Public Health
Prevent. Promote. Protect.
Greene County

GREENE COUNTY EMERGENCY RESPONSE PLAN -BASIC PLAN

Version 2020-1
Date Originally Adopted: 6/19/18
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Date of Last Review: N/A

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INTRODUCTION

LETTER OF PROMULGATION

APPROVAL AND IMPLEMENTATION

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

EXECUTIVE SUMMARY

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

The plan assigns roles and responsibilities to GCPH program areas and specific response teams housed within these programs for responding to emergencies and events. The Basic Plan of

the ***ERP*** is not intended to represent the full extent of preparedness and response but rather establishes the basis for more detailed planning by the Emergency Response Coordinator and the Incident Management Team, in partnership with internal and external subject matter experts and community stakeholders. The ***ERP Basic Plan*** is intended to be executed in conjunction with both the more detailed annexes and attachments included as part of this document or with the standalone plans. Additionally, the ***ERP*** is designed to work in conjunction with the ***Greene County Emergency Operation Plan (GC EOP).***

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

STATEMENT OF PROMULGATION

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

All GCPH 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. GCPH will maintain this plan, reviewing it and reauthorizing it at least annually; findings from its utilization in exercises or real incidents will inform updates.
This ***ERP*** is hereby adopted, and all GCPH program areas are directed to implement it. All previous versions of the ODH ***ERP*** are hereby rescinded.

Melissa Howell, Health Commissioner 6/30/2020

RECORD OF CHANGES

Commented [KC1]: ERP-20

The Health Commissioner authorizes all changes to the ***Greene County Public Health (GCPH) Emergency Response Plan (ERP)- Basic Plan.*** Change notifications are sent to those on the distribution list. To annotate changes:

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

Change Number	Date of Change	Print Name	Title
1	2/1/19	Kim Caudill	Emergency Response Coordinator
Version Number: 2019-1	Section 5.2 Added how & when GCPH will contact the Board of Health during an incident. Section 7.2 Added how jurisdiction recovers costs during emergency response operations. Added Appendix 13 – PLACEHOLDER – CMIST Partner List. Section 9.3 Added information on Volunteers. Section 8.5 Added information on IMAC/EMAC requests. Added Attachment X – Floodplain Map. Added Attachment IX – Greene County SVI Scores. Section 9.5 Added Information on Psychological First Aid. Section 7.5 Added information on accepting, allocating, and spending funds during a response. Section 5.3.1 Added information about coordinating with state response agencies. Section 5.3.1 Added information on interface between ESF-8 and the HCC partners. Section 5.1.4 Added information on LHD roles and responsibilities that directly support HCC members during response and recovery. Appendix 4 Updated CMIST Profile for Greene County. Added Appendix 14 – NIMS Refresh.		
Change Number	Date of Change	Print Name	Title

2	6/30/2020	Kim Caudill	Emergency Response Coordinator
Version Number: 2020-1	Updated Attachment II with organizational structure and activation levels, Create Appendix 15 ICS Roster, update Section 9.4 DOC information, update Section 5.3.8 IAP info, update Section 5.3.13 SitRep info, updated Appendix 4 C-MIST Profile, created Appendix 16 Job Action Sheets for ICS positions, and updated Section 9.3.		
Change Number	Date of Change	Print Name	Title
3			
Version Number: 2020-1			
Change Number	Date of Change	Print Name	Title
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RECORD OF DISTRIBUTION

A single hard copy of this ***Greene County Public Health (GCPH) Emergency Response Plan (ERP)*** is distributed to each person in the positions listed below.

Date Received	Program Area	Title	Name
	Administration	Health Commissioner	Melissa Howell
	Community Health Services	Director	Jennifer Barga
	Environmental Health	Director	Jeff Webb
	Administration	Emergency Response Coordinator	Kim Caudill

The Greene County Public Health (GCPH) Emergency Response Plan (ERP) is available in electronic format as well as in print.

This plan is available to all agency employees via the GCPH intranet cloud account site in electronic format. The Emergency Response Coordinator possess a hard copy that any employee may access at any time, and that will be taken to the GCPH Department Operation Center (DOC) in the event of an emergency. Additionally, a hard copy is located at the Greene County Emergency Operations Center. Employees may view the plan via the intranet cloud account site at any time or request to view one of the available hard copies.

SECTION I

1.0 PURPOSE

Greene County Public Health (GCPH) has developed this ***Emergency Response Plan – Basic Plan (ERP)*** in order to support GCPH's mission to prevent disease, protect our environment, and promote healthy communities and wellness in Greene County. Our employees accomplish this through integrated community efforts and assessment, health education, collaboration and assurance of quality services, disease prevention and control, and emergency preparedness.

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.

As part of the Emergency Preparedness Program, this plan identifies public health functions, assigns responsibility for accomplishing each function, and specifies accountability. It 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.

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

The ***GCPH ERP*** is designed to serve as the foundation by which all response operations at the agency are executed. As such, the ***Basic Plan*** is applicable in all incidents for which the ***GCPH ERP*** is activated, and all components of this plan must be developed and maintained in accordance with section three. This document will serve as an attachment to Annex H, Emergency Support Function #8 of the ***Greene County Emergency Operations Plan (EOP)***, but may be used on its own or with other GCPH plans.

2.0 SCOPE AND APPLICABILITY

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

The scope of this plan is not limited by the nature of any particular hazard. This plan is written to apply with equal effectiveness to all hazards that impact public health and healthcare, whether they are infectious or noninfectious, intentional or unintentional, or vary in how they threaten the health of Greene County residents. This plan directs appropriate GCPH response operations to any incidents that either impact, or could potentially impact, public health or healthcare within Greene County or require GCPH to fulfill its roles described in the ***County EOP***.

The ***Greene County EOP***, which all employees may access in hard copy from the Emergency Response Coordinator, describes the responsibilities of GCPH and of all county agencies in response to incidents in Greene County. The ***GCPH ERP*** supports the ***County EOP*** through direction of GCPH response activities, and provides needed detail for operations at the agency level. It describes the roles and responsibilities of GCPH program areas emergency response. GCPH has responsibilities in multiple ***County EOP*** Emergency Support Functions (ESFs) and Annexes as both a primary and support agency.

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

This plan does not address issues related to continuity of operations planning at GCPH. All continuity issues are addressed through the **Annex A - Greene County Continuity of Operations Plan (COOP).**

Additionally, the coordination of risk communications, i.e. public information, is not directed by this plan. Coordination of risk communications is directed by the **Annex B - Emergency Public Information & Warning Plan.** However, tactical communications, i.e. communications between command and support elements, is addressed in the ***ERP***.

3.0 SITUATION

Greene County is located in West Central Ohio and covers about 421 square miles. Greene County borders 6 counties. Montgomery is to the West, Clark is to the North, Madison is to the North East, Fayette is to the South East, and Warren and Clinton are to the South. Greene County is home to the Wright Patterson Air Force Base. Coordination with this installation may require collaboration among all three levels of government. Additionally, the military installation may depend on local and state health agencies differently during response depending on the nature of the incident and the installation command. Greene County has five colleges and universities, seven school districts, nine private schools, and a vocational training and career center.

Geographically, Ohio is in the Great Lakes region of the United States and is ranked 34th-largest by area with a total land area of 40,861 square miles. Ohio's southern border is defined by the Ohio River, and much of the northern border is defined by Lake

Erie with 312 miles of coastline. Ohio is bordered by Pennsylvania to the east, Michigan to the northwest, Indiana to the west, Kentucky on the south, and West Virginia on the southeast. To the North, Ohio has an international border with Canada; Ontario's jurisdictional waters start approximately halfway across Lake Erie with the international line running mainly southwest to northeast.

The 2016 Census info documented that there were 164,765 people, in 64,182 households, residing in the county. The population density was 391 people per square mile (138/kmÇ). 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 (Figure 1) shows the layout of the county and the major interstates and highways that go through it.

