Hocking County Health Department
Emergency Response Plan
base plan

Public Health
Prevent. Promote. Protect.

Hocking County Health Department

Adopted on: 01 July 2010 Version **2021**

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PREFACE

Homeland Security Presidential Directive (HSPD)-5, mandates the development of a National Response Plan (NRP) to align Federal coordination structures, capabilities, and resources into a unified, all discipline, and *all-hazards* approach to domestic incident management. This approach is unique and far reaching in that it, for the first time, eliminates critical seams and ties together a complete spectrum of incident management activities to include the prevention of, preparedness for, response to, and recovery from terrorism, major natural disasters and other major emergencies.

The Department of Health and Human Services and Centers for Disease Control and Preventions' Public Health Emergency Preparedness (PHEP) program's main focus is to develop emergency-ready public health departments. Some activities include evaluation and upgrade of State and local public health preparedness, and increasing integration with federal, state, local, private sector, and non-governmental organizations. These emergency preparedness and response efforts are intended to support the National Response Plan and the National Incident Management System.

The Ohio Department of Health (ODH), Office of Health Preparedness, manages grant funds to support the Public Health Infrastructure (PHI) Program and PHEP Program. The goal of the PHI and PHEP programs is to address bioterrorism, outbreaks of infectious disease and other public health threats at the county and regional public health level.

The PHEP grant deliverables provide the guidance for planning within the Public Health Planning regions of Ohio. This plan is a product of Federal and State requirements to provide an efficient and timely response to a *Public Health* emergency and to assist in the mitigation of events that could ultimately affect the public's health.

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INTRODUCTION

The Hocking County Health Department (HCHD) Emergency Response Plan (ERP) shall serve as the operational framework for responding to all emergencies and disasters that impact the public health and medical system in Hocking County. The plan is an all-hazards plan that establishes a comprehensive framework for the management of the public health response to incidents within Hocking County. The plan is activated when it becomes necessary to assess incidents or to mobilize resources identified herein in order to protect the public's health. The plan assigns roles and responsibilities to the Hocking County Health Department's program areas and response personnel within these programs for responding to emergencies and events. The ERP is intended to be executed in conjunction with both the more detailed annexes and appendices included as part of this document. Additionally, the ERP is designed to work in conjunction with the Southeast Central Ohio (SCO) Regional Public Health ERP, Ohio Departmentof Health ERP and the State of Ohio Emergency Operations Plan (EOP)

Purpose

The HCHD has the primary responsibility for protecting the public health of the residents of Hocking County, coordinating emergency preparedness, and is identified as the lead agency for response to public health emergencies. The HCHD Public Health Emergency Preparedness (PHEP) Program and the Emergency Response Coordinator has the primary responsibility for coordinating emergency preparedness and response for the jurisdiction. The Hocking County Emergency Response Plan (ERP)/Emergency Support Function-8 (ESF-8), Public Health and Medical Services, provides a mechanism for coordinated local assistance to supplement resources and implement protective actions in response to the public health needs resulting from emergency/disaster situations.

Federal and State agencies divide their planning into 15 annexes, with identified "leads" for each annex. ESF-8: Public Health and Medical Services is the only annex in which public health is the "Lead" agency; for other activities, Public Health provides support.

Emergency Support Functions (ESF): A grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help individuals impacted by the incident and communities return to normal following domestic incidents.

Scope

The framework of the HCHD ERP was developed using a modified functional approach which consists of an ESF-8 model base plan with general annexes, and functional appendices. These are supplemented by implementing instructions which will be utilized to execute all or portions of the HCHD ERP in conjunction with the roles and responsibilities identified inHocking County Emergency Operations Plans (EOP) and Hocking Valley Community Hospital. The HCHD ERP utilizes an all-hazards planning and preparedness approach. It is meant as a guide for an all-hazards emergency response & deviation from the plan may be necessary as unforeseen incidents occur.

Public Health Law, Authority and Policies

Authority

Ohio Revised Code (ORC) Chapters 3701, 3707 and 3709 and Ohio Administrative Code (OAC) Chapter 3701-3 provide authority to ODH and local health districts (LHDs) with respect to human infectious diseases, including pandemic influenza.

- ORC 3701: deals with the authority of ODH, and
- ORC 3707 and 3709 deal with the authority of local health boards and districts, respectively.

For more specific federal and state laws, statues, executive orders, etc, see:

- Annex 4: Epidemiological Response Plan;
    - EPI Team Notebook
- Appendix 1: Medical Countermeasures (MCM) Plan;
- Appendix 8: Volunteer Management (liability protection); and
- Implementing Instruction: Contain: Legal Authority (isolation and quarantine.

Basic Authorities for Response

Basic authorities define essential authorities vested in the Incident Commander (IC). These authorities are listed below:

- 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 authorize incident-related in-state travel for response personnel;
- IC may authorize exempt staff to work a schedule other than their normal schedule, as needed;
- IC may approve incident expenditures totaling up to $5,000.

Limitations of Authorities

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

- IC must engage health department administration when staffing levels begin to approach any level that is beyond the total number of staff at the health department;
- IC must adhere to the policies of HCHD regarding overtime/comp-time and should clarification on these policies or exemption be required, the IC must engage the health department administration;
- IC must seek approval from the Financial Agent for incident expenditures totaling more than $5,000. This is to be understood as total incident expenditures, not just the total cost for a single transaction.
- All expedited actions (such as: request for overtime, execution of contracts, or purchases exceeding pre-determined limits) will be initially approved by the Fiscal/Logistics Section Chief and provided to the Incident Commander for approval

Legal Counsel Engagement

During any activation of the emergency response plan, legal counsel may need to be engaged. The specific topics that may require targeted engagement of legal counsel include the following, but not limited to:

- Isolation and quarantine,
- Drafting of public health orders,
- Execution of emergency contracts,
- Protected health information,
- Interpretation of rules, statutes, codes and agreements.

The Health Commissioner or his/her designee shall decide when internal approvals are required to engage legal counsel; the Health Commissioner, Incident Commander, their designee or supervisory staff may reach out. The Prosecuting Attorney or his designee will serve as the legal counsel in all legal matters. Contact information for legal counsel can be found in HCHD Health Alert Network (HAN) Directory.

Hocking County Board of Health (BOH)

The Hocking County Board of Health (HCBOH) will be notified whenever the HCHD ERP is activated and the incident is expected to go beyond one operational period.

The HCBOH may also be notified (for HCBOH 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 Health Commissioner, or designee wil notify the HCBOH by phone, or email. At a minimum, the HCBOH President will be contacted to inform the board of the incident and response operation initiation.

National Incident Management System (NIMS) Adoption and Compliance

Plans, exercises, & trainings are developed and structured to be consistent with local, regional, state, & federal regulations, standards, and policies and to comply with the National Response Framework (NRF), NIMS – Homeland Security Presidential Directives (HSPD) - 5, and National Infrastructure Protection Plan (NIPP) contributing to the National Preparedness Goal - HSPD-8. The national incident management system (NIMS) has been adopted by Ohio (Ohio Revised Code 5502.28) as the standard procedure for incident management in this state. All departments, agencies, and political subdivisions within the state utilize the system for incident management.

ESF-8 Integration into County Emergency Operations Plan (EOP)

The HCHD ERP is integrated as part of the Hocking County All-Hazards Emergency EOP. The Hocking County All-Hazards EOP is the single legal document that describes responsibilities of agencies and individuals for carrying out specific actions in or in preparation for an emergency or disaster in Hocking County. The HCHD ERP functions, as a part of the Hocking County EOP, to provide specific information for the preparedness, response, mitigation, and recovery responsibilities of the HCHD for public health-related disaster situations in Hocking County.

ESF-8 Preparedness Healthcare Coalition

Hocking County Health District (HCHD) is a participating member of the Pike – Ross-Hocking County Healthcare Coalition and the Southeast, Southeast-Central Ohio Regional Healthcare Coalition. HCHD maintains representation at coalition meetings and actively partakes in the planning and execution of all coalition events, including training and exercises. This is a planning coalition and does not respond to incidents as a healthcare coalition.

The regional healthcare coalition, which is made up of ESF-8 partners and other response partners, comes together formally three (3) to four (4) times a year, with the goal of increasing medical response capabilities in the community, county, and region, by:

- Preparing for the needs of individuals at-risk & the general population in the community/county in the event of a public health emergency;
- Coordinating activities to minimize duplication of effort and ensure coordination among local planning, preparedness, response, & de-escalation activities;
- Maintaining continuity of operations in the community vertically with the local jurisdictional emergency management organizations;
- Unifying the management capability of the healthcare system to a level that will be necessary if the normal day-to-day operations & standard operating

procedures of the health system are overwhelmed, & disaster operations become necessary;

- Promoting support of sufficient jurisdiction-wide situational awareness to ensure that the maximum number of people requiring care receive safe & appropriate care; Assist in the integration of each partners emergency response plans;
- Integrating agency/partners response plans into the county operations plan;
- Discussing activities each partner, or group of partners, have completed, or needs assistance with;
- Sharing new resources; and
- Planning for needed training and exercise.

ESF-8 Agencies and Resources Coordination

The HCHD is the LEAD/Primary agency for ESF-8 activities at the local-level, Southeast Central Ohio Public Health at the regional-level, and ODH at the state-level. HCHD/public health resources have been identified in advance of an emergency/ disaster. HCHD's ESF-8 resource requests will be coordinated with the Hocking County Emergency Management Agency (HCEMA). State-level ESF-8 resources can be activated upon request from the HCEMA when local resources have been exhausted. (See Annex 6: Resource Management and associated Resource Management Implementing Instructions)

HCHD ERP Intergration During Emergency Response Activities

HCHD ERP Annexes, Appendices, and Implementing Instructions integrate with the HCHD ERP in response to incidents; the plan or plan(s) integrated depend upon the actual incident. Upon initial activation of the HCHD ERP, the following plan(s) would be integrated as follows:

Response Level	Plan(s) to interfaces with:
Local	Hocking County EOP Hocking Valley Community Hospitals' ERP Other Response Partner ERPs
Regional	SCO Regional Public Health ERP
State	ODH ERP and State of Ohio EOP

At the regional level, HCHD interfaces with the SCO Public Health Emergency Preparedness region. This region consists of 10 counties in Southeast Central Ohio. The region meets on a monthly basis to review and update plans, discuss exercises and response activities. All health departments in the Southeast Central region utilize the same plan template for their ERP. The plans produced by the region are designed to work in concert with the plans of other medical organizations and define how agencies collaborate during responses that affect one or more of the counties in the region.

At the state level, HCHD interfaces with ODH to support public health and medical response respectively. HCHD does reference ODH plans in their plan reviews. HCHD plans are designed to identify, access and integrate with state plans for support and resources made available to the local health department during an emergency.

Administrative Triad

The HCHD will maintain a full-time administrative triad (Health Commissioner, Director of Environmental Health, & Director of Nursing). In the event of a vacancy, HCHD will follow the procedures within the employee personnel manual.

