness and Response Act of 2002

- Pub. L. No. 107-188

Pandemic and All-Hazards Preparedness Act of 2006

- Pub. L. No. 109-417

Section 1135 of the Social Security Act: Authority to Waive Requirements during National Emergencies

- 42 U.S.C. § 1320b-5

Public Readiness and Emergency Preparedness (PREP) Act of 2005

- Pub. L. No. 109-148; 42 U.S.C. §§ 247d-6d, 247d-6e),

### **Ohio Revised Code Ohio Department of Health**

O.R.C. 3701.03:	General Duties of the Director of Health
O.R.C. 3701.04:	Powers of the Director of Health
O.R.C. 3701.06:	Right of Entry to Investigate Violations
O.R.C. 3701.13:	Powers of Department of Health
O.R.C. 3701.14:	Special Duties of Director of Health
O.R.C. 3701.16:	Purchase, Storage and Distribution of Medical Supplies
O.R.C. 3701.23:	Report as to Contagious or Infectious Diseases
O.R.C. 3701.25:	Occupational Diseases; Report by Physician to ODH
O.R.C. 3701.352:	Violation of Rule or Order Prohibited
O.R.C. 3701.56:	Enforcement of Rules and Regulations

### **Ohio Administrative Code**

3701-3-02.1:	Reporting of Occupational Diseases
3701-3-06:	Reporting to Department of Health
3701-3-08:	Release of Patient's Medical Records

### **Ohio Revised Code Local Health Departments**

O.R.C. 3707.01:	Powers of Board; Abatement of Nuisances
O.R.C. 3707.02:	Proceedings When Order of Board is Neglected or Disregarded
O.R.C. 3707.02.1:	Noncompliance; Injunctive Relief
O.R.C. 3707.03:	Correction of Nuisance or Unsanitary Conditions on School Property
O.R.C. 3701.04:	Quarantine Regulations
O.R.C. 3707.06:	Notice to be given of Prevalence of Infectious Disease
O.R.C. 3707.07:	Complaint Concerning Prevalence of Disease; Inspection by Health Commissioner
O.R.C. 3707.08:	Isolation of Persons Exposed to Communicable Disease; Placarding of Premises.
O.R.C. 3707.09:	Board May Employ Quarantine Guards
O.R.C. 3707.10:	Disinfection of House in Which There Has Been a Contagious Disease
O.R.C. 3707.12:	Destruction of Infected Property
O.R.C. 3707.13:	Compensation for Property Destroyed
O.R.C. 3707.14:	Maintenance of Persons Confined in Quarantine House
O.R.C. 3707.16:	Attendance at Gatherings by Quarantined Person Prohibited
O.R.C. 3707.17:	Quarantine in Place other than that of Legal Settlement
O.R.C. 3707.19:	Disposal of Body of a Person Who Died of Communicable Disease
O.R.C. 3707.23:	Examination of Common Carriers by Board during Quarantine.
O.R.C. 3707.26:	Board Shall Inspect Schools and May Close Them
O.R.C. 3707.27:	Board may Offer Vaccination Free or at Reasonable Charge; Fee Payable to State
O.R.C. 3707.31:	Establishment of Quarantine Hospital
O.R.C. 3707.32:	Erection of Temporary Buildings by Board of Health; Destruction of Property
O.R.C. 3707.33:	Inspectors, Other Employees
O.R.C. 3707.34:	Board May Delegate Isolation and Quarantine Authority to Health Commissioner
O.R.C. 3707.48:	Prohibition against Violation of Orders or Regulations of Board
O.R.C. 3709.20:	Orders and Regulations of Board of City Health District
O.R.C. 3709.21:	Orders and Regulations of Board of General Health District
O.R.C. 3709.22:	Duties of Board of City or General Health District
O.R.C. 3709.36:	Powers and Duties of Board of Health

### **Ohio Administrative Code**

3701-3-02:	Diseases to Be Reported
3701-3-03:	Reported Diseases Notification
3701-3-04:	Laboratory Result Reporting
3701-3-05:	Time of Report

## **Consistency and Compliance**

- National Incident Management System (NIMS)  
This plan complies with the requirements of NIMS and is consistent with the National Response Plan (NRP). The Plan is also consistent with the requirements of the Ohio Standardized Emergency Management System (OEMS).
- Department of Homeland Security Guidance  
The National Planning Scenarios, Target Capabilities List (TCL) and Universal Task List (UTL) promulgated by the DHS, were utilized as benchmarks to ensure that the plan is comprehensive and complete. Other planning guidance, including the CDC Public Health Emergency Response Guide, and the DHHS Planning Guide for State Public Health Officials were used as references.

## **II. Public Health Emergency Preparedness Situation and Assumptions**

### **A. Situation**

1. The Health District is the public health agency serving all of Greene County to provide public health resources and services and the coordination thereof for the entire population including those with functional needs.
2. A significant natural disaster or manmade event (flooding, utility outage, tornado, winter storm, hazardous material spill, communicable disease or food-borne illness outbreak or bioterrorism incident) may require a public health response. Therefore, the Health District staff may be asked to respond to any disaster requiring public health assistance.
3. Disasters occurring in Greene County can impact community health standards and typically require a public health response. Waste water, solid waste, potable water, air quality, medical supplies and public health services are commonly affected. This necessitates public health advisories and interventions including disease control measures.
4. Disasters impact the provision of health services in community health settings and hospitals. Providers in these settings will be called upon to provide health services to the affected population in accordance with any advisories issued. In addition, providers will be tasked with providing general information to public health officials about the health status of the population they serve (i.e., disease reporting, syndromic surveillance and specimen submission).
5. Health care demographics in Greene County include two acute care hospital, and four urgent care centers.