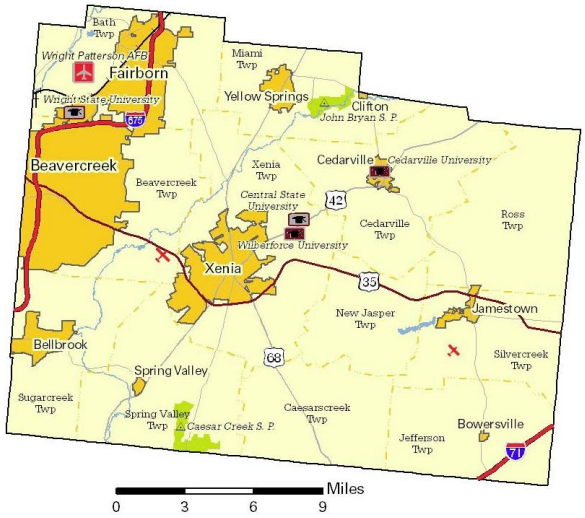

Figure 1

Historically, Greene County has experienced several events caused by ongoing threats and hazards. Since 1968, Greene County has received 4 federal disaster declarations. These events have impacted public health and medical services in the past and continue to pose a threat to health security for Greene County residents.

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. According to the Greene County Hazard Identification and Risk Assessment (HIRA), the following natural hazards are determined to be the most pervasive and concerning hazards to mitigate for:

- Tornados and wind
- Severe winter storms
- Flood
- Severe summer heat and drought

- Hail
- Earthquakes

More details can be found on ***Appendix 1 - Greene County Public Health Hazard Analysis/Risk Assessment.***.

All hazards could lead to impacts on health, which may require Greene County Public Health to respond using this plan. Potential impacts include the following:

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

Greene County could be impacted by incidents that originate in any of its surrounding counties, across any international border, are carried to the county along any of the major highways and thoroughfares, and

through the Dayton International Airport or from Wright Patterson Air Force Base. Examples of such incidents include infectious disease outbreaks, riots, terrorist acts, chemical or radiological releases, and drinking water disruptions.

Greene County Public Health has responded to the following public health and medical incidents:

- 1968 – Ohio Heavy Rains, Flooding
  Major Disaster Declared June 5, 1968 (FEMA-DR-243)
  Incident Period: June 5, 1968 – June 5, 1968
- 1974 – Ohio Tornados
  Major Disaster Declared April 4, 1974 (FEMA-DR-421)
  Incident Period: April 4, 1974 – April4, 1974
- 2000 – Ohio Tornado and Severe Storms
  Major Disaster Declared September 26, 2000 (FEMA-DR-1343)
  Incident Period: September 20, 2000 – September 20, 2000
- 2008 – Ohio Severe Wind Storm associated with Tropical Depression Ike
  Major Disaster Declared October 24, 2008 (FEMA-DR-1805)
  Incident Period: September 14, 2008 – September 14, 2008

These incidences, in addition to the anthrax attacks and subsequent hoaxes in 2001, and the H1N1pandemic 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.

Given the size and population of Greene County, there are diverse local events that reoccur yearly:

- Beavercreek Popcorn Festival
- Jamestown Bean Festival
- Xenia Community Festival
- Bellbrook Sugar Maple Festival
- Fairborn Sweetcorn Festival
- Spring Valley Potato Festival
- Xenia Hometown Christmas
- Fairborn Halloween Festival
- Old Timer's Days
- Art Fest
- Pancake Breakfasts
- Glen Helen Earth Day 5k
- Spring has Sprung 5k
- Xenia First Fridays
- St Brigid Community Festival
- Yellow Springs Street Fairs
- Greene Trails Cycling Classic
- Greene County Fair
- Art on the Lawn
- Many Church Bazaars
- Numerous Health & Information Fairs
- 4th of July Parades

And a few nationally recognized yearly events:

- Air Force Marathon
- Hamvention

Greene County also has a large college arena that hosts many internationally known concerts, shows and sporting events. The numerous other colleges and universities in the county also host regular games. An incident that occurs at any major event may significantly affect public health and medical services both within the hosting county and have cascading effects potentially across adjacent counties, the region, or statewide depending on

the nature of the incident. Greene County also hosts many visitors to their annual sports tournaments.

Greene County is home to most of Wright Patterson Air Force Base that has a workforce of 26,000 people, 20,055 of whom are civilian employees, making it the sixth largest employer in the state of Ohio. The base also holds many events for its workforce and visitors.

In an effort to foster preparedness planning and coordination in the state, ODH has established eight (8) regions within Ohio by which planning is conducted. These planning regions are derived from the Ohio Homeland Security Regions. GCPH belongs to West Central Ohio (WCO). The WCO region has a healthcare coalition that is an integral part of emergency preparedness planning and emergency response activities. The healthcare coalition community works together to prepare for, respond to and recover from disasters. ODH oversees the regional healthcare coalitions to provide guidance and technical support.

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

As part of ESF-8, Greene County partners with a wide range of organizations, including public and private healthcare organizations, the business and medical communities, and other county agencies. These local agencies may perform response operations in either a primary or support role depending on the incident type, severity and scale.

In addition to ESF-8, GCPH has responsibilities in other ESFs during a response. The Emergency Support Annexes Tab of the ***Greene County Emergency Operations Plan***, details Primary and Support Agencies by ESF. A hard copy of this plan can be accessed from the Emergency Response Coordinator. A summary of the roles can be found in ***Appendix 2 - Local, Regional, State, and Federal Primary and Support Roles ESF Matrix.***

In addition to ESF-8, Ohio Department of Health has responsibilities in other ESFs during a response. Tab A of the ***Ohio EOP Base Plan*** details Primary and Support Agencies by ESF, Annex and Other on the Ohio EMA website at: http://ema.ohio.gov/Documents/Ohio_EOP/D%20PRIMARY%20AND%20SUPPORT%20AGENCIES%20-%202013.pdf.

Delineation of responsibilities at the federal level can be found in ***Appendix 3 – Roles of Federal Agencies in Emergency Support Functions.*** This information can also be accessed at https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency_support_function_annexes_introduction_2008_.pdf

At the local level, responses involving public health and medical services may differ from county to county, or city to city. Ohio is a "Home Rule" state, and deference is given to local decisions, provided that such decisions to not harm or endanger the residents who live there. In general, ODH coordinates primarily with the jurisdictional local health department (LHD) on public health matters, with support from other healthcare organizations for medical service provision and response. GCPH may partner with the following agencies during response:

- Local American Red Cross chapter
- Area Agencies on Aging
- County Alcohol Drug Addiction and Mental Health Services Board
- County Transportation Office
- Jurisdictional law enforcement agencies
- Local hospitals
- Other non-governmental organizations in a supporting response role
- County or City Coroner's Office,
- County Developmental Disabilities Services
- County or City Emergency Management Agency
- County or City Engineer's Office
- Local fire departments
- Local EMS providers

Access and functional needs include anything that may make it more difficult—or even impossible—to access, without accommodations, the resources, support and interventions available during an emergency. The access and functional needs identified in Greene County have been detailed in ***Appendix 4 - Greene County CMIST Profile***. Potential impacts from an incident may require GCPH to respond by initiating or supporting the following activities to address an incident:

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

As the county's leading health agency, GCPH works with partners to ensure that all such efforts, as well as any others to mitigate, plan for, respond to and assist in the recovery from

hazards, adequately serve individuals with access and functional needs. (See section 5.3.9 for additional details.)

Situation Key Points:

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 employees 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 hospitals, a free-standing Emergency Room and seven urgent care centers.

6. Currently the local county hospitals have sixteen 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.

4.0 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, multidisciplinary, multi-jurisdictional local response, as well as regional, state and national assistance.
6. The Health District has established the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, and local government, and the private sector.
7. 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.
8. 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.
9. Incident management activities will be conducted under an Incident/Unified Command System structure as outlined in the NIMS and NRF.
10. Fire/EMS, law enforcement, public health, health care, emergency management, and other personnel are responsible for local incident management activities.
11. A public health emergency can occur without warning or build gradually and extend over days, weeks, months or longer.
12. 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.
13. The Health District employees are adequately trained and will fulfill its responsibilities in an emergency.
14. 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.
15. The Health District has established plans and procedures for emergency public information and warning to provide timely, accurate, and effective public information/education.
16. The Health Commissioner or designee may request additional resources and may request activation of the Greene County EOC.
17. This ***ERP*** could be activated by events occurring in other states.
18. 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.
19. Hospital capacity may be limited.
20. 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.
21. Disruption of sanitation services and facilities, loss of power and massing of people in general population shelters increase the potential for disease.
22. 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.

SECTION II

5.0 CONCEPT OF OPERATIONS

5.1 ORGANIZATION 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.

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

5.1.1 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.

The Health Commissioner (HC) has primary responsibility for facilitating the activation of the ***ERP*** and the department operations center (DOC). Once the ERP is activated, the HC assigns employees to fill the planning functions in the incident organization.