Populations with Access or Functional Needs

The definition used to describe "Access and Functional Needs" can be found in Attachment B: Glossary. It is the policy of the Health Department that it will take appropriate action in accordance with this plan to mitigate any harm to the citizens or property in the county, including those with access or functional needs (i.e. Long Term Care, Pediatrics, Geriatrics, Mental Health, Language Barriers, and sheltering). HCHD has adopted The Arc of the United States' "People-First Language" in all components of the ERP in an effort to emphasizes the person, not the disability. All components use of both appropriate terminology for access and functional needs, and person-first language throughout the ERP, consistent with the standards described in Attachment A of Appendix 7: Functional Needs. See the "reference" section at the end of this document for resources related to this. By placing the person first, the disability is no longer the primary, defining characteristic of an individual, but one of several aspects of the whole person. People-First Language is an objective way of acknowledging, communicating, and reporting on disabilities. It eliminates generalizations and stereotypes, by focusing on the person rather than the disability. See Appendix 7: Functional Needs for additional details of "access and functional Needs" inclusion.

Phases of Emergency Management for Public Health

Mitigation

Mitigation activities are those designed to either prevent the occurrence of an emergency or long- term activities to minimize the potentially adverse effects of an emergency.

Preparedness

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

Response

Response is activities and programs designed to address the immediate and short-term effects of the onset of an emergency or disaster. It helps to reduce the casualties and damage and to speed recovery. Response activities include direction and control, emergency information and warning, mass dispensing, and other similar operations.

Recovery

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

SITUATION AND ASSUMPTIONS

Situations

Hocking County is a rural, medically underserved county with limited resources for emergency preparedness and response activities. It is located in the foot hills of Appalachia and has a total area of 424 square miles, of which greater than 74% is forest land:

- Wayne National Forest,
- Hocking State Forest
- Tar Hollow State Forest

The major waterway of Hocking County is the Hocking River, which flows roughly from WNW to ESE, arising in Fairfield County and flowing from Hocking County into Athens County. This river drains about half the county. To the southwest, much of the rest of the county is drained by Salt Creek, which flows from there into Vinton County. A small part of the southeastern county is drained by Raccoon Creek, which also flows into Vinton County. The easternmost area of the county is within the Monday Creek watershed. A small area in the north of the county is drained by Rush Creek.[7]United States (US) and Ohio (OH)

highways include: US 33; OH-664; OH-312; OH-93; OH-595; OH-278; OH-216; OH-78; OH-685; OH-56; OH-328; OH-374; OH-668; OH-327; and OH-180

With a population of 28,050 (2020), the residents that are:

- Below the poverty line – 14.7%
- 65 years old, or older – 19.5%
- Caucasian – 97%;
- English speaking (as their primary language) – 98.69%
- Individuals with disa under afe 65bilities, (non-institutionalized) – 13.9%

For more specifics, in accordance with our Communication; Maintaining health; Independence; support, safety and Self-determination; Transportation (CMIST) profile, see Attachment E.

Unemployment is usually higher than the state average and the businesses/ agencies that employ the greatest number of full- and part-time employees are:

- Amanda Bent Bolt Co
- General Electric Co
- Gabriel Logan
- Hocking Valley Community Hospital

- Kilbarger Construction
- Kroger Co
- Smead Manufacturing Co
- Wal-Mart Stores Inc

Medical care services in Hocking County include:

1 – Critical Access Hospital

3 – Medical clinics;

3 – Dental clinics;

1– Outpatient mental/behavioral Health Clinincs

2- Assisted Nursing Facilities

Hocking County is exposed to many hazards, all of which have the potential to disrupt the community, cause damage, and impact the public health. Possible hazards, from the Hocking County Hazard Assessment, indicated include, but are not limited to, floods, tornados/severe wind storms, severe winter storms, earthquakes, wild fires, power outages, human infectious disease, Haz-mat spills, civil disturbances, and terrorism.

Potential impacts include the following:

- Community-wide limitations on maximal health for residents;
- Widespread disease and illness;
- Heat-related illnesses and injuries;
- Hypothermia;
- Overwhelmed medical facilities;
- Insufficient resources for response, especially medical countermeasures;
- Insufficient personnel to provide adequate public health response;

Recurring events in the county that may affect Public Health include:

- Hocking County Agricultural Fair
- Washboard Festival
- Jack o' Lantern Jubilee
- Firemen's Old Time Festival
- Lily Fest
- Other schedules events can be found on the Hocking County Chamber of Commerce website (Home - Hocking Hills Chamber of Commerce, OH)

Neigboring (Adjacent) Jurisdictions and Potential Hazards/Threats

Hocking County is bordered by six (6) Counties: Athens, Perry, Fairfield, Pickaway, Ross, and Vinton Counties. Incidents or events originating in these counties may impact Hocking County and its residents. In addition, such incidents or events may create an increased need for precautionary and/or mitigating public health

measures in Hocking County. For example, infectious and vector-borne diseases may reach Hocking County via bordering counties' highways, waterways, railways, and air travel routes. See the Hocking County Hazard Vulnerability Analysis (HVA) for information regarding potential Hocking County public health risks.

Hocking County and all bordering counties also have forested areas, which could present potential threats to the public and infrastructure in the event of forest fire and/or subsequent watershed runoff. Additionally, significant bodies of water impacting Hocking County and the bordering counties include the Hocking River, Lake Logan, Monday Creek, Salt Creek, and Racoon Creek. These waterways have the potential to impact the public and infrastructure in the event of flooding.

Assumptions

The below listed items are assumed to be facts for planning purposes, in order to make it possible to execute the ERP.

This plan and all its parts are kept on the "community office" drive of the health department server and HCHD staff have electronic access to this plan and all its parts, including staff notification and medical surge.

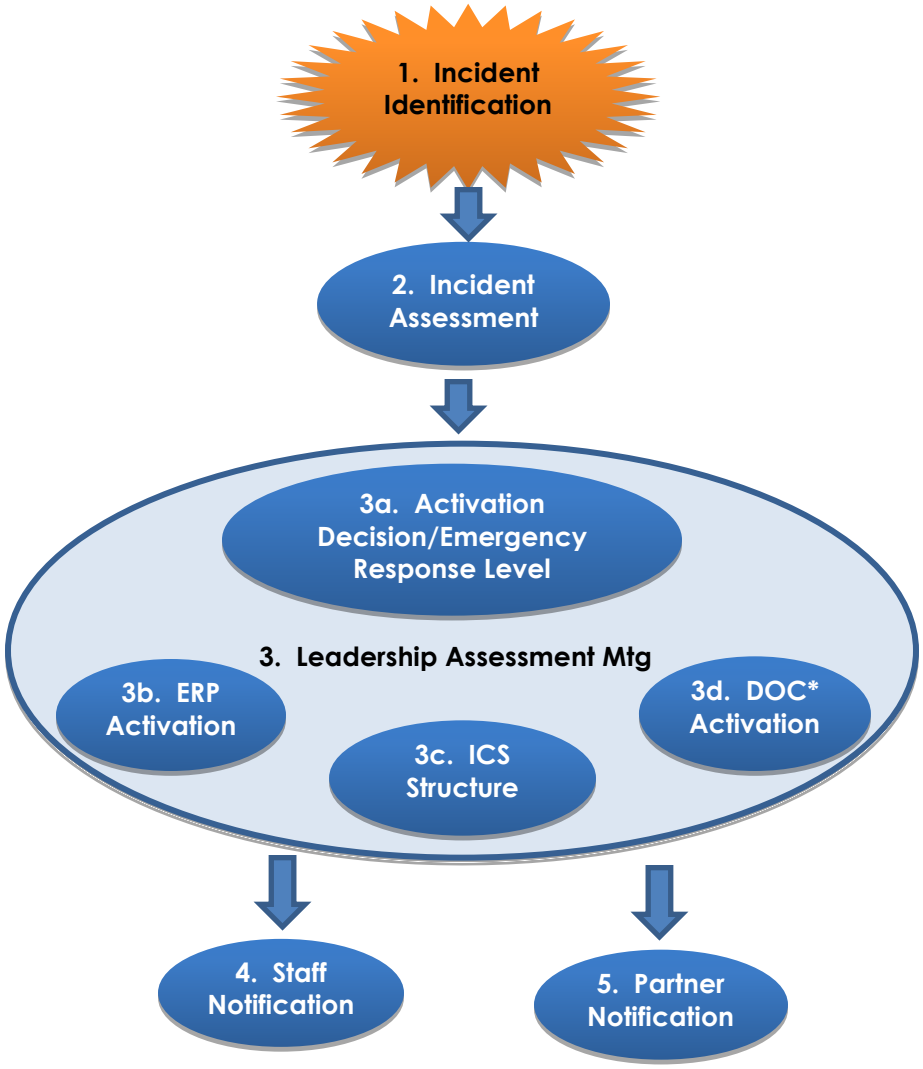
Disasters:

1. May occur at any time with little or no warning.
2. Require significant information - sharing at the unclassified and classified levels across multiple jurisdictions and between public and private sectors.
3. Involve single or multiple geographic areas.
4. May have significant county and state impact and/or require significant county and state information sharing, resource coordination, and/or assistance.
5. The HCHD is capable of handling the day-to-day public health situations that occur in Hocking County.
6. At least one method of communications will be available for use. See "Annex 2: Communications" for available methods to communicate.
7. Public Health problems that overwhelm the HCHD during disaster will be supported by LHDs in the SCO region, and ODH when requested.
8. Wide spread outbreaks that affect major areas of the state or nation, such as pandemic influenza, may reduce the available assistance to Hocking County.
9. Especially for large events, the state may request and purchase large amounts of materiel , then distribute the materiel throughout the incident without a request from the local Emergency Management Agency, or local health department

CONCEPT OF OPERATIONS

The State of Ohio has adopted the Emergency Support Functions (ESF) format for their emergency planning which corresponds to the format of the National Response Framework. The ESF is the primary mechanism through which federal assistance to the state and state assistance to local governments is managed during emergencies. ESFs detail the roles and responsibilities of state, federal and other public and private agencies that are charged with carrying-out functional missions to assist jurisdictions in response to disasters. Each ESF is headed by a Primary Agency that coordinates and reports activity for that ESF. The Primary Agency is supported by a number of Support Agencies, which are selected based upon their legislative authorities, knowledge, resources, and capabilities for responding to a specific type of disaster. Any of the Primary or Support Agencies to an ESF can function as a Lead Agency by taking the lead for and carrying out missions that are assigned to the ESF.