6. Currently the local county hospital has seven negative pressure rooms; however isolation capacity could be expanded to a full hospital wing if needed.
7. Chemical, biological, radiological, or nuclear (CBRN) disasters may lead to secondary events that could seriously impact communities and overwhelm state and local public health response organizations.
8. If the Health District is overwhelmed during emergencies; we may request state or federal support through the County Emergency Operations Center (EOC). This could include the Strategic National Stockpile (SNS).
9. The Health District is the lead agency for the receipt, staging, storage, distribution, and transportation of the SNS assets received from the State of Ohio to the County Drop Site (CDS) or local Points of Dispensing (PODs).
10. The Health District is responsible for mass dispensing of medical countermeasures to identified populations.
11. Effective preparedness and response to a public health emergency will require coordination and collaboration among public health, public safety, and health care organizations at the local, regional, state, and national level.
12. Greene County's public safety force consists of approximately 1000 Fire/EMS personnel and law enforcement officers.

## **B. Assumptions**

1. The Health District is the public health authority for Greene County, and is responsible for the protection of the health and welfare of its citizens.
2. The Health District's *ERP* outlines key preparedness activities intended to minimize the human health consequences of a public health emergency.
3. A public health emergency in Greene County may result in multiple casualties and fatalities, displaced individuals, property loss, disruption of essential public services and infrastructure, and environmental damage.
4. A public health emergency in Greene County may exceed local and regional response capabilities.
5. A public health emergency in Greene County will require a coordinated, multi-disciplinary, multi-jurisdictional local response, as well as regional, state and national assistance.
6. Support from nongovernmental organizations and the private sector may be needed to enhance the Health District's ability to respond to a public health emergency.

7. A Mutual Aid Agreement exists among all local health departments in the West Central Region of Ohio to provide emergency mutual aid for reciprocal emergency management aid and assistance during a public health emergency.
8. Incident management activities will be conducted under an Incident/Unified Command System structure as outlined in the NIMS and NRF.
9. Fire/EMS, law enforcement, public health, health care, emergency management, and other personnel are responsible for local incident management activities.
10. A public health emergency can occur without warning or build gradually and extend over days, weeks, months or longer.
11. A large-scale public health emergency may require that routine public health services and community activities be reduced or temporarily discontinued to direct available resources to emergency public health initiatives.
12. The the Health District staff is adequately trained and will fulfill its responsibilities in an emergency.
13. A large-scale public health emergency may require school closures, the cancellation of public gatherings, altered work schedules, mass dispensing of medical countermeasures and the imposition of limitations on movement.
14. The Health District has established plans and procedures for crisis communication to provide timely, accurate, and effective public information/education.
15. The Health Commissioner or designee may requests additional resources and may request activation of the Greene County EOC.
16. This ERP could be activated by events occurring in other states.
17. A Weapons of Mass destruction (WMD) event could include, but is not limited to: radiological, biological or chemical agents that are extremely toxic or lethal, and not typical of hazardous materials incident.
18. Hospital capacity may be limited.
19. Although a primary human infectious disease event may not initiate a public health emergency, secondary events stemming from the initial event may do so. Infectious disease emergencies can also occur secondary to other disasters.
20. Disruption of sanitation services and facilities, loss of power and massing of people in general population shelters increase the potential for disease.



21. It is likely that outside assistance would be available in most major disaster situations, and plans have been developed to facilitate coordination of this assistance. However, it is necessary for the Health District to plan for and to be prepared to carry out disaster response and short term recovery operations on an independent basis.

### **III. Concept of Operations**

#### **A. Organization**

All local health departments within the West Central Region have adopted an Incident Command System (ICS) structure and associated position-specific check lists for emergency events. A common Point of Dispensing (POD) ICS structure, with position check lists, has also been developed and adopted. These respective ICS structures are consistent with the structures outlined in the NIMS and NRP to facilitate coordination and communication of incident management activities at the local, regional, state, and national level. (Attachments A and B)

Based on the NRP's premise that incidents are handled at the lowest jurisdictional level possible, the Health District will ultimately be responsible for command and control of a public health emergency within Greene County. Adoption, institutionalization, and implementation of the ICS will permit coordination of the Health District's emergency preparedness activities with the respective activities of other responders.

#### **B. Command and Control**

Due to the federal mandate and an effort to insure a consistent approach in the management of a public health emergency, all Greene County response partners have adopted NIMS as the framework for mitigation, preparedness, response, and recovery, actions. Public health, public safety, and healthcare organizations have established internal ICS structures, and will collaborate with the Health District during public health emergencies.

The Health District may operate a District Operations Center (DOC) and may also send a representative to the county EOC. These entities serve to coordinate the response and appropriate resources for the response. The Health Commissioner or a designee will serve as incident commander at the Health District's DOC or possibly the county EOC depending on the nature and scope of the incident.

The Health Commissioner or a designee will participate as the public health official during a county Unified Command or a Multiagency Coordination System (MAC). After the initial assessment of the incident (Attachment C) and the establishment of the overall incident objectives, the foremost responsibility is to formulate the initial public health response strategy to include an incident action plan. (IAP)

The general succession of command at the Health District from the Health Commissioner is as follows:

- Biological Threat – Community Health Services Director
- Nuclear, Chemical, Natural Disaster - Environmental Health Director
- Medical Questions - Medical Director
- Information Technology – Network Services Technician
- Each of these positions has trained at the NIMS tier 4 level
- Each division has identified and trained a back-up for their role

An ICS chain of command structure will be established to manage all public health emergency response activities. The ICS Command Staff shall include:

**a. Incident Commander**

The Incident Commander has overall control of the event. In a small event, he or she may assume the responsibility of all components of the system. In larger or more complex events, the Incident Commander may assign other personnel to the command and general staff.