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

- Community Health Services Director
- Environmental Health Director

• Emergency Response Coordinator

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.

5.1.2 MEDICAL DIRECTOR

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

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

- Provide medical consultation to the Health Commissioner, and response personnel;
- Inform medical policy and guidance for GCPH and countywide health response;
- Engage county partners regarding medical decisions and guidance;

- Represent GCPH at the county EOC, as necessary;
- Engage the federal government on matters that require their consultation or clarification of existing guidance;

As authorized designees, act on behalf of the Health Commissioner in determining the need to activate the ***GCPH ERP***.

5.1.3 EMERGENCY RESPONSE COORDINATOR

The Emergency Response Coordinator (ERC) has the primary responsibility for coordinating emergency preparedness and response for Greene County Public Health.

5.1.4 COMMON REPONSIBILITIES FOR GCPH

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

All response personnel are expected to do the following:

- Maintain appropriate timekeeping records/documents, to include an ICS Form 252 as prescribed by the Finance Section.
- Follow any organizational procedures set by the individual leading the response.
- Support execution of activated ERP components.
- Support execution of the ***County EOP.***

At the regional level, GCPH interfaces with the Regional Public Health Emergency Preparedness Coordinator on multiple plans. GCPH also interfaces with health care organizations through the Greater Dayton Area Hospital Association (GDAHA) and the *Regional Healthcare Emergency Response Plan.* GCPH is a member of the WCO Regional Healthcare Coalition Committee.

The Coalition's overarching role is to support the health of the community as whole and responsible for control of scare supplies. GCPH may also:

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

During response and recovery, GCPH may support GDAHA by the following:

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

5.2 INCIDENT DETECTION, ASSESSMENT & ACTIVATION

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

1. The Health Commissioner or an authorized designee authorizes activation of the ERP upon determination that an incident requires implementation of one or more of the strategies or plans included herein. If the ERP is activated in this way, response will begin with incident assessment, which is required to establish the activation level and define the incident response needs, but the need for activation will not be reevaluated.
2. Leadership employees may also make a recommendation for activation to the Health Commissioner. In the event the Health Commissioner or designee is unreachable, response personnel will proceed with the response in the Greene County Emergency Response Plan unless deactivated by the Board of Health.

Activation of the ERP marks the beginning of the response.

The Greene County Board of Health (BOH) will be engaged and notified whenever the ERP is activated. The BOH may also be engaged and notified (for BOH situational awareness) at the Health Commissioner (HC), or designee's discretion, for any incident which may adversely affect public health but not rise to the level of necessitating ERP activation.

The BOH will be notified by phone, and/or email. Unless delegated, this notification be made by the Health Commissioner. Contact information for the BOH is in the HAN Directory or the HC's Administrative Assistant's office. The BOH will be notified of the incident, and the response operation initiation.

5.2.1 INCIDENT DETECTION

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

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

- Anticipated impact on or involvement of divisions beyond those currently involved, with an expectation for significant, intra-division coordination;
- Potential for escalation of either the scope or impact of the incident;
- Novel, epidemic or otherwise unique situation that likely requires a greater-than-normal response from GCPH;
- Need for resources or support from outside GCPH;
- Significant or potentially significant mortality or morbidity;
- The incident has required a response from other agencies, and it is likely to or has already required a response from GCPH;
- The EMA has activated the EOC to a level above daily operations.

5.2.2 INCIDENT ASSESMENT

Within one hour from when a public health incident has been reported, the Health Commissioner or designee will convene a meeting of the Incident Management Team in order to complete an Incident Assessment Form to determine the Public Health Role. (See **Attachment I - Incident Assessment Form**) This meeting may take place via phone, or face to face.

5.2.3 ACTIVATION

The GCPH Health Commissioner will authorize activation of the ERP based on information assessed in the Incident Assessment form and upon determination that an incident requires implementation of one or more of the strategies or plans included herein. If the ERP is activated, then the incident assessment will be used to establish the activation level and define the incident response needs.

To facilitate the activation of ERP, see **Attachment II – ERP Activation Checklist**
ERP activation and notification are described in **(See Attachment VIII - ERP Activation Process Flowchart.)**

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

Activation Level	Description	Minimum Command Function & Staffing Recommendations
Routine Operations	Routine incidents to which GCPH responds on a daily basis and for which day-to-day SOPs and programmatic resources are sufficient	Normal, Day-to-Day Employees DOC not activated
Assessment & Monitoring	• An emergency with limited severity, size, or actual/potential impact on health or welfare but that cannot be handled at the programmatic level • Requires a minimal amount of coordination and agency engagement to conduct response; situational awareness and limited coordination are the primary activities • Examples: Power outage in a nursing home; water disruption requiring limited state support	•Response Lead (1) •Public Information (1) •Situational Awareness (1) Consider activation of the DOC County EOC unlikely to be activated
Partial Activation	• An emergency with moderate-to-high severity, size, or actual/potential impact on health or welfare • Requires significant coordination and agency engagement to conduct response, likely with significant engagement from other county partners; County EOC may be activated • Examples: Widespread radiation contamination in a facility; multicounty disease outbreak requiring significant local support; water disruption requiring substantial state support and guidance	•Response Lead (1) •Public Information (1) •Partner engagement (1) •Situational Awareness (2) •Planning Support (1) •Operational Coordination (1) •Resources Support (1) •Employee Support (1) DOC activation required County EOC may be activated
Full Activation	• An incident with extensive severity, size, or actual/potential impact on health or welfare; may be of such magnitude that the available assets that were put in place for the response are completely overwhelmed • Requires an extreme amount of coordination and agency engagement to conduct response; almost	FULL STAFFING: • Response Lead (1) •All Section/Function Leads and key support employees (12+) • All other functions and positions, as identified by activated plans

		certain engagement of multiple county or regional partners; County EOC most likely activated • Examples: Peak of a pandemic influenza response; nuclear power meltdown; mass casualty incident from chemical plume; bioterrorism attack	DOC activation required County EOC activated

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

5.3 COMMAND, CONTROL AND COORDINATION

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

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

5.3.1 INCIDENT COMMAND AND MULTIAGENCY COORDINATION

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

See ***Appendix 5 – GCPH Emergency Response Structure*** for details on implementation.

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

Coordination between LHDs and ODH will be critical to ensuring an effective response from public health and polished participation in the state-and-local coordination call.

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

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

The Health Commissioner, or otherwise designated spokesperson, will speak on behalf of the agency on all state-and-local coordination calls. The Health Commissioner/designated spokesperson will address all the EEIs and clearly communicate both completed/planned actions and the response capacity of the agency. For any previously identified gaps in capacity, the Health Commissioner/designated

spokesperson will identify the state agency that can provide assistance and defer to that state partner for an update.

The plans that currently support the ESF-8 and Health Care Coalition interface include:

- Greene County Public Health-Emergency Response Plan;
- Greene County Emergency Management Agency - Emergency Operations Plan;
- HCC Emergency Response Plan West Central Ohio

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

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

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

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

5.3.2 INCIDENT COMMANDER

Greene County Public response activities are managed by a single individual ("Response Lead"), who serves in the command function of the organization. When leading the incident, GCPH uses the ICS title Incident Commander (IC); when supporting the response, the GCPH Incident Commander will fill the role assigned to them by the Incident Commander of the event.

5.3.3 BASIC AUTHORITIES FOR RESPONSE

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

- The IC may utilize and execute any approved component (i.e., attachment, appendix or annex) of the ERP;
- IC may direct all resources identified within any component of the ERP in accordance with agency policies;
- IC may set response objectives and develop/approve an incident action plan (IAP), as applicable, in accordance with overall priorities established by the agency administrator or policy group;
- IC may engage the minimum requirements for staffing as outlined in the activation levels of the plan;
- The IC may authorize incident-related, in-state travel for response personnel;
- IC may authorize exempt employees to work a schedule other than their normal schedule, as needed;
- IC may approve incident expenditures totaling up to $500. See the limitation section immediately below for the process for approving expenditures beyond this amount.

LIMITATIONS OF AUTHORITIES

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

- The IC must abide by all GCPH policies regarding staffing. The Health Commissioner must authorize engagement of employees beyond those policy parameters;

- The IC may not authorize employees to work a schedule other than their normal schedule without prior authorization by the Health Commissioner. This includes approval of overtime, changing the number of days employees work in a week, changing the specific days employees work in a week, or changing the number of hours employees work in a day;
- The IC must adhere to the policies of GCPH regarding overtime/comp-time and should clarification on these policies or exemption be required, the IC must engage the Health Commissioner;
- The IC must seek approval from the Health Commissioner for incident expenditures totaling more than $500. This is to be understood as total incident expenditures, not just the total cost for a single transaction. The Health Commissioner has emergency authorization for expenditures up to $10,000.