Diagram 1. ERP Activation Process



1. **Incident Identification**. Health department discovers or is notified of incident.
2. **Incident Assessment**. Completed. See Annex 1: Direction and Control, pg 1.3 (II: DirectControl: Initial Incident Assessment form) for details.
3. **Leadership Assessment Mtg**.
    a. Activation/Emergency Response Level. Determined. See: "Emergency Response Level" and "Internal Staff and Partner Activation Levels" for details.
    b. ERP Activation. Determined. See "ERP Activation Authority" for details.
    c. Incident Command Structure. Determined. See "Annex 1: Direction and Control", page 1.5 for Public Health Lead structure.
    d. Department Operations Center (DOC*) Activation. Determined. See: "Annex 1: Direction and Control", page 1.9 for details.
4. **Staff Notification**. Completed. See: "staff notification" and II: "Comm: Incident Notification and Staff Call-Down" for details.

5. **Partner Notification**. Completed. See: "Annex 2: Communications", page 2.3 for details.

In an incident, HCHD would institute the Incident Command System(ICS) as directed in Annex 1: Direction & Control. The Health Commissioner or the person who he designates as his backup will assume command of the incident for the health department. General roles and responsibities will determined by the Incident Commander (IC) based up the type of incident after the Incident Action Plan (IAP) has been established and approved by the Incident Commander.

- As a Lead Agency, HCHD would establish the standard command system as established by NIMS.
- In a support function, and If the Hocking County EOC is activated, HCHD would have a liason in the EOC. The HCHD Liaison would coordinate all HCHD actions that support the County EOP Annexes that are coordinated through the County EOC.

A Department Operations Center (DOC) may be established to determine how HCHD is going to operate based upon the magnitude and type of incident.

I f a need would arise for a Multi-Agency Coordination Center (MACC), HCHD could be responsible for the co-lead, response support, or no response role during the incident. For these types incidents, the HCHD incident commander assigns a Liaison who coordinates the agency's support of the incident. Support activities include the following:

- Support incident management policies and priorities.
- Support logistical and resource tracking.
- Support resource allocation decisions using incident management priorities.
- Coordinate public health-related incident information.

Public Health Incident Lead Agency versus Support Agency Roles

Public Health Lead Agency

Every day, HCHD helps protect the health of the community. During an incident, these services become even more essential. When an incident is a public health emergency, such as a disease outbreak, HCHD will be the "Lead" agency; the agency designated to take primary responsibility for, and coordination of the interagency oversight of the day-to-day conduct of an ongoing incident/operation.

Public Health Primary Agency

In any incident that is not of a public health emergency, HCHD, or other ESF-8 support partners will manage and support the ESF-8 responsibilities as the primary agency.

In the aftermath of any disaster, the community's health care system may be damaged or become overwhelmed addressing individual health concerns. And the community may face a wide range of public health concerns, including:

- Sanitation and hygiene concerns due to crowded shelters, lack of utilities, or unsafe water.

- Spread of disease carried by insects, rodents, or other vectors.
- Measures to control infection, including prompt treatment of infections and immunizations.
- Supplies of medical equipment and products, including drugs, medical devices, blood, and blood products.
- Environmental health measures to ensure the safety of residents and response workers.
- Behavioral health needs of community members and response workers.
- Veterinary medical needs for service and companion animals.
- Mass fatality management, including the decontamination and identification of remains.
- Access to needed health care, including displaced individuals who need help managing chronic diseases.

Public Health Support Agency

There are five (5) additional ESFs that public health has been assigned to as a "support" agency, they are:

ESF-3: Engineering and Public Works

- Coordinate with Environmental Protection Agency (EPA) and assist in sanitation measures

ESF-5: Information and Planning

- Information sharing and planning for public health

ESF-6: Mass Care

- Shelter inspections

ESF-11: Agriculture

- Food inspections

ESF-15: Emergency Public Information

- Public health specific information/education for the publict
- Using established Essential Elements of Information(EEI) standards as determined in Implementing Instruction (II) :Comm: Situation Reporting.

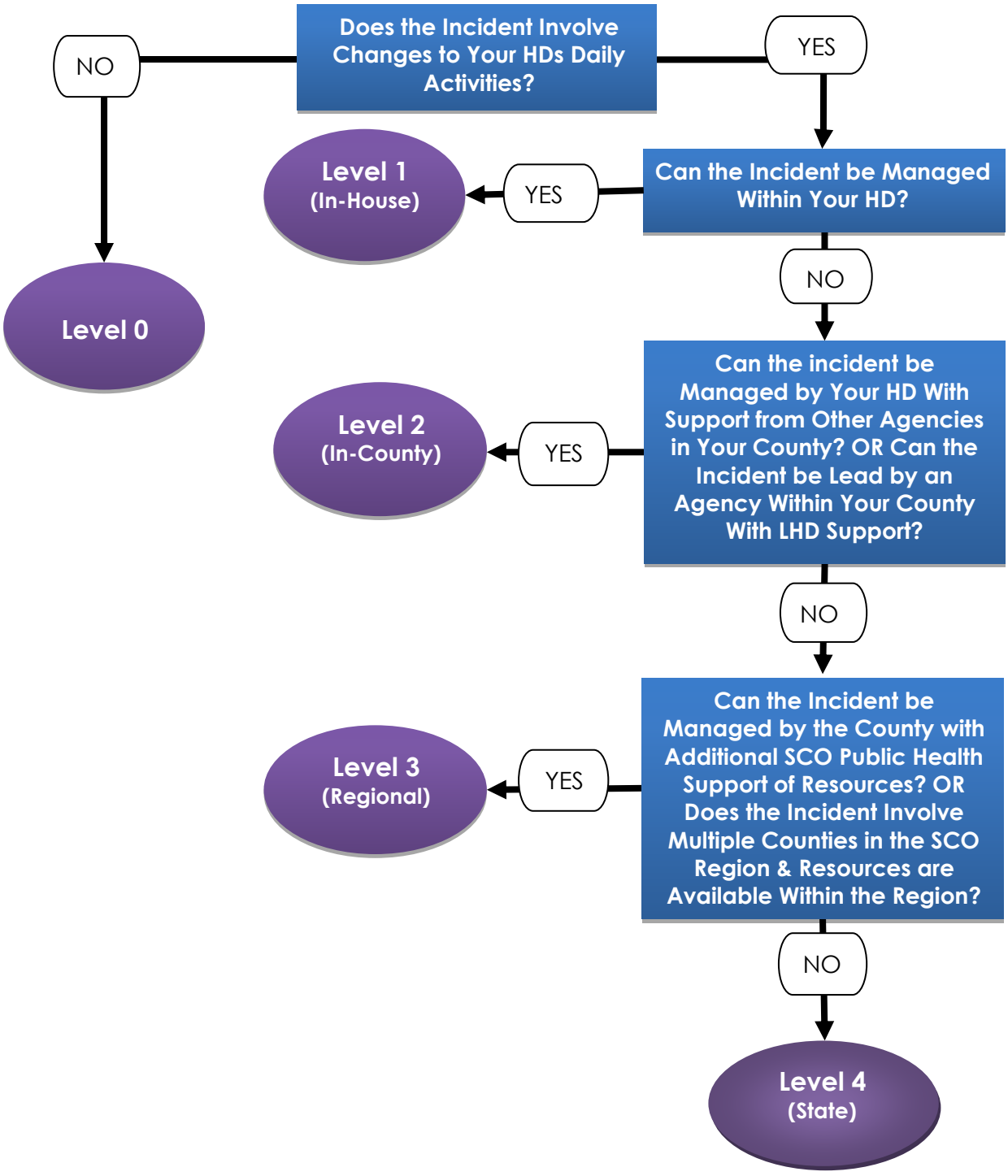
See Annex 1: Direct and Control for integration into an ICS structure led by another agency.

Declaration of Emergency

HCHD's role in the emergency declaration process is to provide subject matter expertise and situational information. HCHD cannot declare an emergency or disaster; only the County Commissioners and/or City Mayor may do so. The Health Commissioner/Medical Director may be asked by the elected officials to weigh in on the effects of a disaster and its public health implications. If the governor declares a disaster, then the HCHD will coordinate with other local, regional, state and federal agencies through the county EOC.

Emergency Response Levels (ERLs)

Diagram 2. ERLs from "LHD only" through "State" involvement flowchart.



Emergency Staffing 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.

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

Internal Staff Activation Levels

Table 1. Internal Staff & Partner Activation Levels

Internal Activation Level	Description	Minimum Command Function & Staffing Recommendations
Level 0: Routine Operations	Routine incidents to which HCHD responds on a daily basis and for which day-to-day resources are sufficient.	Normal, Day-to-Day Staff
Level 1A: In-House: Situation Awareness & Monitoring	An incident with limited severity, size, or actual/potential impact on health and can be handled within a department, or with less than 25% of staff members. • Requires a minimal amount of coordination and agency engagement to conduct response; • Situational awareness and limited coordination are the primary activities. • Example: Power outage in a nursing home.	Response Lead/Incient Commander (1) Public Information (1) County EMA receiving Situational updates
Level 1B: In-House: Partial Activation	An incident with limited-to-moderate- severity, size, or actual/potential impact on health. Fifty (50) %, or less of staff involved in response • Requires significant coordination and agency engagement to conduct response, • May have limited involvement with county partners. • Examples: disease outbreak within the county.	Response Lead/Incident Commander (1) Public Information (1) Planning/Resources Support (1) Operational Coordination (1) DOC likely activation. County EMA receiving Situational updates
Level 1C: Full Activation	An incident with moderate-to-high severity, size, or actual/potential impact on health. More than fifty (50)% of staff involved in response. • Requires an extreme amount of coordination and agency engagement to conduct response; • May be of such magnitude that the available HD assets that were put in place for the response are being depleted; & • Engagement with agencies in county likely.	Response Lead/Incident Commander (1) Public Information (1) Planning/Resources Support (1) Operational Coordination (1) DOC likely activation. County EMA receiving Situational updates

Level 2: In-County Involvement	An incident with moderate-to-high severity, size, or actual/potential impact on health. More than fifty (50)% of staff involved in response. • Requires an extreme amount of coordination and agency engagement to conduct response; • May be of such magnitude that the available HD assets that were put in place for the response are being depleted; & • Engagement with agencies in county likely. • Example: water disruption within a municipality.	Incident Commander (1) Public Information (1) Planning Support (1) Operational Coordination (1) Resource Support (1) Liaison Officer (1) DOC activated Regional Public Health Preparedness Coord receiving situation updates County EOC may be activated
Level 3: Region Involvement	An incident with varying severity, size, or actual/potential impact on health. Twenty-five (25) % or more of staff involved in response • Requires significant coordination and agency engagement to conduct response, • Engagement with agencies in region likely. Examples: multicounty disease outbreak;	Incident Commander (1) Public Information (1) Planning Support (1) Operational Coordination (1) Resource Support (1) Liaison Officer (1) DOC activated County EOC may be activated Regional Coordination Center Open for situational awareness across region
Level 4: State involvement	An incident with moderate-to-high severity, size, or actual/potential impact on health. More than fifty (50)% of staff involved in response. • Requires an extreme amount of coordination and agency engagement to conduct response; • May be of such magnitude that the available assets that were put in place for the response are being depleted; & • Engagement with agencies in region and state likely. Examples: Pandemic influenza	Incident Commander (1) Public Information (1) Planning Support (1) Operational Coordination (1) Resource Support (1) Liaison Officer (1) DOC activated County EOC may be activated Regional Coordination Center Open for situational awareness across region

Command staff and Subject Matter Expert (SME) staff are denoted in an HCHD staffing pool list. See II: Resource: StaffPool.