**b. Public Information Officer (PIO)**

The Public Information Officer (PIO) handles all media inquiries and coordinates the release of information to the general public through the media. This position may coordinate with a county or regional Joint Information Center (JIC)

**c. Safety Officer (Optional)**

The Safety Officer for public health monitors safety conditions within the DOC, or any other site of operations used during an event, and develops measures for ensuring the safety of all assigned personnel.

**d. Liaison Officer**

The Liaison Officer is the on-scene contact for other agencies or volunteers assigned to the event response. The Liaison Officer could represent the Health District at the county EOC.

**e. Planning Section Chief**

The Planning Section Chief is responsible for the assessment of the event, determining resources needed, and establishing a plan for approval by the Incident Commander that responds to the needs of the public and mitigates the existing threat. The Planning Section Chief coordinates with the Operations Section Chief for preparing reports to the DOC or the county EOC.

**f. Operations Section Chief**

The Operations Section Chief is responsible for directing the activities of personnel responding to and implementing the plan established by the Planning Section. The Operations Section may be subdivided into various functional divisions, with a supervisor leading each division. The Operations Section Chief

will also be responsible for accounting for the whereabouts and activities of all assigned personnel.

**g. Logistics Section Chief**

The Logistics Section Chief is responsible for coordination of the transportation and movement of personnel, equipment, and supplies. If the county EOC is activated, this position will work closely with its counterpart in the EOC.

**h. Finance/Administration Section Chief**

The Finance/Administration Section Chief is responsible for tracking incident costs and reimbursement accounting. Accurate records are required for maintaining compliance with grants and contracts and justifying reimbursements for personnel salaries and expenses. If the county EOC is activated, this position will work closely with its counterpart in the EOC.

See the ICS organizational chart – Attachment B

**C. General Operations**

• **Preservation of Records**

At the Health District the Administrative Services Director, assisted by the Administrative Secretary, is responsible for preservation of all vital records.

• **Method of Identification**

All Health District staff will have picture identifications and will sign in and out with time and date when reporting at the EOC, DOC, or the site of response operations. All vehicles used during the emergency period in the field will either be official Health District vehicles or have a Health District parking permit tag on the rear view mirror. Volunteers may be issued a Health District sign to be displayed in the driver's side windshield of the vehicle. The Health District staff and volunteers will also wear Health District issued vests when working in the response operations. Staff will have a yellow vest with a picture I.D. and volunteers will be issued orange vest. Law enforcement and/or the security agency will be notified of the appropriate identification.

• **Assembly Places**

**a. THE HEALTH DISTRICT**

Upon receiving the emergency notification all Health District personnel will assemble at the Health District office, 360 Wilson Road, Xenia, Ohio 45385 unless otherwise instructed.

**b. Alternative Work Site Location**

- If the primary Health District location is not accessible or safe to occupy, the incident management team will assemble at a pre-identified alternative worksite location. The general staff will be notified of when and where to report for direction and work

assignments. The Health District has developed a *Continuity of Operations Plan (COOP)* which details how the Health District will operate. (Annex 4)

- If Points of Dispensing sites (POD) are to be opened in response to the incident, assigned staff may be instructed to report directly to the designated POD site.

- **Emergency Purchases**

The Greene County Combined Health District Board of Health authorizes the Health Commissioner to sanction emergency purchase of supplies and equipment. In the absence of the Health Commissioner, the Administrative Services Director is authorized to approve the purchase of emergency supplies and equipment.

The Health Commissioner and the Administrative Services Director are authorized by the Greene County Combined Health District Board of Health to reassign the authority to sign for emergency purchase of equipment and supplies to other persons within the Health District if needed.

The Greene County Combined Health District Board of Health has agreed that the senior Health District person at the disaster scene can sign minor emergency purchases up to \$500 (five hundred dollars).

#### **D. Notification**

The Health District will likely be notified of the occurrence of a potential or actual emergency by ODH, Greene County Emergency Management Agency (GCEOM), hospitals/emergency departments, private physicians, emergency responders (HazMat, Fire/EMS, law enforcement), the media, or through epidemiological surveillance activities.

- The Health District office main phone line is available during regular business hours, 8:00 a.m. – 4:00 p.m. The outgoing message after hours or the overflow daytime auto attendant directs callers to dial 911 for life threatening emergencies or to press 2 (X5622) for a public health emergency for which the direct line is 937-374-5622. The Allworx phone system directory is set up to contact designated Health District emergency contacts in the following order:
  - Environmental Health Director
  - Health Commissioner
  - Chief Information Technology Officer
- If phone lines are not functional, the alternate communication systems will be activated and/or the law enforcement officers will make the notification in person to the key personnel as determined by the EOC.

- The Health District emergency contact information for key staff has been provided to GCEMA and the County Sheriff's office. During non-working hours and holidays if an emergency notification is to be made, the Sheriff's office will make the notification as per the emergency call list provided to them.
- The Health District maintains contact list for staff and community partners on Hyper-Reach, which is a county owned web-based emergency notification system account. Alerts can be sent by internet, landline, or cellular phone (via live message or text – to –speech conversion). Hyper-Reach is the primary staff emergency notification process.
- The Health District maintains a manual call down list for all staff which is updated biannually or as needed. This is our secondary staff emergency notification process.
- Emergency contact information for regional local health department preparedness staff is maintained by the Regional Public Health Coordinator.
- Procedures for contacting the Health District after-hours have also been distributed to the medical community, public safety/emergency responders, local governments, and the media.
- The Ohio Public Health Communication System (OPHCS) is a secure, web-based, password protected, role-based system providing a comprehensive method for sending alerts and information to ODH, to local health departments and to key public health partners. Alerts can be sent by e-mail, landline, cellular phone (via text-to-speech conversion), and facsimile.
  - The OPHCS User Alerting Profiles have been populated with select the Health District contact information for high, medium, and low priority alerts. High, medium and low alerts are sent to all the Health District OPHCS User's e-mail.
  - High priority User Alerting Profiles for the Health Commissioner, Medical Director, Environmental Health Director, Community Health Services Director, and Epidemiologist are work phone, cell phone, and home phone.
- A Health Alert Network (HAN) directory of Greene County emergency response partners has been developed (see Attachment I). The Health District also has access to OPHCS to notify community partners.
- GCEMA maintains a directory of emergency contact information for each jurisdiction within Greene County. Distribution of emergency public health-related information to these jurisdictions is provided by Hyper-reach, landline, email, MARCS radio or fax.