5.3.4 INCIDENTS WITH GCPH AS THE LEAD AGENCY

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

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

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

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

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

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

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

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

5.3.6 INCIDENTS WITH GCPH IN A SUPPORTING ROLE

For incidents in which GCPH is a support agency, the Incident Commander is supplied by another agency. For these incidents, GCPH assigns a member of the Incident Management Team who coordinates the agency's support of the incident. Support activities include the following:

- Support incident management policies and priorities through the provision of guidance or resources.
- Facilitate logistical support and resource tracking.
- Inform resource allocation decisions using incident management priorities.
- Coordinate incident-related information.
- Coordinate and resolve interagency and intergovernmental issues regarding incident management policies, priorities, and strategies.

If the County EOC is activated, the GCPH DC coordinates all agency actions that support any ESFs in which GCPH has a role. In such incidents, the DC will ensure that all GCPH actions to address incidents for which the County EOC is activated are coordinated through the County EOC.

5.3.7 LEGAL COUNSEL ENGAGEMENT

During any activation of the emergency response plan, legal counsel may be engaged, depending on the incident type. The specific topics that require targeted engagement of legal counsel include the following:

- Isolation and quarantine,
- Drafting of public health orders,
- Execution of emergency contracts,
- Immediate jeopardy,

- Any topic that requires engagement of local legal counsel,
- Protected health information,
- Interpretation of rules, statutes, codes and agreements,
- Other applications of the authority of the Health Commissioner,
- Anything else for which legal counsel is normally sought.

There are no internal approvals required to engage the GCPH legal counsel; the Health Commissioner, their designee or any program employee who normally engage legal may reach out. O.R.C. 309.09 assigns local public health districts with legal counsel from the county prosecutor's office they are located in. GCPH utilizes the Greene County, Ohio Prosecutor's Office for legal counsel.

5.3.8 INCIDENT ACTION PLANNING/SUPPORT PLANNING

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

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

The IAP must utilize SMART objectives. SMART stands for Specific, Measurable, Action oriented, Realistic and Time Sensitive. ICS Form 202 will be utilized for the development of SMART objectives within the IAP.

Development of IAP will ensure that the needs of the incident inform the objectives and their completion timeframes. Objectives of the incident will be tracked, closed or revised as the incident requires.

The IAP will also include, but is not limited to, the information contained in **Attachment III - Incident Action Plan Components**

IAPs will be sent electronically to GCPH Leadership, senior employees, and for their situational awareness. In addition, IAPs will be sent electronically to all operational employees. Hardcopies of IAPs will also be available in the DOC, if the DOC is active. At the discretion of the Incident Commander, any IAP may be forwarded electronically to the EMA, LHDs, or other federal, state or local partners for their situational awareness and to foster a common operating picture.

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5.3.9 ACCESS AND FUNCTIONAL NEEDS

GCPH ensures that response actions address persons with access and functional needs immediately after the incident by the following actions:

- Evaluation of CMIST tool to identify access and functional needs within Greene county
- Review of specific incident details to account for persons with access and functional needs
- Ensure development of IAP includes points of contact for organizations that serve individuals with access and functional needs
- Outreach to partner organizations that serve access and functional needs such as
  - GDAHA
  - Regional PHEP coordinator
  - American Red Cross

- Greene County EMA
- Salvation Army –Greene County
- Department of Job and Family Services
- Greene CATS Transit
- Greene County Board of Developmental Disabilities
- Greene Memorial Hospital
- Soin Medical Center
- Rob's Rescue

The Incident Commander and/or their designee will be responsible to engage access and functional needs partners during an emergency response.

5.3.10 DEMOBILIZATION

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

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

Demobilization is led by the GCPH Incident Command Leaders, which has three primary functions:

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

During incidents in which GCPH is in a coordination/support role, demobilization planning is fulfilled by the Incident Command Leaders of the lead agency in charge.

5.3.11 AFTER ACTION REPORT/IMPROVEMENT PLAN(S)

An After-Action Report/Improvement Plan (AAR/IP) must be produced whenever the ERP is activated.

A Hot Wash and debrief of the entire response team will be completed as soon as possible, but no later than 3 days after the conclusion of the response operations and will include at least the majority of employees and volunteers who participated in the response. Findings from this Hot Wash will be utilized in creating an internal audit to review processes that were successful as well as those that provide areas for improvement.

The Emergency Response Coordinator (ERC) will be responsible to conduct the Hot Wash and coordinate the AAR/IP. For incidents that GCPH was not the lead agency, the ERC will work with the lead agency to ensure lessons learned and corrective actions are identified in the AAR/IP.

An HSEEP After Action Report and Improvement Plan (AAR-IP) will be written for all events that were large enough or involved enough to initiate the activation of the ERP and/or opening of a DOC (Department Operations Center). The ERC will ensure that the AAR-IP is submitted to ODH within 90 days after the event and shared with employees and stakeholders to implement corrective actions identified in the AAR-IP.

The AAR-IP will review actions taken, identify equipment shortcomings, improve operational readiness, and highlight strengths and weaknesses. An AAR-IP must be written for all outbreaks when

there are lessons learned that need to be included in policy's and plans, or when several people are affected.

ERC will develop lessons learned as part of the response through a thorough analysis of response events, documentation, and the feedback provided at the Hot Wash. This analysis will feed into the AAR/IP to provide necessary information to identify corrective actions.

Items identified in the AAR will be added to the GCPH Improvement Plan and necessary corrective actions will be integrated into the ERP. The Emergency Response Coordinator will be responsible for tracking and implementing the Improvement Plan. The ERC will review all items in the Improvement Plan on a quarterly basis and insure items are on track for completion.

The ERC will use the improvement plan to update the ERP during the annual review.

5.3.12 PLAN INTEGRATION

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

- At the local level, the ***GCPH ERP*** interfaces with response plans for public health and medical organizations, local EMA. These include health organizations like hospitals and long-term care facilities.

- At the regional level, GCPH interfaces with the Regional Public Health Emergency Preparedness Coordinator on multiple plans. GCPH also interfaces with health care organizations through the Greater Dayton Area Hospital Association (GDAHA).

- GCPH interfaces with state partners though the ***State Emergency Operations Plan*** (State EOP) and the ***ODH Emergency Response Plan***

5.3.13 SITUATION REPORTS

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Situation reports will be prepared using **Attachment IV -Situation Report Template**

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

SITREPs will be sent electronically to GCPH Leadership, senior employees, and for their situational awareness. In addition, SITREPs will be sent electronically to all operational employees. Hardcopies of SITREPs will also be available in the DOC, if the DOC is active. At the discretion of the Incident Commander, any SITREP may be forwarded electronically to the EMA, LHDs, or other federal, state or local partners for their situational awareness and to foster a common operating picture.

Additional SITREP recipients will be based on a per-incident basis, based upon their informational needs and to maintain effective and efficient response coordination among partner responding agencies.

These additional recipients will be identified by the employee responsible for disseminating the SITREPs, through discussion with Public Information, the IC/DC, and operational employees.

SITREPs frequency is detailed in the table below.

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

5.3.14 OPERATIONAL SCHEDULE AND BATTLE RHYTHM

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

The battle rhythm for each operational period will be created by the Planning (Support) Section and distributed electronically or in-print to all response employees and volunteers at the beginning of their shift. **See Attachment VI - Battle Rhythm Template**
The battle rhythm details essential command leadership meetings, established reporting timelines and other necessary coordination requirements.

5.4 INFORMATION COLLECTION, ANALYSIS AND DISSEMINATION

5.4.1 INFORMATION TRACKING

WebEOC is the mission tasking and tracking system, as well as a portal for information sharing. It is the primary source for distributing documentation to response partners across the county and region and documenting response actions. All high-level response actions must be documented in WebEOC for accountability and reimbursement. GCPH will also track all agency objectives to ensure that they remain on track for completion. Any incidents that are off-track will immediately be identified to the IC.

To aide in centralized communication, GCPH maintains access to WebEOC and a dedicated network directory for all response personnel to store incident-related documentation. Further, information will be compiled and analyzed in WebEOC or spreadsheet format, including a timeline of events, a directory of involved personnel, and any other data that might be pertinent to response within the network directory folder . Information necessary for urgent tactical decisions will be reported to the supervisors of impacted response areas either electronically or by briefing. Information will be reported via situation reports to the recipients of those reports at the times and disbursement schedules established.