Emergency Response Plan (ERP) Activation Authority

The Emergency Preparedness division has the primary responsibility for coordinating emergency preparedness and respons for the HCHD. The Emergency Response Coordinator has primary responsibility for facilitating activation of the ERP. The HCHD ERP may only be activated under the authorization of the Health Commissioner or by the identified primary or secondary backup personnel to the Health Commissioner. Once the ERP is activated, the Emergency Response Coordinator, in collaboration with the health commissioner, assigns staff to fill the planning functions in the incident organization. If the Emergency Response Coordinator is unavailable or choses to delegate these responsibilities, they may be successively facilitated by the Director of Nursing, Environmental Health Director, or Fiscal Officer.

The ERP may be activated, as deemed necessary and based on the incident assessment, by the Health Commissioner, or identified backups, during a bioterrorism event, disaster, or public health emergency that is impacting, or has the potential to impact the health of the residents of Hocking County.

Typical Sequence of Emergency Activities

1. Identify the threat. Any HCHD staff member who becomes 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 lead to activation of the ERP:
    - Any incident that is not considered a day-to-day activity
    - Anticipated impact on or involvement of divisions in HCHD beyond their day to day capacity
    - Potential 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 HCHD
    - HCHD anticipates the need to request support from outside agencies
    - Significant or potentially significant mortality or morbidy;
    - The Hocking County EMA has actiavated the EOC.
    - See Annex 1: Direct and Control for incident assessment and the expected timeframe.
2. Notification of staff and appropriate response partners of critical Information requirements. Notification of staff and response partners shall be initiated by the IC or his/her designee using the Health Alert Network (HAN) Directory and HCHD call down list. Once the IC determines that the notification process needs to be implemented, the ERC or other admin staff will start notifying other staff or response partners. This decision will be based upon the current situational awareness report. The use of email, texting and other available communications will be utilized. See section: "Essential Elements of Information and Situation Reporting" of Annex 2: Communications and Implementing Instructions (II): Comm: Communications Matrix; Initial Notification and Staff Call-Down; Ohio Public Health Communications System

(OPHCS) Protocol; HAN Directory; and Situation Report. Also see: Annex 1: Direction and Control.

3. Formulate Incident Command structure. See Annex 1: Direction and Control for Public Health Lead structure and any other annexes or appendices that may be appropriate for the incident.
4. Creation of Public Health Objectives and an Incident Action Plan (IAP). The Incident Commander/response lead may set Specific, Measureable, Attainable, Relevant, Timely (SMART) objectives and develop/approve an IAP in accordance with overall priorities established by the Board of Health, or its designee. See Annex 1: Direction and Control, II: DirectControl: IAP and ICS forms for additional information.
5. Assessment of Public Health/Medical Needs. Determine if this incident will require more human and/or material resources than are on-hand, or if this may be a prolonged incident. See "Emergency Response Levels" above.
6. Enhance existing surveillance systems to monitor the health of the general and medical needs population.
7. Identify Public Health Resources for sustained operations. This may include the need for additional staff/trained public health individuals. See Annex 2: Communications for staff notification. See Annex 6: Resource Management, and Appendix 8: Volunteer Management for additional staffing pools available.
8. Documentation and a description of the activation, notifications, services enhanced, services reduced/eliminated, and other pertinent information should begin. The Incident Command System (ICS) form 201 may be used, or other documents deemed more appropriate by HCEMA or ODH. See II: Direct Control:
    - ICS Forms and Instructions;
    - Incident Action Plan (abbreviated form)
    - Operations (Ops) Schedule form (See II:Direct Control: Ops Schedule);
    - Shift Change Briefing form (See II: Direct Control: Shift Change Brief).
9. Collect, analysis and disseminate information. The Planning Chief will be responsible for collection and tracking of all activities logs and communications documents throughout the incident. To aide in centralized communication, HCHD will create & maintain a dedicated network directory for all response personnel to store incident-related documentation. Further, information will be compiled and analyzed in a spreadsheet format, including a timeline of events, a directory of involved personnel, and any other data that might be pertinent to response within the network directory folder. Information will be reported via situation reports to the recipients of those reports at the times and disbursement schedules established.
10. Implement/execute the response to address the objectives.
11. Prepare/communicate situational reports to staff and appropriate response partners daily or as dictated by the incident intensity. HCHD will utilize II:

Comm: Situational Report for this purpose, as this document provides the incident name, time period, name/title of individual preparing the report, date and time of report, and significant events/information occurring during the reporting timeframe.

Standard Recipients who receive all situation reports include:

- SITREPs will be sent electronically to HCHD leadership (Environmental health director, Director of Nursing, Health Commissioner and Fiscal Officer), for their situational awareness. In addition SITREPs will be sent electronically to all operational staff. Hardcopies of SITREPs will be available in the HCHD DOC, if active.
- At the discretion of the HCHD Incident Commander, any SITREP may be forwarded electronically to other local, regional or state partners for their situational awareness. These additional recipients will be identified on a per-incident basis, based upon their informational needs
- SITREPs frequency is detailed in the table below:

Activation Level	SITREP Frequency
Level 1A Situation Awareness	At beginning of each operational period.
Level 1B Partial Activation	At least at the beginning and end of each operational period.
Level 1C Full Activation	At least at the beginning, middle and end of each staff shift or operational period, whichever is more frequent.

12. Monitor/assess the effectiveness of the response and modify as needed. Assess staffing levels during the development of the IAP for each operational period.
13. Demobilization. Begin reducing response activities as incident begins to resolve. See "II: DirectControl: Demobilization"" for guidance in demobilization.
14. Recovery Operations.
15. After Action Review. Review the actions taken, or should have been taken, to determine where response improvements can be made.
16. Review and revise plans.

ASSIGNMENT OF RESPONSIBILITIES

Organization Responsibilities

Annex E of the Hocking County Emergency Operations Plan details the primary and support roles of the HCHD. Below is a partial list:

1. Assessment of county health and medical needs – Primary role.

- Assistance in assessing potable water and waste water/solid waste disposal issues and coordination to provide potable water and wastewater/solid water disposal equipment.

2. Public Health Surveillance – Primary role.
    - Surveillance and investigations to determine disease patterns and potential disease outbreaks and implement prevention strategies.
3. Provision of public health and medical related services, supplies, and personnel – Primary role.
    - Provide logistical support for public health personnel in the field.
    - Provide pharmaceuticals, medical equipment, and supplies as available (includes the coordination and tracking of medical resources and equipment).
    - Provide consultation for the need to decontaminate people, buildings, and/or the environment, when applicable.
    - Provide mass dispensing clinics for the prophylaxis of the entire county population, if necessary.
4. Identification of areas where public health problems could occur – Primary role.
    - Public Health assessments of conditions at the site of the emergency to determine health needs and priorities.
5. Provision of medical related information releases and public health recommendations and related releases to the public – Primary role.
6. Research and consultation on potential health hazards, medical problems, and appropriate levels of Personal Protection Equipment (PPE), when applicable. – Primary role.
7. Monitoring of the availability and utilization of health systems' assets – Support role.
    - Supply, restock, and prioritize health-related equipment and supplies.
8. Coordination of behavioral health assistance – Support role.
9. Environmental sampling and analysis/collecting specimens for lab testing – Support role.
    - Coordination with ODH on specimen submission of possibly hazardous or contaminated substances throughout an emergency.
    - Testing of products for public consumption.
10. Veterinary support – Support role.
11. Assistance and support for mass casualty and mass fatality incidents – Support role.
    - Assist with Triage Operations.
    - Assist in the identification of mass burial sites.

- Assist in the handling of infectious/contaminated bodies.

12. Coordination with other local, regional, state, and federal partners – Support role.
    - Assess and make recommendations concerning the public health needs of emergency responders.
    - Staff the ESF-8 desk at the Hocking County Emergency Operations Center.

Departmental Operations Center's Assignment of Responsibilities

See the "Job Action Guides, located in Attachment C of this document, for description/list if responsibilities assigned to the:

- Incident Commander
- Planning Section Chief
- Operations Section Chief
- Logistics Section Chief
- Fiscal Section Chief
- Security Officer
- Safety Officer

Support and Partner Agency Roles and Responsibilities

Agency	Public Health Emergency Roles/Responsibilities	MOU/MOA Established
Hocking County Emergency Management Agency (EMA)	Resources acquisition and coordination	No
Hocking County Sheriff's Office	Provide security for health department response activities/equipment/ pharmaceuticals	Signed Point of Dispensing (POD) Site Security Worksheet
Hocking County Local School District	Provide school facilities for the use of Point of Dispensing (POD) operations. Provide Information and guidance for locating and supervising children in the community.	Yes
Hocking County Emergency Medical Services (EMS)	Have staff on standby at POD sites for transport to medical facilities. Provide assistance to nursing staff for triage operations and possibly provision of vaccines or medications.	No
Healthcare Clinics	Provide medical staff for response activities, if possible.	Yes

Agency	Public Health Emergency Roles/Responsibilities	MOU/MOA Established
Pharmacies	Provide pharmaceutical handling assistance for POD operations, if possible	Yes
Mental Health	May help coordinate mental health service activities in the county.	Yes
Hocking County Coroner	Mass fatality management, including the decontamination and identification of remains.	No
Hocking Veterinarians	Provide medical needs for service and companion animals	No
Hocking Valley Community Hospital	Access to needed health care, including displaced individuals who need help managing chronic diseases.	Yes
Hocking County Board of Developmental Disabilites	Assist in identification of individuals with access and/or functional needs as a result of the incident	No
Hocking County Jobs and Family Services	Assist in identification of county residents who may have access and/or functional needs in the area where the incident has occurred.	No
Hocking County Senior Center	Assist in idenitification of Hocking County's Senior Citizens who may require assistance related to incident	No
Nursing Facilities & Centers for Independent Living	Supervise and care for residents in facility	No
Home Health Agencies	Supervise, monitor, and care for their clients	No
Hocking County Medical Reserve Corps	Provide staffing support to response in form of trained volunteers	No
SEO & SCO Epidemiologists	Assist with disease surveillance, prevention, and recommendations for treatment.	Yes
SCO Regional Coordination Center	Provide communications to/between public health and healthcare partners in the SCO region. Assist in location of resources within the region	No
Public Health Agencies in SCO region	Provide "reciprocal emergency management aid and assistance in case of any hazard too great to be dealt with unassisted."	Yes
Red Cross	Provide volunteer assistance or possibly food/refreshments for response personnel, if possible. Provide mass care services, via ESF #6	No

Agency	Public Health Emergency Roles/Responsibilities	MOU/MOA Established
Ohio Environmental Protection Agency	Provide information/assistance to the health department on the clean-up or decontamination of environments that pose risk to public health.	No
Ohio Department of Health	Provide subject matter experts for consultation and guidance on emergency situations, provide laboratories for testing of samples, and provide available equipment/pharmaceuticals to local health departments for emergency response activities.	No
Ohio Emergency Management Agency	Assist the County EMA is locating needed resources.	No
Federal Agencies	Each State agency has a Federal agency that provides services, resources, etc. Local agencies do not usually communicate or utilize federal agencies services/resources without SAtate agency request. Delineation of responsibilities at the federal level can be accessed at www.fema.gov/media-library/assets/documents/25512 Note: local agencies do not usually communicate or utilize federal agencies services/resources without State agency request.	No

ADMINISTRATION, FINANCE, AND LOGISTICS

Administration and Finance

HCHD will create & maintain a "Incident" folder on the health department's server for all health department response personnel to store ALL incident-related documentation, including expedited actions. Hard copy documents will be scanned and placed in the folder daily. The Fiscal/Logistics Section Chief will have access to the records and will allow access to staff involved in the incident. Any documentation that the Incident Commander deems as sensitive, will be noted and the fiscal/logistic chief will be notified. The Fiscal/Logistics Section Chief will restrict the sensitive files to staff involved in the incident. The HCHD record retention policy will be followed in regards to timeframe the documentation is kept. The retention policy states all records will be kept for seven (7) years after the incident.