## **E. Interoperable Communication**

EOC coordination of communications assets during an emergency is provided in the Greene County EOP. Emergency Support Function #2 of the EOP outlines communications support between local, state, and federal organizations. GCEMA will coordinate with county and state agencies, and private vendors to insure county-wide communications operations during an emergency.

The Health District's redundant communications capabilities include landline/cellular/telephone, internet, OPHCS, pager, facsimile, email, and MARCS radio. Contingency measures may include the use of law enforcement, designated drivers and/or couriers to deliver information.

The Health District also has a Memorandum of Understanding with Greene County Amateur Radio Emergency Service (GCARES).

The State of Ohio has constructed the Multi-Agency Radio Communications System (MARCS) to facilitate interoperability of state and local response systems. MARCS is a digital radio computer system insuring an uninterrupted radio transmission with a high surge capacity threshold and state-wide talk groups organized by both location and service responsibilities.

Greene County has issued MARCS radios to various county agencies to facilitate interoperable communications within the county.

The Health District has 2 portable MARCS radios and a base system. The system can be used during both daily operations and public health emergencies. Greene County interoperability talk groups have been programmed into these units to insure the Health District can also communicate with local response partners.

The MARCS radios are maintained by the Office of Environmental Health and monitored on a daily basis during normal work hours. In the event of an emergency, radio equipment will be distributed to the, Environmental Health Director/Emergency Preparedness Coordinator, and the Health Education Director/Public Information Officer or other key staff as deemed appropriate.

Any Health District staff assigned a MARCS radio will adhere to standard radio communications protocols/procedures established by the Greene County Sheriff's Office, and/or ODH. Staff assigned a radio will receive training on the operation of the unit and the established communication protocol/procedure.

## **F. Public Information and Warning**

The Health District has established a *Crisis Communication Plan* (Annex 2) to insure risk communication principles will be utilized in delivering information to the public through the appropriate channels. The purpose of the plan is to protect the health and welfare of the public by communicating emergency information in a timely, compassionate and accurate manner. Public information efforts by the Health District will allow individuals,

stakeholders, and the community to make personal health decisions within compressed timeframes. During a public health emergency, consistent up-to-date messages will be necessary to provide public education, to insure the Health District staff is able to perform assigned duties, and to facilitate the implementation of response plans.

The Health District has designated a prioritized list which includes the PIO, a back-up and designated spokespersons to provide consistent, credible, and timely emergency information to the public and the media. The designated spokesperson will share incident-specific information to minimize public confusion, and to maintain public confidence in the ability of the Health District to manage the incident.

If multiple agencies and/or jurisdictions are involved in the coordination and response efforts, the public information activities of all responding agencies will be coordinated through the activation of a Joint Information Center (JIC).

### **G. Inter-jurisdictional Relationships**

The eight Local Health Districts' (LHDs') in the West Central Region of Ohio have entered into a MOU to provide reciprocal mutual aid during a public health emergency. These relationships will insure prompt and effective utilization of the combined resources of these respective LHDs' during a public health emergency. A similar MOU exists among the LHDs' in the West Central Region and the Southwest Region (Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren counties).

An MOU among the LHDs' in the West Central Region also exist for coordination of volunteer nursing services, Medical Reserve Corps Volunteers and for epidemiological services.

The Health District maintains ongoing collaboration with various local and regional community partners through regular participation in the following; Montgomery/Greene County Local Emergency Response Committee (MCGLERC), Greater Dayton Area Hospital Association's (GDAHA) Domestic Preparedness Committee, Greene County Emergency Preparedness Committee, Regional Medical Response System (RMRS), Functional Need's Planning Subcommittee, Rob's Rescue, Regional Infectious Disease/Regional Epidemiology and Surveillance (RIDS/REDS), WCO Health Commissioners, WCO Emergency Response Coordinators, and Greene County Emergency Management Advisory Committee.

An Intrastate Mutual Aid Compact 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 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 Greene 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.

## **H. Epidemiological Surveillance**

The Health District's public health surveillance activities include the collection, analysis, interpretation, and dissemination of health data. These components are used for public health response actions, including policy setting, investigation, control, and prevention. Surveillance is the cornerstone of the Health District's preparedness activities, and ensures a prompt public health response to unusual health events in Greene County and in the West Central Region of Ohio.

The *Regional Epidemiological Response Plan* for the West Central Region outlines standard operating procedures for public health detection and surveillance, epidemiology response, medical confirmation and sample submission, criminal investigation, non-terrorist events, and disease specific protocols. Ongoing consideration should be given to monitoring exposures and morbidity from emergency events of both the responders and the population that are of potential public health significance.