At the individual level, all response employees will maintain an Activity Log, using ICS form 214. These logs will be turned in at the end of the shift and compiled and analyzed. This information will be used to contribute to situation reports and to help determine the status of incident objectives.
Internally in the DOC, information tracking can also be done, however, certain situations may dictate the use of independent or co-dependent information tracking processes. In these situations, information may be tracked via a spreadsheet or through appropriate ICS forms or other means of documentation.

5.4.2 ESSENTIAL ELEMENTS IF INFORMATION

Essential Elements of Information (EEIs) address situational awareness information that is critical to the command and control decisions. GCPH will include a list of the current EEIs with the completed ICS 201 form and with each IAP. This list will be reviewed during IAP development and refined for each operational period. At a minimum, the IC, PIO, Planning lead, and Operations lead will contribute to this refinement. A list of information sources and contact information is in **ATTACHMENT VII – EEI Points of Contact**.

The following is a list of Essential Elements of Information (EEI's) which may be used during the response cycle.

INITIAL RESPONSE (IMMEDIATE)

- What is the scope of the incident and the response?
- How will it affect service delivery?
- Where are the impacted communities?
- What population is impacted?
- What is the anticipated medical surge?
- Determine communication means
- Evaluate healthcare organization, employees and supplies
    - Healthcare facility status
    - Consider healthcare facility incident command status
- Determine health department status
- Identify who need to know
- Identify resources to be deployed
- Consider healthcare facility decompression initiatives

ONGOING RESPONSE

- Projections for healthcare organization, employeesand supplies:
- Identify additional resources
- Responder safety and health
- Identify capabilities by specialties
- Prioritize routine health services
- Forecast duration of incident
- Update response partners
- Status of critical infrastructure (i.e., hospitals, urgent care, EMS service, long term-care, public health department, behavioral health)
- Status of interoperable communication systems

Status: RECOVERY

- Prioritize essential functions
- Identify support resource systems
- Human resources
- Infrastructure resources
- Identify documentation
- Address regulatory requirements for reimbursements
- Assess functional employees (i.e., physical, mental screening, vaccinations)

5.4.3 INFORMATION SHARING

During most emergency scenarios, GCPH will need to maintain communication with Greene County EMA which houses the location

of the Greene County EOC. The Greene County EOC can be reached by contacting the Greene County EMA director at 937-562-5994. GCPH will provide updates via WebEOC or other requested format to Greene County EMA. Updates will be made at a frequency requested by the EMA director or Incident Commander. GCPH will use forms or format that is requested by EMA.

GCPH emergency contact information for key semployees has been provided to the EMA and is contained in the Greene County Emergency Operations Plan (EOP). Emergency contact information for key local health department preparedness employees are maintained and updated as needed by the Regional Public Health Coordinator.

After hours calls to the health district are answered by the 211 Answering Service. All calls that need immediate attention are relayed by 211 to the Emergency Response Coordinator or the Information Technology Chief, who will then contact the appropriate GCPH employee.

The Ohio Public Health Communication System (OPHCS) is a secure, web-based, password protected, role-based system that provide a comprehensive method for sending alerts and information to ODH, to local health departments and to key public health partners. Alerts are sent by e-mail, landline and cellular phone (via text-to-speech conversion), facsimile, and alphanumeric pager.
Key GCPH employees have access to OPHCS and the OPHCS User Alerting Profiles have been populated with GCPH contact information for high, medium, and low priority alerts. GCPH can create custom alerts for any situation.

A Health Alert Network (HAN) directory of Greene County emergency response partners has been developed. The directory is updated annually and/or as needed by the GCPH ERC and enables

GCPH to rapidly distribute public health-related updates, advisories, and alerts received by the ODH.

The Greene County EMA maintains a "Resources Manual" with contact information for emergency response agencies throughout the entire county. This book is printed and distributed in hard copy, and updates can be sent out as needed.

6.0 COMMUNICATIONS

When engaged in a response, GCPH will ensure the dissemination of information and maintain communication with the following entities to ensure continuity of response operations:

- Applicable GCPH employees
- Greene County EOC, as applicable
- Other local Health Departments in the West Central Ohio Region
- Regional Public Health Coordinator
- Regional Healthcare Coordinator
- City, county, state and federal officials
- Non-governmental partners
- Other support systems, agencies, and/or organizations involved in the incident response

Communication will occur primarily though telephone (land line and/or cell), conference calls, fax, email, OPHCS, MARCS, and HAM radio if needed.

A comprehensive communication list can be found in **Appendix 6 – Response Partner Contact List.**

A Communication Flow Chart can be found in **Appendix 7 – Communication Guide**.

Notification and Alerts

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

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

Notifications and alerts will be drafted with input from knowledgeable employees in coordination with the Public Information Officer (if needed) engaged in the incident. In addition to the content itself, the developing group will assign the appropriate alert level to the message. Incident leadership who receive alerts will be expected to take the prescribed actions within the timeframe prescribed.

When notifications or alerts must be sent, GCPH utilizes an emergency communication system called Hyper-Reach to make calls to employees. A call down list with contact information is also provided to all employees in case Hyper-Reach is not available. This list is updated annually and as needed. GCPH can also utilize OPHCS to notify certain management and IMT leadership. OPHCS is a reliable and secure web-based messaging and alerting system used to communicate incident information to relevant groups via email, fax, phone, pagers and other messaging modalities to support notifications on a 24/7/365 basis. This system is used by ODH, local health departments, hospitals, and other partners, but is not available

to the general public. OPHCS operates under two messaging levels, these levels include:

- Messages
- Alerts

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

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

- Governmental Emergency Telecommunication Service (GETS) cards
- HAM Radios
- Multi-Agency Radio Communications (MARCS) radios
- Two-way radios

GETS cards have been made available to Health Commissioner, ERC, IT Chief, CHS Director, and EH Director. GETS cards consist of phone numbers that receive priority over regular calls, thereby greatly increasing the probability a wired call is received.

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

- Summary of the incident
- Summary of current operations
- Response Lead
- Objectives to be completed by the agency

- Planned public information activities
- Other engaged agencies

6.1 PUBLIC COMMUNICATIONS

GCPH maintains a Public Information Officer (PIO) to plan and review public communications and messaging activities that are outlined in the **Annex B - GCPH Emergency Public Information and Warning Plan.** This plan will be active during all response activities of GCPH and describes protocols by which Public Information will interface with the GCPH response team.

7.0 ADMINISTRATION AND FINANCE

7.1 GENERAL

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

7.2 COST RECOVERY

Depending on whether an emergency response is declared a State Disaster or a Federal Disaster some emergency response costs may be reimbursed through State funding or federal funding.

Regardless of whether the emergency response is declared a State or Federal Disaster, all requests for reimbursement will initiate from Greene County Public Health through Greene County Emergency Management Agency.

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

- State Disaster Relief Program (SDRP) – Administered by the Ohio Emergency Management Agency (Ohio EMA), Disaster Recovery Branch. The SDRP is designed to provide financial assistance to local governments and eligible non-profit organizations impacted by disasters. These funds are intended to SUPPLEMENT NOT SUPPLANT an applicant's resources and therefore, applicants must demonstrate the disaster has overwhelmed local resources and that other avenues of financial assistance have been exhausted prior to requesting assistance through the SDRP.
- The SDRP is implemented at the governor's discretion, when federal assistance is not available. Local governments and eligible non-profit organizations must apply, through a written letter of intent, to the program within 14 days of the Program being made available. The supplemental assistance is cost shared between Ohio EMA and the applicant.
- FEMA Public Assistance (PA) Program – administered through a coordinated effort between the FEMA, Ohio EMA, and the applicants. While all entities must work together to meet the overall objective of quick, efficient, effective program delivery, each has a different role. FEMA's primary responsibilities are to determine the amount of funding, participate in educating the applicant on specific program issues and procedures, assist the applicant with the development of projects, and review the projects for compliance.

- The FEMA PA Program provides supplemental Federal disaster grant assistance for debris removal, emergency protective measures, and the repair, replacement, or restoration of disaster-damaged, publicly owned facilities. The PA Program also encourages protection of these damaged facilities from future events by providing assistance for hazard mitigation measures during the recovery process. The Federal share of assistance is not less than 75% of the eligible cost for emergency measures and permanent restoration from major disasters or emergencies declared by the President.
- Public Health response funds for federally designated public health emergencies following a public health emergency declaration by the Secretary of Health and Human Services. The funds would likely be administered through the Ohio Department of Health.