The Fiscal/Logistic Section Chief will be responsible for creation and organization of the file. All staff will be notified of location at the time of the incident. HIPAA rules continue to apply to all documentation throughout the response.

The Fiscal/Logistics Section Chief will be responsible for providing a brief for all expedited actions during the incident operational briefings and also during shift change briefs. These expediated actions will be documented, tracked, and monitored in the operational activity log ICS 214 form or chronology of events document and reviewed with the Incident Commander, as needed.

Resource Requests

The Health Commissioner or Incident Commander will contact the Hocking County EMA at the Emergency Operations Center to request resources; materials, equipment, and/or staff. All public health resources, local and regional, will be requested through the HCEMA for uniformity of documentation. These resources will be utilized before requests are made outside the southeast central region. See Annex 6: Resource Management for additional details for resource requests.

If it is determined that the local and regional resources will be insufficient to provide the projected need of response, State and Federal assets may be considered. The Hocking County EMA will then approach the Ohio Emergency Management Agency with this request. The Ohio EMA will then contact the appropriate agency, i.e., the ODH at the ESF-8 desk at the Ohio Emergency Operations Center, to make the official request. In addition to making the formal request, it is appropriate for the Hocking County Health Department to contact the ODH or the ESF-8 desk at the Ohio Emergency Operations Center for a consultation. See Annex 6: Resource Management for additional details.

Emergency Funding

Government at all levels has the ability to make funding available to agencies in emergency response events. This can be accomplished by either of two primary methods:

- Funds provided as an increase to an existing grant and marked with incident-related obligations. This method may only require a short acceptance process with key personnel signatures.

- Funds provided separately through a 'new' grant application process. In an emergency response event, the process may be abbreviated by suspending some application elements and shortening the grant execution period.

HCHD will work with key stakeholders to gain approval of the contract relationship and support additional funds availability as needed. HCHD Board of Health (HCBOH) Emergency Incident Funding Allocation and Expenditure Policy grants permission to the Health Commissioner to enter into contracts or receive funding on behalf of HCHD during emergency response events without prior HCBOH approval.

Emergency Funding Allocation

In an emergency response event, HCHD can request a waiver of the standard budgeting processes from the HCBOH, and with HCBOH President approval, the Health Commissioner can allocate funds to critical response programs. The allocations will stand until the next regular BOH meeting, when they will be reviewed. If there are no BOH objections following the review, the allocated funds may continue to be used as assigned. This determination will continue with the funds until the emergency response event has ended.

Emergency Funding Expenditure

All PHEP purchases must be pre-approved by the direct supervisor and the Health Commissioner. Purchases over $1000 are considered equipment, and single-item purchases over $5000 must be approved by the HCBOH under normal day-to-day operations.

In an emergency response event, the Emergency Incident Funding Allocation and Expenditure Policy grants the Health Commissioner authority to apply funds as needed to address 'an emergent/critical public health emergency'. Furthermore, procurement/contracting/hiring of staff/services will be modified in an emergency response event, with emergency staff possibly installed in a position after an interview with their direct supervisor and contracts developed if HCHD is the coordinating/lead agency. After passing a background check, the employee/contractor would then be able to begin work

Cost Recovery

Cost recovery activities begin when the incident begins. Documentation of response activities and resources used and requested are essential to request reimbursement from incident funding sources when available during the recovery period of an incident. Information needed to prove cost, including time sheets, receipts, activity logs. The Fiscal Chief is responsible for starting this process and establishing a file on the HCHD server to collect those documents. See the "Administration and Finance" section above for the establishment of a HCHD server file to be used.

Post-incident, the Administration, Fiscal, and Preparedness Division will be the "cost recovery" lead. The director will assign HCHD staff to assist in the collection, organization, and submission of cost recovery reimbursement requests. All requests for reimbursement will be initiated from HCHD through Hocking County Emergency Management Agency. More detailed information about cost recovery can be found in HCHD's Annex : COOP/ Recovery.

Eligible costs/work that may be eligible for recovery include:

- Labor
- Equipment
- Materiel
- Rented equipment
- Mutual aid

Established funding sources through which reimbursement may be available can be found in HCHD's Annex 7: COOP/Recovery.

TRAINING AND EXERCISE

A Multi-Year Training and Exercise Plan (MTEP) has been developed and is updated annually to provide a timeline of training and exercising activities to take place throughout each PHEP Grant Fiscal Year cycle. The MTEP incorporates NIMS training requirements and Homeland Security Exercise and Evaluation Program (HSEEP) training and training documentation. The Emergency Response Coordinator ensures all new and current staff complete and maintain the appropriate level of NIMS and other emergency preparedness training for their identified emergency response roles.

Review of the HCHD ERP is part of the orientation training for new core emergency response staff including the Health Commissioner, Director of Nursing, Director of Environmental Health, the Public Health Supervisor, and the Emergency Response Coordinator. Core emergency response staff must, additionally, review the emergency plans on an annual basis.

Exercising

The health department conducts and participates in exercises, both locally and regionally, to test and validate plans, checklists, and response procedures and to evaluate the training and skills of response personnel.

Target Capabilities include: Community Preparedness, Community Recovery, Emergency Operations Center, Emergency Public Information and Warning, Fatality Management, Information Sharing, Mass Care, Medical Countermeasure Dispensing, Medical Materiel Management and Distribution, Medical Surge, Non-Pharmaceuticals, Public Health Surveillance and Epidemiological Investigation, Responder Health & Public Safety, and Volunteer Management. Corrective actions identified through the exercise are addressed in future plan revisions and training & exercise programs.

In a planned exercise, the HCHD will utilze experienced evaluators to analyse response activities. The evaluators will utilize the HSEEP compliant Exercise Evaluation Guide (EEG), created by the exercise design team. Planning an exercise evaluation typically includes: selecting lead evaluator and define evaluation team requirements; developing EEGs, which include objectives, core capabilities, capability targets, and critical tasks; recruiting, training, and assigning evaluators; developing and finalizing evaluation documentation; and conducting a pre-exercise C/E Briefing. Through this process, an evaluation team can develop a

thorough plan to address how the exercise will be evaluated. Evaluation Team Early in the exercise planning process, the exercise planning team leader should appoint a lead evaluator to oversee all facets of the evaluation process. The lead evaluator participates fully as a member of the exercise planning team and should be familiar with the exercise's objectives.

In order to analyse response activities, the HCHD or Incident Commander will appoint an evaluator/record keeper as soon as possible to document actions. All those involved will then provide input in the hotwash for evaluation and After Action Plan/Improvement Plan (AAR/IP) purposes. An algorithm can be found in the HCHD MTEP to assist in determining the need to develop an AAR/IP.

The AAR/IP development begins with a hotwash. A hotwash should occur as soon as possible but no later than 72 hours following the exercise or two (2) weeks following the conclusion of response operations. The lead agency will coordinate the hotwash and AAR/IP. When another agency is preparing the AAR/IP, the HCHD AAR/IP coordinator will work to ensure the health department's findings and lessons learned are reflected in the AAR/IP. The HCHD AAR/IP coordinator will be the Emergency Response Coordinator and/or their designee.

The HCHD Multi-Training and Exercise Plan outlines the AAR/IP process, implementation of corrective actions and methodology used to track the corrective actions.

Any activiation of the Emergency Response Plan will result in the need for an AAR/IP.

PLAN DEVELOPMENT AND MAINTENANCE

Development

The Hocking County ERP design and content is coordinated with other public health jurisdictional plans within Homeland Security Region 7, the SCO Public Health Preparedness Region, Southeast and Southeast Central Ohio Healthcare Coalition Plan, and the ODH ESF-8 Plan.

The HCHD ERP, and its annexes, appendices, and implementing instructions, are to be kept current through an ongoing revision system. The Emergency Response Coordinator, in collaboration with the core emergency response staff and the Hocking County Board of Health, are responsible for ensuring that all necessary revisions to the plans are made and distributed to the necessary plan holders. Plan revisions may also be coordinated with the input from support agencies identified within this plan.

Plan holders are prohibited from making changes, revisions, or additions to individual copies of the plan. Revisions are to be made on one master copy maintained by the Emergency Response Coordinator and distributed to the proper plan holders.

Plan Holders include:

- Hocking County Health Department
- Hocking County EMA (electronic)
- Hocking County EMS (electronic)

- Hocking County Sheriff's Office (electronic)

Availability of Emergency Response Plans to Staff

The "Original" is kept on HCHD's "community office" server where all staff members have access electronically. One hard copy is kept in the HCHD Emergency Response Coordinator's office.

Availability of Emergency Response Plans to the Public

The HCHD ERP (base plan) is available for review by the public via the HCHD website (http://www.hockingcountyhealthdepartment.com). The Emergency Response Coordinator (ERC) will be responsible for communicating to HCHD's Public Information Officer (PIO) and the Public Health Emergency Response Coordinator (individual responsible for managing and updating the HCHD's website) when the emergency response plan has been revised and new version is available for public publishing. Comments to the plan can be made through a link on that website page. Public comment to the ERP will be accepted via the website link and tabled in addition to the proposed changes between revision cycles for consideration

Copies of the HCHD ERP and its accompanying Annexes, Appendices, and Implementing Instructions may be requested by the public. Requests for copies of the plans must be made to the ERC or the Health Department Health Commissioner. Plan content will be released in accordance with Ohio Sunshine Laws and HCHD Records Release Policy. Exempt plans or plan content will be reviewed by the ERC and Health Commissioner before release. Any ERP information provided to the public must be approved by the Health Department Health Commissioner.