## **I. Prevention and Control**

Public health infection control measures encompass surveillance, setting and recommending policies and procedures, compliance with regulations, direct intervention, and education/training. Direct interventions to prevent the community-wide transmission of an infectious disease may include standard precautions, mass dispensing of medical countermeasures, and limitations of movement. The Health District emergency preparedness activities/plans aimed at direct interventions include the following:

- The Health District has developed a Strategic National Stockpile (SNS) plan, a Mass Dispensing Plan and a Regional Epidemiological Response plan. These will be used for guidance in responding to communicable diseases and/or bioterrorism events.
- The Health District will request the assets in the SNS through the county EOC when local pharmaceutical resources are inadequate to manage the human health consequences associated with a public health emergency. SNS assets include antibiotics, vaccines, antidotes, medical supplies, and medical equipment to counter the effects of biological pathogens and nerve agents.
- The Health District has established Memoranda of Understanding with two (one primary & one back-up) facilities within Greene County that could serve as PODs for dispensing medical countermeasures. There are also MOU's with other facilities if additional staffing resources become available to expand the POD operations capacity.
- The Health District will initially coordinate the opening and operation of one primary POD utilizing an ICS structure. Health District staff has been assigned to key positions within the POD ICS structure. The staff assignment list is updated as needed and POD management training is conducted.
- Primary POD data has been entered into the ODH SNS online program to identify delivery locations for prophylactic medications.



- PODs will be designated for prevention measures (i.e. well, non-exposed individuals), whereas hospitals/alternate treatment facilities will provide treatment and supportive care for infected, symptomatic individuals. This distinction is paramount to the success of the disease containment strategy designed and implemented by the Health District.
- During an outbreak of an infectious, communicable disease, initial post infection control measures implemented by the Health District will likely include vaccination or prophylaxis for the following groups using priority guidance from the CDC and ODH:
  - Individuals directly exposed to the agent;
  - Individuals with face-to-face or household contact with an infected person;
  - First responders and personnel directly involved in the evaluation, care, and transport of infected persons; laboratory personnel involved in processing specimens;
  - Others likely to have contact with infectious persons/materials.
- The above groups include healthcare workers at clinics and hospitals that may receive infectious patients, mortuary staff who may handle bodies and all other essential emergency response personnel (e.g. law enforcement, firefighters, EMS, public works, public health staff, and emergency management staff). Vaccination/ prophylaxis of the immediate family members of these groups during the initial stages of an outbreak are dependent upon vaccine/antibiotic supply. It is expected CDC/ODH will provide a priority listing and directives for any medical countermeasures they provide.
- The Health District will coordinate with the Dayton Metropolitan Medical Response System (MMRS) coordinator to ascertain the availability of a local pharmaceutical resource cache for first responders.
- Imposition of limitations of movement may be used as a disease control measure.
- The Health District will reference the most recent version of the *ODH Limitations of Movement & Infection Control Practice* document and the *Infectious Disease and Control Manual*. (IDCM)
- The Health District will coordinate with regional, state, and national authorities to recommend the least restrictive measures of limitations on movement to contain and control infectious diseases.

Ohio Revised Code Sections 3707.04 through 3707.34 provides broad powers to local boards of health to preserve public health and prevent the spread of disease. These powers include the authority to enforce the provisions of the Ohio Revised Code regarding quarantine and isolation.

## **J. Workforce Development**

All staff are trained and supplied with a copy of the *Health District's ERP*. Staff will be briefed as needed during staff meetings on revisions and updates regarding all emergency response related plans.

All staff members are required to successfully complete NIMS/ICS courses IS700 and IS100 within the first 90 days of employment. IS200 must be completed within the first six months of employment. Management and supervisory staff are also required to take additional ICS training as identified. (IS800, IS300, IS400, IS701) These trainings are documented and tracked electronically on an Excel database. Hard copies of the training certificates are maintained in staff personnel files.

The Homeland Security Exercises and Evaluation Program (HSEEP) uses a progressive building block approach starting with training and building on each capacity until it peaks with the utilization of all aspects of a plan in a full scale exercise or a real world scenario. The Health District annually creates a HSEEP Multiyear Training Plan outlining emergency preparedness specific training and exercise activities. The Health District will continue to participate in appropriate local, regional, state and federal training and exercises as opportunities present. Staff participation will be documented.

#### **K. Continuity of Operations**

With any event, routine daily operations need continued emphasis. When an event interrupts or places stress on routine operations, Division Directors will evaluate and adjust necessary activities. For events beyond the internal division capabilities, the *Health District's COOP* will be used as a guideline to identify essential services and resources. (Annex 4) This plan is also utilized as guidance if the primary worksite is inaccessible or deemed unsafe for occupancy.

#### **L. Mental Health**

The Ohio Department of Mental Health has developed a curriculum that trains and certifies mental health professionals who are available to respond in a timely manner to disasters in their community and statewide. Augmentation of behavioral health care professionals is also available through the Medical Reserve Corps (MRC). These MRC behavioral health volunteers have significant clinical and disaster mental health experience. Some Health District staff members and MRC volunteers have received training in Psychological First Aid and Critical Incident Stress Management (CISM).

### **IV. Roles and Responsibilities**

The Health District is charged with the protection of public health and welfare, and has the authority to implement all measures necessary to prevent, suppress, and control infectious diseases within Greene County. This is a collaborative effort with many players at the local, regional, state and federal level. Some of the roles are outlined below:

#### **A. Role of Health Commissioner**

During an emergency involving public health, the Greene County Health Commissioner, or his/her designee, will serve as the Health and Medical Lead in Unified Command according to ICS. Operating from the county EOC, the Health

Commissioner, or his/her designee, will decide public health policy, maintain contact with other agencies, develop public health priorities, lead public health event response, and delegate tasks as needed in any public health emergency.

1. The Health Commissioner or a designee will serve as the Incident Commander during emergencies that primarily involve naturally occurring infectious disease situations.
2. In the event that an infectious disease is found to have resulted from a bioterrorist act, a Unified Command Structure involving public health, law enforcement and emergency management will be created to address the problem.
3. Terrorist events involving other WMD, including chemical and radiological agents, are considered criminal acts and will be managed by a Unified Command Structure involving public health, law enforcement and emergency management.
4. The emergency response addressing natural disasters, dangerous and hazardous spills, and other accidents will also normally be directed by an agency other than public health, such as fire or law enforcement. However, public health has a role to play as a supporting agency.