Cost recovery for an incident includes all costs reasonably incurred by GCPH employees/personnel, including overtime costs for appropriately deployed emergency response personnel, supplies, expendable items and equipment. The cost recovery process begins in the initial incident operational period and continues through the end of demobilization activities. All hours worked should be documented, and all costs, invoices, and proof of payments should be retained.

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

- Staffing/Labor: Actual wages and benefits and wages for overtime.
- Vehicles/Equipment: For ownership and operation of equipment, including depreciation, overhead, all maintenance, field repairs, fuel, lubricants, tires, and other costs incidental to operation. Standby vehicle/equipment costs may not be eligible.

The equipment normally should be performing eligible work in order to be eligible for reimbursement.

- Mileage**:** Mileage may be applicable during the incident for the vehicles directly involved with the incident resolution.
- Supplies**:** These may include items that are used exclusively for incidents that cannot or should not be reused. Some examples would be syringes, personal protective equipment, gloves, and office supplies.
- Operational charges: Operational charges are costs to support the response. Some examples would be fuel, water, food.
- Equipment replacement: This includes material used during normal operations that must be replaced due to contamination or breakage during the incident response.

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

All financial, administrative and cost recovery activities and/or records will be captured daily (or by operational period) by the Finance Section Chief, who leads cost recovery for GCPH.

7.3 LEGAL SUPPORT

GCPH legal counsel will be obtained if needed to collaborate with the incident command team to identify the legal boundaries

and/or the ramifications of potential response actions in an effort to avert unintended liability.

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

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

Depending on the severity and scope of the incident, the GCPH legal counsel could be asked to assist with operational planning and to provide their opinions to ensure the applicable statutes are recognized and being followed.

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

7.4 INCIDENT DOCUMENTATION

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

Cost-recovery Documentation is vital to all cost recovery, administration actions regarding personnel, payroll, benefits, financial and procurement recordkeeping. All documentation is

important as they can be legal evidence in lawsuits. All documentation and ICS forms can be used to develop the AAR/IP, so it is important that they are complete and legible.

The Finance Section Chief will be responsible for documenting financial information.

The Finance section will use time cards, comp time, activity/incident logs/forms or chronology as the tracking mechanisms for determining resources expended and initiating any follow on/additional documentation (e.g., receipts, injury reports, accidents investigations).

Personnel timekeeping documentation: During an incident all normal timekeeping daily/biweekly processes using the GCPH time card system. This system will also be used for leave, compensatory time or overtime requests.

The following system and forms will be used by the Finance section to track personnel hours and other incident costs. Response personnel will be directed to maintain the following documentation:

- ICS from 201 – Incident Briefing
- ICS form 211 – Check in List
- ISC form 213 RR – Resource Request
- ICS form 214 –Activity Log
- ISC from 221 – Demobilization Checklist
- GCPH time card system

The documents selected for use during an incident response will adhere to the operational period time frames determined by the IC, and Finance Section Chief, but will not exceed a 24 hour period.

The Finance/Administration Section/Finance and Administration Support Section will use activity/incident logs/forms or chronology as the tracking mechanisms for determining resources expended and initiating any follow on/additional

documentation (e.g., receipts, injury reports, accidents investigations).

During an incident, GCPH may collect and receive, create and maintain a large amount of data and records. Some of this data is protected or confidential pursuant to numerous laws (e.g., R.C. 3701.17, 45 CFR Parts 160 and 164 [HIPAA Privacy Rule]), the violation of which may result in civil, criminal, or administrative penalties, as well as disciplinary action according to GCPH Personnel Policies.

Immediately upon discovery that there has been an unauthorized disclosure or suspected unauthorized disclosure of the information, the person who discovers the disclosure or suspected disclosure will notify his or her direct supervisor, the responsible supervisor and/or Incident Commander. GCPH employees will strictly adhere to the GCPH Confidentiality Policy. This policy is signed upon hire and when renewed or updated. This data & info collected may be medical records, EH records, and info collected during a response. It is protected pursuant to the law, & may include response actions, SitReps, POD info, & Investigation info, which may not be accessed by a third party. Violation may result in legal action.

During an incident, all employees will abide by the GCPH Records Policy. All incident records will be retained permanently; except as otherwise dictated by future records retention policy.

During the response, an incident folder will be created on a drive that can only be accessed by essential personnel according to the following criteria:

1. Establish files for the response folder.
2. Inform response personnel of the location of file.

3. Each incident supervisor will be responsible for the organization and orderliness of their respective file (e.g., Operations, Logistics, Administration)
4. Reminders of recordkeeping and locations of files will be reviewed during each change of shift brief.
5. Location of external hard drive and any documents associated will be kept initially in a secure location in the Department Operations Center and maintained by the administrative section or designated representative.
6. At the end of a response, all hardcopy records of response, as well as any external hard drives, will be stored in the ERCs office. Only necessary personnel will be allowed access to records. Regular records are kept in locked records room & a list is maintained by administration as to who may have access to the records.

7.5 EXPEDITED ADMINISTRATIVE AND FINANCIAL ACTIONS

During a response, it may be necessary to expedite an administrative request for the following resources

- Personnel overtime/comp time
- Assets purchases
- Service Contracts

The Health Commissioner is responsible for approving all purchases, including expedited requests.

All expedited actions will be briefed during the incident operational briefings & also during shift change briefs. These actions will be tracked in the Operational Activity Log ICS 214 form & chronology

of events document and reviewed with the Finance Chief as needed. All necessary agency forms will also be completed, in addition to the incident forms. Any delays in expedited actions will immediately be reported to the IC/DC, Chief Information Officer and the Health Commissioner.

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

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

To ensure rapid receipt of these funds, the Health Commissioner will expedite the process using normal accounting procedures. If Board of Health approval is required for receiving emergency funds, an emergency meeting may be established.

During emergencies, The Health Commissioner will allocate funds according to normal accounting procedures. If Board of Health approval is required for allocating emergency funds, an emergency meeting may be established.

During emergencies, funds will be spent according to the normal Purchase Order Procedure. In order to expedite critical spending during an emergency, the Health Commissioner may seek Board of

Health approval during an emergency meeting to suspend normal procedures.

8.0 LOGISTICS AND RESOURCE MANAGEMENT

8.1 GENERAL

GCPH has a limited amount of materiel and personnel staffing resources available for incident response, and shortfalls are most likely in these commodities.

Accessing additional resources to address gaps would include the following:

- Issuing a request for volunteer support to the Medical Reserve Corps
- Requesting the opening of a Volunteer Reception Center from the EMA
- Requesting additional resources or personnel from the EMA
- Requesting additional resources from the Red Cross
- Requesting Mutual aid from other Regional Health Departments through the Regional Public Health Emergency Coordinator
- Other State or local agencies according to agreements in this plan

8.2 GCPH RESOURCES

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

8.2.1 PERSONNEL RESOURCES

The Planning Section Chief will work with GCPH Human Resources to fill the shortfalls. If there are insufficient GCPH

personnel staffing assets available internally, GCPH will engage the staffing pools in section 9.3 of this plan.

8.2.2 MATERIAL RESOURCES

In an effort to fulfill materiel resource gaps, the Logistics Section Chief will search for the asset internally and using the Inventory Management and Tracking System (IMATS), for the required asset or resource. If the resource is found, an ICS Form 213RR will be completed and provided to the person responsible for that resource. If available, the resource will then be released and tracked. Request for medical countermeasures will follow the procedures set forth in **Annex C – Medical Countermeasures Response.**

8.2.3 TRANSPORTATION RESOURCES

GCPH transportation assets are limited for both personnel and material transportation. During an incident response, the Logistics Chief will collaborate with GCPH Fleet Manager to determine available GCPH vehicle assets for use in the form of sedans, van, trucks and trailers for transportation requirements. Any transportation needs that remain unmet after this engagement will be addressed through engagement of Greene County EMA.

8.3 MANAGEMENT AND ACCOUNTABILITY OF RESOURCES

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

- Asset tag number
- Serial number and model

- Equipment custodian name
- Description of asset/nomenclature
- Asset storage location
- Asset assigned location

8.3.1 MANAGEMENT OF GCPH INTERNAL RESOURCES

The management of GCPH internal resources and assets used in support of an incident, will be in compliance with GCPH Policy. Assets and resources used to assist in the response will be tracked using IMATS or ODH Tracking forms.