Maintenance

The HCHD ERP and accompanying Annexes, Appendices, and Implementing instructions will be reviewed and updated on an annual basis for content changes based on information gathered from exercises, trainings, actual incidents, and Federal/State guidelines. Updates to notifications and contact lists within the plan will be made as changes occur.

After-Action Reports, completed after an event, may cause changes to the plan to be written. These changes may be adopted outside of the review/revision schedule.

REFERENCES

Title	Location
Adjacent county's(ies') Emergency Support Function - 8	
Ohio Emergency Operations Plan (EOP) Emergency Support Function (ESF) #8	http://ema.ohio.gov/EOP_Overview.aspx
Ohio EOP ESF #8, Tab A: Medical Countermeasure Management & Dispensing Plan	http://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/ESF8_TabA_MCM_MANAGEMENT_AND_DISPENSING_PLAN.pdf
Ohio EOP ESF #8, Tab B: Chempak Plan	http://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/ESF8_CHEMPACK_PLAN_TAB_B.pdf
Ohio EOP ESF #8, Tab C: Human Infectious Disease Incident Plan	http://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/ESF8_HUMAN_INFECTIOUS_DISEASE_INCIDENT_PLAN_TAB_C.pdf
Ohio EOP ESF #8, Tab D: Acute Mass Fatality Incident Response Plan	http://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/ESF8_ACUTE_MASS_FATALITIES_INCIDENT_RESPONSE_PLAN_TAB_D.pdf
Ohio EOP ESF #8, Tab E: Non-Acute Mass Fatality Incident Response Plan	http://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/ESF8_NON-ACUTE_MASS_FATALITIES_INCIDENT_RESPONSE_PLAN_TAB_E.pdf
Ohio EOP ESF #8, Tab F: Mass Casualty/Medical Surge Incident Response Plan	http://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/ESF8_MASS_CASUALTIES_MEDICAL_SURGE_PLAN_TAB_F.pdf
Hocking County Emergency Operations Plan	Hocking County Emergency Management Agency office
The Arc of the United States. "Media Center: What Is People-First Language". (2016)	http://www.thearc.org/who-we-are/media-center/people-first-language
The Arc of the United States (2011). "Introduction to Intellectual Disabilities." The Arc. March 1, 2011.	http://www.thearc.org/what-we-do/resources/fact-sheets/introduction-to-intellectual-disabilities
Kailes, J.I. & Enders, A. (2007). "Moving Beyond "Special Needs:" A Function-Based Framework for Emergency Management and Planning." Journal of Disability Policy Studies Vol. 17/No. 4/2007;pp. 230–237.	http://www.jik.com/KailesEndersbeyond.pdf

PROMULGATION DOCUMENT/SIGNATURE PAGE

The Hocking County Health Department (HCHD) Emergency Response Plan (ERP) replaces and supersedes all previous versions of the HCHD 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 Hocking County. This plan may be implemented as a stand-alone plan or in concert with the Hocking County Emergency Operations Plan (Hocking County EOP) when necessary.

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 HCHD program areas and specific response teams housed within these programs for responding to emergencies and events. The base plan of the ERP is not intended as a standalone document but rather establishes the base for more detailed planning by the staff of the HCHD in partnership with internal and external subject matter experts and community stakeholders. The ERP Base Plan is intended to be used in conjunction with both the more detailed annexes and appendices included as part of this document or with the standalone plans held by the department. Additionally, the ERP is designed to work in conjunction with the Hocking County 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.

The Hocking County Health Department (HCHD) Emergency Response Plan (ERP) establishes the base for coordination of HCHD 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 our local government or the healthcare system to carry out operations necessary to save lives and protect public health. Consequently, HCHD resources are used to provide public health and medical services assistance throughout the county.

All HCHD 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. HCHD 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 was originally adopted on July 01, 2010. The current version is hereby adopted on the date indicated below, and all HCHD program areas are directed to implement it. All previous versions of the HCHD ERP are hereby rescinded.

_____ _____

Douglas S. Fisher, Health Commissioner date
Hocking County Health Department

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SUMMARY OF CHANGES

Date of Change	Version	Change #	Summary of Change	Initials*
06/21/16	2016	1	Made changes on pages 1, 3, 4, & 27 to ensure "People First" Language	SCO-dje
		2	Review for acronym use & definition	SCO-dje
		3	Verified hyperlinks active	SCO-dje
		4	Reviewed for spelling errors	SCO-dje
		5	Added sections on page 3 to explain: • Functional Needs Population • Hocking County Integrated Healthcare Disaster Planning Committee • Health Department Triad	SCO-dje
		6	Added list of Target Capabilities on page 3	SCO-dje
06/20/17	2016a	1	Added additional acronyms to Attachment A	SCO-dje
		2	Added additinal definitions to Glossary, Attachment B	SCO-dje
		3	Added additional Job Action Guide to Attachment C	SCO-dje
		4	Added an attachment for Plan Development History (Attachment D)	SCO-dje
		5	Hyperlinks verified as active and changed, if needed	SCO-dje
09/19/17	2017	1	"Authority" moved to introduction pages	SCO-dje
		2	Added references to Annex 1 in "Typical Sequence of Activities"	SCO-dje
		3	Promulgation Letter re-drafted	SCO-dje
		4	Added "Attachment D: Plan Development History"	SCO-dje
		5	Added "Attachment E: CMIST profile	SCO-dje
		6	Updated "Attachment A: Acronyms" and "Attachment B: Glossary"	SCO-dje
		7	Added "Planning P" to Attachment C	SCO-dje
		8	Added Base Plan attachments to TOC	SCO-dje
		9	""Basic Authorities" & "limitations of Authority" added to	SCO-

Date of Change	Version	Change #	Summary of Change	Initials*
			"Authority" section	dje
		10	"Legal Counsel Engagement" added to "Authority" section	SCO-dje
		11	"Healthcare Coalition" added to introduction section	SCO-dje
		12	Description of adjacent/neighboring jurisdictions added	SCO-dje
		13	Description & use of MACC added to "Concept of Operations"	SCO-dje
		14	"Declaration of Emergency" added to "Concept of Operations"	SCO-dje
		15	More details added to "Level 1" of "Emergency response Levels"	SCO-dje
		16	Illustration of how local , regional, & state plans integrate into each other added under "Assignment of Responsibilities"	SCO-dje
		17	Administration, Finance, and Logistics section added	SCO-dje
		18	Resource Request section moved to the "Administration, Finance, and Logistics section	SCO-dje
		19	Added additional details to "Exercising" section	SCO-dje
		20	"Summary of Changes" re-formatted	SCO-dje
06/19/18	2018	1	Reviewed for acronym definitions, spelling errors, & readability.	SCO-dje
		2	Reviewed for implementing instruction title changes, i.e., Communications = Comm	SCO-dje
		3	Added subtitle: " ESF-8 Preparedness Healthcare Coalition",	SCO-dje
		4	Completed sentence , pg 11 (Public Health Lead Agency.	SCO-dje
		5	Clarified Emergency Response Level 3 description 3	SCO-dje
		6	Combined terms: "PHEP Coordinator" & "Emergency Response Coordinator" to = " Emergency Response Coordinator throughout the document	SCO-dje
		7	Changed title of Appendix 1 & Appendix 5 in the Table of Contents.	SCO-dje
		8	Verified hyperlinks throughout , including the reference section.	SCO-dje
10/18/18	2018a	1	Added definition of "Pyschological First Aid" to Attachment B of the HCHD ERP"	SCO-dje
		2	Added a section on Emergency Funding, Emergency Funding Allocation, & Emergency Funding	SCO-

Date of Change	Version	Change #	Summary of Change	Initials*
			Expenditures under "Administration, Finance, & Logistics",	dje
		3	Added section on Cost Recovery under "Administration, Finance, & Logistics",	SCO-dje
		4	Added section, "Emergency Funding",	SCO-dje
		5	Added section, "Emergency Funding Allocation	SCO-dje
		6	Added section, "Emergency Funding Expenditures",	SCO-dje
		7	Added new attachment: "ERP Attachment F: Social Vulnerability Index"	SCO-dje
06/18/19	2019	1	Added section under Public Health Law, Authority and Policies related to notification of the County Board of Health	SCO-dje
		2	Replaced hyperlink for federal ESF responsibilities	SCO-dje
06/30/21	2021	1	Reviosion: Added Prevention to phases of Emergency Management ADMINISTRATION, FINANCE, AND LOGISTICS Section added	HCHD-lg
01/31/22	2022	1	Added Emergency Incident Funding Allocation and Expenditure Policy and Telework Policy	HCHD-lg

* Key for "initals" column

SCO-dje SCO's health department PHEP Coordinators – Debbie Elliott, SCP RPHPC

HCHD-LG HCHD Emergency Response Coordinator – Laura Gossel, ERC

BASE PLAN ATTACHMENTS

This plan was intentionally left blank.

ATTACHMENT A: ACRONYMS USED IN THE EMERGENCY RESPONSE PLAN

AAR – After Action Report

ACCHD – Athens City/County Health Department

AC – Hydrogen cyanide

ACIP – Advisory Committee for Immunization Practices

ALI – Annual Limit of Intake

BAL – Dimercaprol

BZ - 3-Quinuclidinol

CAMEO – Computer-Aided Management of Emergency Operations

CAREID – Class A Reportable and Emerging Infectious Disease

CBRNE – Chemical, Biological, Radiological, Nuclear, and Explosive

CCRF – Commissioned Corps Readiness Force (US Public Health Service Emergency Team)