#### **B. Role of Public Health District Operations Center (DOC)**

The public health DOC will provide a central point of coordination between the county EOC and The Health District for any event that has impact on the health of the general public. The public health DOC will be the central point of communications, command and control, and dissemination of information to the county EOC regarding public health, and will be the management center for all public health emergency response activities.

#### **C. Role of the County Emergency Operations Center (EOC)**

The county EOC coordinates the multiagency response to any hazard as outlined in the *Greene County Emergency Operations Plan (GCEOP)*. The EMA is responsible to activate the EOC and communicate county situation and resource request to the State EOC.

#### **D. On-Scene Incident Management**

On-scene incident management is accomplished through the ICS and is coordinated with the public health DOC and the county EOC. The Health District will use the NIMS/ICS system in all public health emergencies. The operation of PODS in the county will require its own ICS structure. This is outlined in the *Mass Dispensing Plan* which is an annex to the *SNS plan*. (Annex 1)

#### **E. Role of Community Partners**

Coordination with Greene County community partners during an emergency situation will normally be activated through the county EOC in accordance with the policies and procedures laid out in the *GCEOP*. The roles and responsibilities

of the community partners are outlined in Annex H - Emergency Support Function 8 (ESF8) of the GCEOP.

**F. Role of Regional Partners** – The Health District has MOU’s to work with a number of regional partners through the organizations listed below:

- **WCO Regional Public Health** –Regional Public Health Coordinator assist in coordination. The agreement includes all LHDs in the homeland security planning region 3 (Champaign, Clarke, Darke, Greene, Miami, Montgomery, Preble, and Shelby).
- **GDAHA** – provides regional coordination of all hospitals. They also coordinate the HealthCare Preparedness Program to coordinator with other types of healthcare providers.
- **Dayton MMRS/RMRS** - provides regional coordination of emergency medical needs in WCO and will coordinate request for medical assistance from The Health District during emergencies. They maintain a cache of pharmaceuticals, antibiotics and respiratory personal protective equipment (PPE). Two Decontamination Trailers are maintained as regional assets as well.
- **Montgomery/Greene County Local Emergency Response Council (MGCLERC)** - is the local emergency response council which develops and revises a joint local hazardous materials emergency response plan for Greene and Montgomery Counties. It also conducts a compliance program to insure all applicable facilities are reporting hazardous chemical information.

#### **G. Role of State Partners**

The State level agencies provide coordination of resources, guidance and support. Resources can be requested when local resources are exhausted.

- Ohio Department of Health
- Ohio Department of Agriculture
- Ohio Emergency Management Agency
- Ohio Department of Transportation
- Ohio State Patrol
- Ohio Environmental Protection Agency

#### **H. Role of National/Federal Partners**

Federal agencies may also be involved by providing guidance, resources, and coordination through their state and local counterparts. Federal resources can be requested in the event of a federal declaration of a disaster.

- Centers for Disease Control and Prevention
- Federal Emergency Management Agency
- World Health Organization
- Department of Health and Human Services
- National Association of County and City Health Officials
- Environmental Protection Agency

The Health District’s emergency and preparedness role and responsibility associated with the mitigation, preparedness, response, and recovery phases of a public health emergency are outlined below:

**A. Mitigation**

Defined as, “Any action taken to eliminate or reduce the degree of long-term risk to life or property from any type of hazard” or “Taking sustained actions to reduce or eliminate long term risk to people and property from hazards and their effects.”

- a. The Health District promotes general health and wellness activities to the Greene County population, encourage and provide immunizations, track disease outbreaks, and take numerous other steps to reduce the risk and consequences of infectious disease outbreaks.
- b. The Health District conducts ongoing risk assessment, modeling, and monitoring.

**B. Preparedness**

Preparedness activities, programs, and systems are those that exist prior to an emergency and are used to support and enhance response to an emergency or disaster. Planning, training, and exercising are among the activities conducted in this phase.

- a. The Health District maintains and updates a Continuity of Operations Plan (COOP) to ensure employee safety and health, protect facilities and equipment and ensure to the extent possible that essential public health services are uninterrupted. While a traditional COOP plan presupposes the causal factor is facility loss (fire, tornado, flood etc), the Health District’s COOP also addresses a biological event trigger for a COOP plan execution, where the facility is still intact, but some or all the workers may not gather together at the facility due to risk of spreading infection.
- b. The Health District maintains and updates methods to notify internal/external response partners, health care providers, community partners and emergency management via email, phone, FAX, OPHCS, Hyper-Reach, or MARCS radios.
- c. The Health District provides and updates after-hours emergency contact information to local, regional and state response partners.
- d. Staff completes ongoing training in public health core competencies for emergency preparedness.
- e. The Health District maintains procedures for recall notification of staff via the Hyper-Reach System and a call-down list.
- f. The Health District has adopted NIMS resolution, ICS structure and position checklists.
- g. The public health preparedness plans are integrated with county level emergency operations plans.

- h. Participate in planning, design, conduct, and after-action reviews of exercises to evaluate and enhance public health preparedness and response using HSEEP methodologies.
- i. Maintain and annually update plans and procedures at the local and regional level to address bioterrorism, terrorism, unintentional or naturally occurring events resulting in public health threats or emergencies.
- j. The Health District participates in regional planning processes and exercises.
- k. The Health District maintains and updates plans and standard operating guidelines consistent with NIMS and the NRF.
- l. The Health District maintains a directory of local response partners.
- m. The Health District maintains rapid assessment capability of disease outbreaks for faster response.
- n. The Health District develops procedures for procuring emergency supplies and equipment through the Greene County EOC.
- o. The Health District is involved in recruitment, and planning efforts for utilization of pre-identified volunteers. The Health District does not intend to utilize spontaneous volunteers.
- p. The Health District collaborates with a wide variety of community partners and participates in various committees, councils, and coalitions representing a number of community sectors on an ongoing basis.
- q. The Health District works with community partners to address emergency preparedness planning for the functional needs population.