8.3.2 MANAGEMENT OF EXTERNAL RESOURCES

Upon receipt of an external resource, the GCPH IC, in collaboration with the Logistics Chief, will accept responsibility of the asset by entering in relevant information into the tracking system designated. These assets will be managed in accordance with any instructions or agreements communicated by the owning organization. The system(s) used will track the asset through its demobilization and transfer back to its owning organization.

8.3.3 RESPONSIBILITIES AND SYSTEMS IN PLACE FOR MANAGING RESOURCES

Each GCPH response team employee is responsible for managing the internal resources that belong to their program. When a GCPH asset or resource is requested for internal or external use during a response, the responsibility for that resource will be transferred to the incident response lead, using the determined inventory system and asset/resource transfer and receipt documentation. It is then the responsibility of the response lead to account for/track the resource, its use, sustainment and demobilization.

1)When an individual GCPH employee responds or deploys to an incident with a GCPH asset, that employee becomes the equipment

custodian and assumes responsibility for the asset throughout the response and demobilization phases.

2)During a response, an update of all resources deployed from GCPH (internal and external) will be compiled at the beginning of and end of each operational period for the GCPH Incident Commander or authorized designee throughout the response and demobilization phases; it will be documented in the GCPH Resources Summary Report.

3)In addition to the GCPH Resource Summary Report, the following Incident Command System (ICS) forms will be used to assist in resource accountability tracking and post incident cost recovery:

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

8.4 DEMOBILIZATION OF RESOURCES

Once the response has been scaled down, any remaining assets or equipment used during the incident will be returned to their place of origin. Upon demobilization and recovery of the GCPH asset or resource used in an incident, a full accountability of

equipment returning to GCPH will be done in collaboration with the Logistics Chief, and the IC. The asset will be inventoried and matched against the asset tag and serial number, then inspected for damage, serviceability and cleanliness. If all equipment serviceability and cleanliness requirements are met, the assets or resource will be transferred to the custodian of origin and returned to normal service. This can be done using the ICS Form 221 Demobilization Check out form.

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

8.5 EMERGENCY MANAGEMENT ASSISTANCE COMPACT

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

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

1. This compact shall also provide for mutual cooperation in emergency-related exercises, testing, or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by party states or subdivisions of party states during emergencies, such actions occurring outside actual declared emergency periods.
2. The EMAC process may be used to support a Public Health Emergency at either a State, or local jurisdiction level.

Internal processing of IMAC/EMAC requests is led by the Emergency Response Coordinator.

Following approval, the Emergency Response Coordinator will query for available resources within the GCPH and will collaborate with the GCPH Leadership Team/Section Chiefs for potential resources.

Upon receipt of the request, the ERC, in coordination with HR, will obtain pre-approval from the Health Commissioner or designee to query available resources that would meet the request.

Once the provision of the resource has been approved by the Health Commissioner, Ohio EMA will begin dialogue with the requesting state, in collaboration with GCPH. If the requesting state accepts the

resource(s) offered by GCPH, Ohio EMA will execute an intergovernmental agreement with GCPH. An intergovernmental agreement with Ohio EMA will allow GCPH's resources to be designated as State of Ohio Resources.

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

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

Upon completion of the intergovernmental agreement, Ohio EMA, the receiving organization and GCPH will develop and execute the plan for the checkout of the resource, the transportation of the resource, and the onward movement of the resource into the requesting state's incident response operations.

8.6 MEMORANDUMS OF UNDERSTANDING, MUTUAL AID AGREEMENTS AND OTHER AGREMENTS

Memoranda of Understanding (MOUs) and Mutual Aid Agreements (MAAs) are similar in that they are both designed to improve interagency or interjurisdictional assistance and coordination. MOUs/MAAs are established between emergency response agencies to identify their agreements to collaborate, communicate, respond and support one another during a disaster or other public health emergency. Understandings regarding the incident command

structure, patient and resource management, processes and policies in place for requesting and sharing of employees, equipment and consumable resources, as well as payment, are generally addressed in an MOU/MAA. These agreements expand the capacity of GCPH by allowing the agency access to resources held by the organizations with which agreements have been executed.

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.

The eight LHD's in the West Central Region of Ohio have entered into a Mutual Aid Agreement to provide reciprocal mutual aid during a public health emergency. These relationships will ensure prompt and effective utilization of the combined resources of these respective LHD's during a public health emergency.

Memoranda of Understanding among the LHD's in the West Central Region also exist for coordination of volunteer nursing services, and for epidemiological services.

Mutual Assistant Agreements are in place for these agencies

MOU Agency	MOU Contents	MOU Location
WCO Regional Epi Response Plan	Epi services and disease investigation team; emergency clinic or office supplies	Public drive /Emergency Preparedness/Emergency Response Plan
Greene County Board of Commissioners	Supply mobilization Equipment (trucks, hand trucks, fork lift, etc) and support from EMA	Human Resources
WCO Regional HC MOA	Personnel, supplies, equipment, anything	Human Resources
ODH MOA - 2.3.2.2.	Lab resources and investigation assistance	Human Resources

RAPCA	Air quality issues	Human Resources

Additional MOUs in **Appendix 8 – MOUs.**

9.0 STAFFING

9.1 GENERAL

All GCPH employees are designated as public health responders and can be called upon to fulfill response functions during an incident. The role assigned to any GCPH employee in an incident is dependent upon the nature of the incident and the availability of employees to respond. With approval by the GCPH Health Commissioner, employees may be asked to work outside of business hours or for periods of time longer than a standard workday. Employee rosters are maintained by Human Resources.

9.2 STAFFING ACTIVATION LEVELS

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

9.3 STAFFING POOLS

GCPH employees will be utilized to provide staffing for incidents that can be effectively supported by just the health department. The Health Commissioner and division directors have the knowledge to identify specially qualified personnel as needed. The following staffing pools are identified for fulfilling staffing requirements:

1. The IC role may be filled by the Health Commissioner, or their designee

2. Directors and leadership employees are eligible to serve key leadership roles during incident response;
3. Other personnel will fulfill specific roles that are defined in functional or incident-specific annexes included in this plan;
4. Qualified program employees from involved programs and divisions are eligible to fill remaining response positions after the three, previous categories of positions have been filled.

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

1. State and local partner agencies;
2. Contract employees, especially for positions requiring specific skills or licensure;
3. Staffing agreements in MAAs or MOUs;
4. Staffing request through Emergency Management Assistance Compact (EMAC);
5. Federal Entities.
6. Volunteers - Medical Reserve Corps, American Red Cross – Dayton Area Chapter, and the Greene County Amateur Radio Organization.

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Volunteers from these organizations can be utilized to help staff a Point of Dispensing (POD), a Community Reception Center (CRC) during a radiation event, a Family Assistance Center (FAC) during a mass casualty or fatality event, and in shelters.

All volunteers are limited to the extent of their training, and licensed medical volunteers can only work within their scope of practice.

Personnel selection

Response personnel will be selected by Incident Commander, or their designee.

Response personnel identified as part of the Incident Management Team must meet training requirements as listed in APPENDIX 16 – Incident Management Team. Response personnel will be subject to just in time verification of credentials.

Response personnel will be informed of positions they will fill either in person, via email or phone call.

Badging

Agency Staff have their own badges

Response personnel from other agencies will be instructed to bring their agency ID

Volunteers and other staff will be given IDs once their credentials have been verified.

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9.4 MOBILIZATION ALERT NOTIFICATION

The Planning Chief will prepare a mobilization message for dissemination to response personnel. This message will be shared with the Health Commissioner and Leadership Team to be passed to their engaged employees. Mobilization notifications may be passed to response personnel by their day-to-day supervisors or on the Hyper-Reach system. Employees notified for mobilization/deployment will follow these instructions:

1**. Where to report**: All personnel alerted for mobilization/deployment for an incident will report to the GCPH DOC, unless otherwise specified. The DOC will be the default

location for reporting unless incident demands require somewhere else.

The Primary DOC is Greene County Public Health 360 Wilson Drive, Xenia, Ohio 45385 Conference Room 124. The Back Up DOC is the National Center for Medical Readiness 506 E. Xenia Drive, Fairborn, Ohio 45324.

For both locations, employees should bring their assigned lap top computers and cell phones. The Emergency Preparedness program has 6 back-up laptops, 4 land line phones, a Portable Data Network, MARCS Radios and a HAM Radio for emergency operations as needed at either location.