CD – Compact Disc

CD ROM – Compact Disc Read-only Optical Memory

CDC – Centers for Disease Control and Prevention

CERT – Community Emergency Response Team

CFR – Code of Federal Regulations

CG – Phosgene

CISD – Critical Incident Stress Debriefing

CISM – Critical Incident Stress Management

CK – Cyanogen chloride

CL – Chlorine

CN – Mace

COAD – Corporation for Ohio Appalachian Development

COOP – Continuity of Operations Plan

COPD – Chronic Obstructive Pulmonary Disease

CR – Tear gas

CS – Tear gas

CX – Phosgene oxime

DFOA – Deferoxamine

DHHS – Department of Health and Human Services

DM – Adamsite

DMATs – Disaster Medical Assistance Teams

DMORT – Disaster Mortuary Response Team

DMSA – succimer

DOT – Department of Transportation

DTPA – diethylenetriamine pentaacetate

ED – Emergency Department

EDRS – Electronic Death Registration Systems

EDTA – Edetate disodium

EEI – Essential Elements of Information

EMA – Emergency Management Agency

EMAC – Emergency Management Assistance Compact

EMS – Emergency Medical Services

EOC – Emergency Operations Center

EOP – Emergency Operations Plan

EPA – Environmental Protection Agency

EPA – Emergency Power Act

EPI&W – Emergency Public Information and Warning

ERC- Emergency Response Coordinator

ERP – Emergency Response Plan

ESF – Emergency Support Function

ETC – Ebola Treatment Center

EUA – Emergency Use Authorization

EVD – Ebola Viral Disease

FAC – Family Assistance Center

FBI – Federal Bureau of Investigation

FDA – Food and Drug Administration

FEMA – Federal Emergency Management Agency

GA – Tabin

GB – Sarin

GCHD – Gallia County Health Department

GD – Soman

GIS – Geographic Information Site

HAN – Health Alert Network

HAZMAT – Hazardous Material

HCHD – Hocking County Health department

HDIS – Health District Information Software

HICS – Hospital Incident Command System

HIV – Human Immuno-Deficiency Virus

HMR – Hazardous Material Regulations

HSEEP – Homeland Security Exercise and Evaluation Program

HSPD – Homeland Security Presidential Directive

ICHD – Ironton City Health Department

ICP – Incident Command Post

ICS – Incident Command System

ID - Identification

ID Contact – Infectious Disease Contact

II – Implementing Instruction

IM – Intramuscular

IMAC – Intrastate Mutual Aid Compact

IMS – Inventory Management System

IND – Investigational New Drug

IT – Information Technology

HCHD – Hocking County Health Department

IV – Intravenous

JIC – Joint Information Center

JIS – Joint Information System

LCHD – Lawrence County Health Department

LE – Law Enforcement

LEMA – Local Emergency Management Agency

LEPC – Local Emergency Planning Committee

LHD – Local Health Department

L-TAR – Local Technical Assistance Review

MAA – Mutual Aid Agreement

MARCS – Multi-Agency Radio Communication System

MCHD – Meigs County Health Department

MCM - Medical Counter Measure

MCM - ORR – Medical Counter Measure Operational Readiness Review

MFM – Mass Fatality Management

MHE – Material Handling Equipment

MOU – Memorandum of Understanding
MRC – Medical Reserve Corps
MSWL – Municipal Solid Waste Landfills
MTEP – Multi-year Training & Exercise Plan
NaCN – Sodium cyanide
NAPH – Name, Address, Personal History
NIMS – National Incident Management System
NIPP – National Infrastructure Protection Plan
NORS – National Outbreak Reporting System
NPI – Non-Pharmaceutical Interventions
NRP – National Response Plan
OAC – Ohio Administrative Code
ODH – Ohio Department of Health
ODMH – Ohio Department of Mental Health
ODRS – Ohio Disease Reporting System
OEMA – Ohio Emergency Management Agency
OEPA – Ohio Environmental Protective Agency
OFDA – Ohio Funeral Directors Association
OPHAN – Ohio Public Health Analysis Network
OPHCS – Ohio Public Health Communication System
OPOD – Ohio Point of Dispensing
ORC - Ohio Revised Code
ORR – Operational Readiness Review
OSHA – Occupational Safety and Health Administration
PCGHD – Pike County general Health District
PCHD – Portsmouth City Health Department
PH – Public Health
PHEP – Public Health Emergency Preparedness
PHER – Public Health Emergency Response
PIMW – Potentially Infectious Medical Waste
PIO – Public Information Officer
PO – by mouth/per os/oral
POD – Point of Dispensing
PPE – Personal Protective Equipment

PREP Act – Public Readiness and Emergency Preparedness Act

PRP – Pandemic Response Plan

PS – chloropicrin

PSA – Public Service Announcement

PUI - Person under investigation

PXC – Accutemp® PXC coolant packs

RCC – Regional Coordination Center

RCHD – Ross County Health District

RDD – Radiological Dispersal Device

RDN – Regional Distribution Node

REMM – Radiation Emergency Medical Management

RHCC – Regional Hospital Coordination Center

RMRS – Regional Medical Response Systems

RN – Registered Nurse

RODS – Real-time Outbreaks and Disease Surveillance

RPH – Regional Public Health

RPHH – Regional Public Health and Healthcare

RPHP – Regional Public Health Preparedness

RS – Registered Sanitarian

RSS – Receive, Store and Stage

SC – South Central

SCHD – Scioto County Health Department

SCO – South Central Ohio

SEOC – State Emergency Operations Center

SIIS – Statewide Immunization Information System

SNS – Strategic National Stockpile

USC – United States Code

VAERS – Vaccination Adverse Events Reporting Sheet

CHD – Vinton County Health Department

VIS – Vaccine Information Sheet

VMI – Vendor Managed Inventory

VOIP – Voice-Over Internet Phone

VRC – Volunteer Reception Center

VX – O-ethyl S-{z-(diisopropylamino) ethyl] methyl phosphonothioate)

WHO – World Health Organization

WIC – Women, Infants, and Children

WMD – Weapons of Mass Destruction

ATTACHMENT B: GLOSSARY OF WORDS/PHRASES USED IN THE EMERGENCY RESPONSE PLANS

A

Access and Functional Needs - refers to persons who may have additional needs before, during and after an incident in functional areas, including but not limited to: maintaining health, independence, communication, transportation, support, services, self-determination, and medical care. Individuals in need of additional response assistance may include those who have disabilities; live in institutionalized settings; are older adults; are children; are from diverse cultures; have limited English proficiency or are non-English speaking; or are transportation disadvantaged (National Response Framework definition)

Alternate Housing – Temporary housing that is provided to an individual being monitored/quarantined for a CAREID, but is not symptomatic.

Annex - Something added to the "Emergency Response Plan – base plan" to expand the functionality of the "Emergency Response Plan – base plan; it is distinguished from both an attachment and an appendix in that it can be developed independently of the "Emergency Response Plan – base plan" and, thus, is considered an expansion of the "Emergency Response Plan – base plan" 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 ERP base plan.
- When referenced, annexes are designated with the entire title, i.e., Annex 1: Direction and Control; Annex 2: Communications.
    - Annexes are paged by the annex number, the symbol ".", then the page number (1.1 – Annex 1: Direction and Control, page 1)
- When considered independently from the basic plan, annexes are, themselves, primary documents and may include attachments, but never their own annexes.
    - Attachments to annexes are designated are found at the end of their annex.
- Developed independently from the primary document, an annex may be activated apart from the base plan.

Annual Reports - a report issued yearly by the health department giving an account of its internal workings and especially its finances to its Board of Health, County or municipality government, and jurisdictional public.

Appendix - Any complementary document, usually of an explanatory, statistical or bibliographic nature, added to the "Emergency Response Plan – base plan", 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 annexes of the "Emergency Response Plan – base plan" to which they are added and are designated by numbers.
- When referenced, appendices are designated by their title, i.e., Appendix 1: Dispensing; Appendix 2: Containment.
    - Appendices are paged by the letter "A", appendix number, the symbol ".", then the page number (A1.1 – Appendix 1: Dispensing, page 1

Area Command - An organization established to oversee the management of (1) multiple incidents that are each being handled by an ICS organization, or (2) large or multiple incidents to which several Incident Management Teams have been assigned. Area Command has the responsibility to set overall strategy and priorities, allocate critical resources according to priorities, ensure that incidents are properly managed, and ensure that objectives are met and strategies followed. Area Command becomes Unified Area Command when incidents are multijurisdictional. Area Command may be established at an emergency operations center facility or at some location other than an Incident Command Post.

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 within the primary document, with exception of the HCHD ERP base plan. Because of the size of the Attachments to the Base plan, the attachments are titled as a separate document ("ERP Attach ABCD").

B

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

BioSense – A US Department of Health and Human Services' program platform residing in a cloud-based computing environment that provides the technology needed to collect, analyze, and securely share large amounts of syndromic surveillance data from hospitals, urgent care centers, and other health providers.

C

Cache - A pre-determined complement of tools, equipment, and/or supplies stored in a designated location, available for incident use.

Case - An infectious disease occurring in a single individual.

Casualty - any person, group, thing, etc., that is harmed as a result of some act or event. For the purposes of this plan, the loss of human life will not be included in this definition, but will be referred to as a fatality.

Chain of Command - A series of management positions in order of authority.

ChemPack - Centers for Disease Control and Prevention has established this voluntary participation project for the "forward" placement of sustainable repositories of nerve agent antidotes in numerous locations throughout the United States, so that they can be immediately accessible for the treatment of affected persons.

Class A Reportable Emerging Infectious Disease (CAREID) – Emerging infectious diseases are those whose incidence in humans has increased in the past 2 decades or threaten to increase in the near future. These diseases, which respect no national boundaries, can challenge efforts to protect workers as prevention and control recommendations may not be immediately available. By adding "Class A Reportable" to "Emerging Infectious Disease", we are selecting diseases that have a high morbidity and/or mortality rate.

Closed Point of Dispensing (CPOD) - Closed PODs are pre-identified sites that serve a specific subset of the population to reduce the strain on open PODs. Examples of organizations that serve as closed PODs are private businesses, hospitals, nursing homes and correctional facilities.

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Cluster - Refers to an aggregation of cases grouped in place and time that are suspected to be greater than number expected, even though the expected number may not be known.

Cold Chain Management – maintaining a temperature-controlled supply chain. An unbroken cold chain is an uninterrupted series of storage and distribution activities which maintain a given temperature range. It is used to help extend and ensure the shelf life of products such as pharmaceutical drugs.

Command Staff - The Command Staff consists of the Public Information Officer, Safety Officer, and Liaison Officer. They report directly to the Incident Commander. They may have an Assistant or Assistants, as needed.

Communicable – refers to a disease that is transmissible from person to person.

Community Containment – Measures taken by a community, with the recommendation of public health and other healthcare agencies, to control the spread of CAREID inside, as well as outside the community. This can be a combination of multiple measures, sych as: quarantine, medication dispensing, immunizations, public education, hygiene practice, etc.

Cordon Sanitaire – a line around a quarantined area guarded to prevent spread of disease by restricting passage into and out of the area.

D

Designated staff - those needed to begin immediate implementation of the initial Emergency Action Plan, and may range from a single member of a department to the entire staff, depending on the situation.

Dispensing - To deliver a medication or vaccine to an ultimate user, including the prescribing and administering of a controlled substance and the packaging, labeling, or compounding necessary to prepare the substance for such delivery.

Distribution of Countermeasures: The shipment/movement of large amounts of countermeasures to sites of dispensing. Example: movement from HCHDs drop-site to a local pharmacy, or hospital for dispensing to the affected population.

Drop-Site: a location within the county, where Strategic National Stockpile items/shipments are received from the State, stored, and distributed to point of dispensing (POD) sites within the county

Duty Officers - Administrators assigned on rotating weekly schedule to receive notification of public health emergencies from the 911 Center. Assigned duty officers: Health Commissioner (HC), Director of Nursing (DON), Director of Environmental Health (DEH), Public Health Emergency Preparedness Coordinator (PHEP Coord).