### **C. Response**

Response involves activities and programs designed to address the immediate and short-term effects of the onset of an emergency or disaster. It helps to reduce the casualties and damage and to speed recovery.

Upon determination of a disaster or emergency posing a threat to the health of our population, The Health District will notify the WCO regional LHDs, ODH and GCEMA and other local community partners. In coordination with GCEMA may request the activation of the local EOC and may request a disaster declaration. The Health District, as the primary agency, is the lead for public health emergency response at the county level.

- a. Regional/state public health coordination activities include public health surveillance, epidemiologic investigation, laboratory, mass prophylaxis/vaccination, public health surge capacity, hospital surge capacity, public health information and education activities and guidance on infection control practices, including Personal Protective Equipment (PPE) and isolation and quarantine.
- b. The Health District liaison assigned in the county EOC will coordinate with response personnel and work with other support organizations in the county EOC to respond to the needs of the affected communities. Public health requests for resources will be coordinated through the EOC as

- appropriate. Requests will be made in writing or verbally and followed up with a written signed request within 72 hours.
- c. The Health District will function under an ICS/UCS structure.
  - d. The Health District will complete the Incident Assessment form (Attachment C) to determine the scope of emergency and the public health role.
  - e. The Health District will respond to requests for public health assistance and information.
  - f. The Health District will determine appropriate internal ICS structure based on incident needs and assign responsibilities.
  - g. Establish immediate priorities for the health and safety of assigned staff and volunteers, requesting initiation of the COOP if needed.
  - h. Determine public health incident objectives and develop an Incident Action Plan (IAP). Examples of roles/responsibilities in an IAP may include:
    - Recommend declaration of a public health emergency
    - Recommend non- pharmaceutical interventions
    - Implement mass dispensing of medical countermeasures
    - Conduct epidemiological surveillance
    - Laboratory sampling and submission
    - Request SNS assets
    - Recommend closure of facilities
    - Coordinate disposition of deceased/mass burial
    - Conduct public education
  - i. Assign and deploy resources and assets to achieve public health incident objectives.
  - j. Develop and/or disseminate guidance for health care professionals and first responders.
    - Nature of the disease
    - Diagnosis
    - Treatment
    - Infection control measures
    - Prophylaxis/immunization and associated contraindications
  - k. Determines need for and orders closure of facilities.
  - l. Prohibits mass gatherings if needed.
  - m. Endorse respectful disposition of deceased/mass burial.
  - n. Provides public education or public information for release.
  - o. Addresses the needs of functional needs populations.
  - p. The Health District prioritizes health and safety needs of assigned staff and volunteers.
  - q. The Emergency Preparedness Coordinator and Emergency Response Planner facilitate the execution of The Health District's response plans.
  - r. Implement the Regional Epidemiological Response Plan.
  - s. Address mental and behavioral health support needs of staff, responders, and volunteers.
  - t. A request will be submitted for the mobilization of volunteers through the

MRC, Academic Nursing Coalition for Disaster Preparedness (ANCDP) and/or the county EOC if needed.

- u. The DOC will be activated, as needed, to meet public health incident objectives
- v. Aspects of the human infectious disease emergency response activities, including surveillance and epidemiologic investigation, will be facilitated through regional coordination (multi-local health jurisdiction response) across the affected area under ODH guidance and existing regional agreements and plans.
- w. A staging area will be designated and established for coordinated receipt of state and national assistance. Such assistance will complement not supplant existing capabilities.
- x. Public health advisories may be issued:
  - Air
  - Water quality/potable water
  - Food and drug safety
  - Sheltering in place
  - Mass sheltering facilities
  - Health Precautions
  - Disinfection/decontamination
  - Wastewater and solid waste disposal
  - Vector control
- y. All response activities will be documented.
- z. Demobilization plans will be implemented

#### **D. Recovery**

Recovery is the phase that involves restoring systems to normal. Short term recovery actions are taken to assess the damage and return vital life support systems to minimum operating standards; long term recovery actions may continue for months or maybe even for years.

- a. Continue response phase activities as required.
- b. Request EOC assistance from support agencies for environmental surety and reimbursement activities.
- c. Conduct ongoing risk assessment, modeling, monitoring, safe re-entry criteria, extent and disposition of environmental contaminants, level of decontamination, cleanup standards and methods, final disposition of affected property and ongoing vector control.
- d. Conduct an epidemiological assessment and review of the infectious disease outbreak to ensure control measures are sufficient to prevent future recurrences of the disease.
- e. Other issues that will be addressed include mental health concerns for patients, their contacts, the general public and response and recovery personnel; ongoing security; issues related to mass fatality (e.g. disposal of bodies); legal issues; and economic repercussions for the region.
- f. Restore essential public health services to pre-incident status.
- g. Document continued expenditures.



## V. Ongoing Plan Management and Maintenance

The Public Health Emergency Preparedness Coordinator and the Emergency Response Planner are responsible for the ongoing management and maintenance of the *Health District ERP*. The plan will be updated periodically as required to incorporate new directives/strategies, new information technology, legislative changes, and procedural changes based on lessons learned and best practices identified during exercises and actual events. A full review and update of the plan will be conducted annually.

**A. Training:** Training regarding this plan will be performed regularly as staff time and personnel permit. The Health District outlines general training plans annually in the HSEEP Multiyear Training. The Health District participates in exercises and drills conducted by ODH, WCO Regional Public Health, GDAHA, MCGLERC, local EMA, EMS, fire, law enforcement, WPAFB, and other agencies.