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

3**. To whom to report**: The employee alerted will report to the DOC Operations Chief or other individual, if designated. The actual position will be noted in the mobilization message and based on the activation level and the activation status of the GCPH DOC. The Emergency Response Coordinator will review the responsibilities of assigned employee and consult with them to ensure they are able to receive and process responding personnel.

4. **An overview of the incident and their role, including the anticipated length of time they will be engaged**: Employees will receive general information about the response and their anticipated role; adjustments may be made as necessary to support the evolving response needs. Employees will be told about how long they will be engaged with the incident so they can make appropriate adjustments to schedules and hand off critical work.

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

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

NO GCPH EMPLOYEE WILL SELF-DEPLOY TO AN INCIDENT RESPONSE.

9.5 PSYCHOLOGICAL FIRST AID (PFA)

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

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

GCPH ensures PFA is available to response personnel during and after incidents thru the Employee Assistance & Work/Life Program thru Impact Solutions. The PFA provider may be engaged by calling the 24/7 Hotline at 800-227-6007 or on their website at

www.MyImpactSolution.com. This contact may be made by any incident personnel during or after a shift.

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

- Mass fatality incidents;
- Incidents with significant impact on children;
- Incidents that require extended use of PPE;
- Incidents with significant public demonstration, e.g. vaccination campaigns with limited supply.

10.0 DISASTER DECLARATIONS

It is the responsibility of the appropriate county, municipal or township government officials to declare a Proclamation of Emergency. If local officials declare an emergency, GCPH will coordinate with jurisdictional partners through the Greene County EOC.

GCPH's role in the emergency declaration process is to provide subject matter expertise and situational information to county, municipal or township government officials. Depending on the hazard, the Health Commissioner may assign employees to assist in the emergency declaration process based on their expertise.

SECTION III

11.0 PLAN DEVELOPMENT AND MAINTENANCE

11.1 PLAN FORMATTING

All plan components will align with the definitions, organization and formatting described below. Additionally, all plan components will employ both appropriate terminology for access and functional needs and person-first language throughout the ERP, consistent with the standards described in ***Appendix 9 - Communicating with and about Individuals with Access and Functional Needs.***

Plan: A collection of related documents used to direct response or activities.

- Plans may include up to four types of documents, which are the following: Basic Plan, Attachment, Appendix and Annex.
- When referenced, plans are designated with ***bold, italicized, underlined font***.

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

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

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

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

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

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

11.2 REVIEW AND DEVELOPMENT PROCESS

The review and development process shall be initiated and coordinated by the Emergency Response Coordinator (ERC). It shall address revisions to the ERP Basic Plan, as well as revision or development of any other ERP components. ERC will use the GCPH Leadership group as the review team. This group includes:

- GCPH Health Commissioner
- Directors of Nursing and Environmental Health
- Supervisors and Program Managers
- Accreditation Coordinators
- Public Information Officer
- Emergency Response Coordinator

Emergency Response Coordinator will also share the plan and ask for feedback from the Greene County Emergency Preparedness Committee, which includes:

- Subject Matter Experts (SME's) consisting of both internal employees and external agencies and organizations.
- Agencies that provide services to those with access and functional needs.

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

ERC will develop an achievable work plan by which content will be developed, vetted and reviewed prior to final submission.

The Leadership group will identify the needs for improvement and update the plan component(s). Once the EPC has prepared the plan revisions, the components will be submitted to reviewers prior to being submitted for approval. Any feedback will be incorporated and then the updated document will be presented for approval. Once these elements are identified, revised processes are developed for improvement or replacement. The agenda and meeting minutes for any meetings that take place for development of ERP and all related attachment, appendices and annexes will be saved.

Below are the established plan, annex, attachment and appendix review schedules.

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

Proposed changes to plans in-between the review cycle shall be presented to the Leadership group and approved or rejected by the Health Commissioner. In the interim, the changes may be

used for response if approved by the Health Commissioner or designee.

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

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

Proposed changes may be approved for use in response activities by the Health Commissioner before review by the Collaborative Planning team. Such approval is only valid until the annual review, after which the proposed changes must be part of the promulgated for their continued use in response activities to be allowable

11.4 REVIEW AND ADOPTION OF APPENDICES TO THE BASIC PLAN

Because appendices are complementary to the basic plan, they may be approved at any time for inclusion, revision or expansion by the Health Commissioner. Any Director may initiate changes to appendices by submitting the proposed changes to the ERC. All appendices should be

reviewed by Leadership Team upon inclusion, revision or expansion, but it is not necessary for Leadership Team to approve appendices.

11.5 DEVELOPMENT AND ADOPTION OF ANNEXES AND ITS ATTACHMENTS

Once adopted, annexes and their attachments shall be reviewed annually. Development and adoption will be facilitated by EPC and conducted by a review team, which will comprise the following: (a) Health Commissioner, (b)Director of Nursing (c) Director of Environmental Health (d) any other subject matter experts designated by the chief(s) in group a, and (e) appropriate representatives from outside the agency, including state partners and representatives of individuals with access and functional needs. The review committee will be led by the ERC. The Health Commissioner is the ultimate approver of both the annex and its attachments. The purpose of this review will be to consider adoption of proposed changes that were identified during the year. If adopted, the changes will be incorporated, and the revised annexes will be reauthorized by the identified approvers.

Any Division Director may initiate changes to annexes and its attachments by submitting the proposed changes for presentation to the ERC.

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

11.6 DEVELOPMENT AND ADOPTION OF APPENDICES TO AN ANNEX

Because appendices to annexes are complementary, they may be approved at any time for inclusion, revision or expansion by the Health Commissioner. Any Division Director may initiate changes to an appendix to an annex by submitting the proposed changes. All appendices should be reviewed by the review committee upon inclusion, revision or expansion, but it is not necessary, at any time, for those reviewers to approve appendices before they are added to an annex.

11.7 VERSION NUMBERING AND DATING

- Version history for the ERP and all of its annexes are tracked under one numbering system as follows: (XXXX-X) The first four digits represents the year the version was promulgated. The second digit represents the numerical version produced that year
- Plan versions will be labeled with the year of the version, then a dash and the version number.
- The ERP is also tracked by the last date reviewed and the last date revised. If a review does not necessitate any revisions, only the date of review has to be updated. Likewise, each attachment, appendix, and annex is tracked by the last date revised. Primary documents and their attachments will always share the same review date, since they must be reviewed together. By contrast, the revision dates for appendices may differ from those of the primary documents they complement, as they can be approved at any time.

11.8 PLAN FORMATTING

For plan formatting, see Appendix 10 – GCPH Plan Style Guide.

11.9 PLAN PUBLISHING

Emergency response plans will be made available for review by the public on-line on the GCPH website at www.GCPH.info ERC, Health Commissioner and Leadership team will determine the attachments, annexes and appendices that will be redacted from the public version of the plan. Once the plan is prepared for public viewing, ERC will coordinate with GCPH webmaster to publish the ERP online. Public comment to the ERP will be accepted via email and tabled in addition to the proposed changes between revision cycles for consideration.

12.0 DOCUMENT DEFINITIONS AND ACRONYMS

Definitions and acronyms related to the GCPH ERP Base Plan are in ***Appendix 11 - Definitions & Acronyms.***

13.0 AUTHORITIES

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
o 42 U.S.C. § 247d
Section 311 of the Public Health Service Act: General Grant of Authority for
Cooperation
o 42 U.S.C. § 243

Section 319F-2 of the Public Health Service Act: Strategic National Stockpile and
Security
o 42 U.S.C. § 247d-6b
Public Health Security and Bioterrorism Preparedness and Response Act of 2002
o Pub. L. No. 107-188
Pandemic and All-Hazards Preparedness Act of 2006
o Pub. L. No. 109-417
Section 1135 of the Social Security Act: Authority to Waive Requirements during
National Emergencies
o 42 U.S.C. § 1320b-5
Public Readiness and Emergency Preparedness (PREP) Act of 2005
o 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;
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

14.0 REFERENCES

- National Response Framework (NRF), 2016
- The National Incident Management System (NIMS), 2008
- ODH Emergency Response Plan Basic Plan Rubric – Version 3
- ODH Emergency Response Plan – Basic Plan Version 1.4
- GCPH Emergency Response Plan - 2017
- Greene County Emergency Operations - Basic Plan

ATTACHMENTS
APPENDICES
ANNEXES