**B. Recommending Changes:** Post exercise and/or incident debriefing with the resulting HSEEP After-Action-Review/Improvement Action Plan will be utilized to review effectiveness and need for revision of this plan.

### C. Distribution

- a. Every The Health District staff member maintains a copy of this plan. A distribution list is attached to this plan. See the Attachment G.
- b. All Directors and key staff also maintain electronic copies of all emergency preparedness related plans on USB drives. Additionally the files are also maintained on corporate Dropbox account.
- c. The GCEMA also maintains a hard copy as an attachment to the county's EOP - ESF8. GCEMA also maintains an electronic copy of all plans via a USB drive.

### D. Plan Approval

This plan will be reviewed annually for accuracy. Any revisions or additions identified through lessons learned or after action reviews/improvement plans will be made. The Emergency Response Planner and Emergency Preparedness Coordinator are responsible for making changes. If significant revisions or changes are made, the plan will be reviewed by The Health District senior staff and with the Greene County Emergency Preparedness committee. The final draft will be submitted to the Health Commissioner and the Board of Health for approval.

### E. Solicitation of Public Comment

A copy of this plan is posted on the Health District website. It is available for review by all citizens. The website instructs individuals as to how comments can be submitted. The comments go directly to the Emergency Response Planner via

email. Respondent's comments will be acknowledged upon receipt and considered during the annual plan review and update.

## **VI. References**

- Centers for Disease Control and Prevention's "Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness, Version 10".
- Division of Strategic National Stockpile, Local Technical Assistance Review Checklist, October 2007.
- THE HEALTH DISTRICT Emergency Response Plan for Greene County 2006.
- Emergency Support Function #8 of the Greene County Emergency Operations Plan
- Greene County Antiviral Distribution Plan, August 2010.
- Regional Epidemiological Response Plan, Strategic National Stockpile (SNS) Plan, Mass Dispensing Plan, Crisis Communications Plan and Emergency Communications SOG.
- Division of Strategic National Stockpile, Local Technical Assistance Review (L-TAR), August 2009
- Ohio Administrative Code Chapters 3701-3-02, 3701-3-05, and 3701-3-12
- Ohio Revised Code Sections 3707.04 through 3707.34

## **VII. Attachments**

- A. THE HEALTH DISTRICT Organization Charts
- B. ICS Chart
- C. Incident Assessment Form
- D. ICS Forms List
- E. Senior Staff Contact List
- F. Staff Call Down List
- G. Employee Distribution List
- H. Hazard Analysis
  - 1. Risk assessment/ History and information
- I. Emergency Communications SOG
  - 1. Greene County Health Alert Network (HAN)
  - 2. Communications Pathway
- J. Homeland Security Planning Regions

## **VIII. Appendices**

- A. Natural Hazards**

1. Severe Weather
2. Snowstorm
3. Heat Advisory Plan
4. Drought
5. Earthquake
6. Flood

**B. Manmade Hazards**

1. Radiological Emergency Response Plan
2. Nuclear, Biological, and Chemical(NBC) Response Plan
3. WCO Regional Biological Plan

**C. NIMS ICS Forms Booklet 502-2**

**D. OWCR Incident Command Position Check Lists**

**E. WCO MRC Volunteer Handbook**

**F. GDAHA Plan**

## **IX. Annexes**

**1. Strategic National Stockpile Plan**

- A. Mass Dispensing and Vaccination Plan
- B. Pandemic Influenza and Preparedness Plan
- C. Antiviral Distribution Plan

**2. Crisis Communications Plan**

**3. WCO Epidemiological Response Plan**

**4. Continuity of Operations Plan**

## **X. Acronyms:**

**AOHC** – Association of Ohio Health Commissioners  
**ARES** – Amateur Radio Emergency Services  
**ANCDP**- Academic Nursing Coalition for Disaster Preparedness  
**CDC** – Center for Disease Control  
**COOP** – Continuity of Operations Plan  
**DHHS** – Department of Health and Human Services  
**DHS** – Department of Homeland Security  
**DOC** – District Operations Center  
**EOC** – Emergency Operations Center  
**EOP** – Emergency Operations Plan  
**EPI -X** – Epidemic Information Exchange  
**ERP** – Emergency Response Plan  
**EMS** – Emergency Medical Services  
**HAN** – Health Alert Network  
**HAZMAT** – Hazardous Materials  
**HHS** – Department of Health and Human Services  
**HSEEP**: Homeland Security Exercise Evaluation Program  
**GCEMA** – Greene County Emergency Management Agency  
**GDAHA** – Greater Dayton Area Hospital Association  
**GMH** - Greene Memorial Hospital  
**IAP** – Incident Action Plan  
**ICS** – Incident Command System  
**JIC** – Joint Information Center  
**LHD** – Local health Department  
**MAC** – Multiagency Coordination System  
**MARCS** – Multi-Agency Radio Communications System  
**MGCLERC** – Montgomery/Greene Local Emergency Response Council  
**MRC** – Medical Reserve Corps  
**NIMS** – National Incident Management System  
**NRF** – National Response Framework  
**ODH** – Ohio Department of Health  
**ODRS** – Ohio Disease Reporting System  
**OEMA** – Ohio Emergency Management Agency  
**OPHAN** – Ohio Public Health Alert Network  
**OPHCS** – Ohio Public Health Communication System  
**OTC** – Over the Counter  
**PIO** – Public Information Officer  
**POD** – Point of Dispensing  
**RMRS** – Regional Medical Response System  
**RODS** – Real-Time Outbreak Disease Surveillance  
**SNS** – Strategic National Stockpile  
**SOG** – Standard Operating Guideline  
**TCL** – Target Capability List  
**WCO** – West Central Ohio