E

Emergency Leadership - HC, Administrative Assistant (AA), DON, DEH and PHEP Coord

Emergency Management Assistance Compact (EMAC) – A national interstate mutual aid agreement that enables states to share resources during times of disaster. Since the 104th Congress ratified the compact, EMAC has grown to become the nation's system for providing mutual aid through operational procedures and protocols that have been validated through experience. EMAC is administered by NEMA, the National Emergency Management Association, headquartered in Lexington, KY.

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

Emergency Support Functions (ESF) - A grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents.

EPI Center - Ohio's statewide syndromic surveillance system used by state and local public health agencies to detect, track and characterize health events such as pandemic influenza, outbreaks, environmental exposures and potential bioterrorism in real-time. The system gathers de-identified information on patient symptoms and automatically alerts public health when an unusual pattern or trend is occurring.

EPI Info - A public domain suite of interoperable software tools designed for the global community of public health practitioners and researchers. It provides for easy data entry form and database construction, a customized data entry experience, and data analyses with epidemiologic statistics, maps, and graphs for public health professionals who may lack an information technology background. Epi Info™ is used for outbreak investigations; for developing small to mid-sized disease surveillance systems; as analysis, visualization, and reporting (AVR) components of larger systems; and in the continuing education in the science of epidemiology and public health analytic methods at schools of public health around the world.

EPI-X - The Centers for Disease Control and Prevention's web-based communications solution for public health professionals. Through *Epi-X*, CDC officials, state and local health departments, poison control centers, and other public health professionals can access and share preliminary health surveillance information --- quickly and securely. Users can also be actively notified of breaking health events as they occur. Key features of *Epi-X* include unparalleled scientific and editorial support, controlled user access, digital credentials and authentication, rapid outbreak reporting, and peer-to-peer consultation.

Epidemic - An outbreak of disease that affects a much greater number of people than is usual for the locality or that spreads to regions where it is ordinarily not present. A disease that tends to be restricted to a particular region (endemic disease) can become epidemic if non-immune persons are present in large numbers (as in time of war or during pilgrimages), if the infectious agent is more virulent than usual, or if distribution of the disease is more easily affected. Epidemics may also be caused by new disease agents in the human population, such as the Ebola virus.

Event - A planned, non-emergency activity. ICS can be used as the management system for a wide range of events, e.g., parades, concerts, or sporting events.

F

Fatality - a death resulting from an accident or a disaster.

Full medical (clinical) POD: In the medical model, each person receives a medical assessment and MCMs from a licensed medical professional. Under this model, medical personnel would dedicate more time to providing a personalized medical evaluation and education on the agent and MCMs to each client at the dispensing site.

G

General Staff - A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief.

H

Head of Household: The individual responsible for representing immediate family members. This individual would need to be able to provide information, such as: age, weight (if under 100 pounds), medical history, medications, and allergies for each individual of the family.

Healthcare Coalition: A group of individual healthcare organizations in a specified geographic area that agree to work together to enhance their response to emergencies or disasters. The Healthcare Coalition, being composed of relatively independent organizations that voluntarily coordinate their response, does not conduct command or control. Instead, the Coalition operates consistent with Multiagency Coordination System (MAC System) principles to support and facilitate the response of its participating organizations.

Homeland Security Presidential Directives – National Security Presidential Directives (NSPDs) that pertain to the Department of Homeland Security. NSPDs are a form of an executive order issued by the President of the United States with the advice and consent of the National Security Council. The directives articulate the executive's national security policy and carry the "full force and effect of law". Since many of the NSPDs pertain to the national security of the United States, many remain classified.

Human Infectious Disease – Disorders, caused by organisms, that affect humans, or humans & other animals/plants. See "Infectious Diseases" definition below.

I

Incident - An occurrence or event, natural or human-caused, that requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Action Plan (IAP) - A plan of action for a designated operational period to address a public health emergency. The incident will be re-assessed as needed or at the end of this period, and a new IAP will be developed. The IAP is developed by the Incident Commander and the Command Staff (Health Department Leadership). Suggested forms for recording an IAP are ICS Forms 201 – 225 (https://training.fema.gov/emiweb/is/icsresource/icsforms.htm).

Infectious Diseases - Disorders caused by organisms — such as bacteria, viruses, fungi or parasites. Many organisms live in and on our bodies. They're normally harmless or even helpful. But under certain conditions, some organisms may cause disease.

Some infectious diseases can be passed from person to person. Some are transmitted by insects or other animals. And you may get others by consuming contaminated food or water or being exposed to organisms in the environment.

Infectious Disease Contact (ID Contact) A person who has been exposed to another individual who has a confirmed/identified Class A Reportable Emerging Infectious Disease (CAREID), or symptoms suggestive of a CAREID with other risk factors.

Integrated Healthcare - "The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system." *(World Health Organization)*

Intrastate Mutual Aid Compact (IMAC) - mutual aid agreement through which all political subdivisions can request and receive assistance from any other political subdivisions in the state; many of the administrative and legal issues are resolved in advance of an incident. All political subdivisions are automatically part of IMAC.

Isolation – the separation of an **infected individual** from others during the period of disease communicability in such a way that prevents, as far as possible, the direct or indirect conveyance of an infectious agent to those who are susceptible to infection or who may spread the agent to others.

J

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

Joint Information System (JIS) - Integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, timely information during crisis or incident operations. The mission of the JIS is to provide a structure and system for developing and delivering coordinated interagency messages; developing, recommending, and executing public information plans and strategies on behalf of the Incident Commander; advising the Incident Commander concerning public affairs issues that could affect a response effort; and controlling rumors and inaccurate information that could undermine public confidence in the emergency response effort.

K

L

Limitation on Movement – pertains to a public health response and to an outbreak of a communicable disease where a form of quarantine, isolation, and/or cordon sanitaire is implemented. The implementation can be through voluntary or mandatory means.

Lost to Follow-Up – Occurs when an individual being monitored for signs and symptoms of a CAREID fails to comply with public health's request to report (contact the health department) at the designated time and cannot be found (resides in a different location and does not report to health department that location) during the remainder of the monitoring period.

M

Mass Dispensing: The movement of large amounts of countermeasures to a large number of people (end-user) in an effort to provide "mass prophylaxis". A mass dispensing event would be a public health emergency in which authorization of LHDs to be a "dispensing" agent has occurred and Points of Dispensing (PODs) would be activated.

Mass Fatality Incident - is any situation where more deaths occur than can be handled by local coroner and funeral home resources. There is no minimum number of deaths for an incident to be considered a mass fatality incident because communities vary in size and resources.

Mass Prophylaxis: The capability to protect the health of the population through administration of critical interventions (e.g., antibiotics, vaccinations, antivirals, countermeasures) to prevent the development of disease among those who are exposed or potentially exposed to public health threats.

Medical Counter Measures (MCM): Vaccines, antiviral drugs, antibiotics, antitoxin, etc. in support of treatment or prophylaxis to the identified population in accordance with public health guidelines or recommendations. This includes the Strategic National Stockpile (SNS), a CDC program developed to provide rapid delivery of pharmaceuticals, medical supplies and equipment for an ill-defined threat in the early hours of an event, a large shipment of specific items when a specific threat is known or technical assistance to distribute SNS materiel. SNS program support includes the 12- hour Push Pack, vendor managed inventory (VMI), and Federal Medical Stations Mass Prophylaxis: The capability to protect the health of the population through administration of critical interventions (e.g., antibiotics, vaccinations, antivirals, countermeasures) to prevent the development of disease among those who are exposed or potentially exposed to public health threats.

Memorandum of Understanding (MOU) - used as a confirmation of agreed upon terms when an oral agreement has not been reduced to a formal contract. It may also be a contract used to set forth the basic principles and guidelines under which the parties will work together to accomplish their goals.

Mitigation - The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often formed by lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Measures may include zoning and building codes, floodplain buyouts, and analysis of hazard- related data to determine where it is safe to build or locate temporary facilities. Mitigation can include efforts to educate governments, businesses, and the public on measures they can take to reduce loss and injury.

Mobilization - Process by which staff are called in to work outside of regular business hours because of a public health emergency. Mobilization begins when a public health emergency is determined to exist and ends when all available designated staff have reported to the health department or designated public health EOC.

Multi-Agency Coordination System (MACS) - Multiagency coordination systems provide the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. The components of multiagency coordination systems include facilities, equipment, emergency operations centers (EOCs), specific multiagency coordination entities, personnel, procedures, and communications. These systems assist agencies and organizations to fully integrate the subsystems of the NIMS.

Mutual Aid Agreement (MAAs) - A written agreement between agencies, organizations, or jurisdictions to lend assistance across jurisdictional boundaries. It agrees to assist by furnishing personnel, equipment, and expertise in a specified manner at requisite time. They provide for increased access to and fast delivery of critical resources during an emergency, professional solidarity in providing resources to affected communities. It also reassures the public that essential services will return quickly.

N

National Outbreak Reporting System (NORS) - A web-based platform used by local, state, and territorial health departments in the United States to report all waterborne and foodborne disease outbreaks and enteric disease outbreaks transmitted by contact with environmental sources, infected persons or animals, or unknown modes of transmission to CDC.

National Retail Data Monitoring System (NRDMS) – A public health surveillance tool that collects and analyzes daily sales data for over-the-counter (OTC) health-care products from greater than15,000 retail stores nationwide. NRDM makes aggregated and analyzed data available to public health officials free of charge.

Non-complaint – Occurs when an individual being monitored for signs and symptoms of a CAREID fails to comply with Public Health requests to report (contact the health department) at the designated time repeatedly, OR fails to follow activity restrictions placed on the individual.

Non-medical (rapid dispensing) POD: The non-medical model refers to a modification of the medical model that streamlines dispensing operations to achieve rapid dispensing. The goal of rapid dispensing is to increase the number of people who can go through a POD, also known as increasing throughput. In light of the anticipated large number of individuals requiring MCMs during an emergency and the timeframe in which the jurisdiction must accomplish dispensing, the non-medical model takes into account limited medical staffing and decreased time to provide MCMs. In this model, individuals might receive a less comprehensive screening form; steps in the dispensing process might be combined or eliminated; or trained nonmedical personnel may dispense MCMs under limited supervision from licensed medical professionals.

Non-Pharmaceutical Interventions - mitigating the impact of a communicable disease within a community without the availability or use of antibiotics, antivirals, vaccine, or other pharmaceutical prophylaxis or treatment. This can be accomplished through the use of strategies such as Isolation, Quarantine, or Social Distancing measures.

O

Open Point of Dispensing (OPOD) – Site whose primary focus of dispensing operations since the early days of planning for large-scale MCM dispensing campaigns. They are referred to as "open" because there are no restrictions on who can go to them; they are open to everyone.

Operational Period - The period of time scheduled for execution of a given set of operation actions as specified in the Incident Action Plan. Operational Periods can be of various lengths, and for public health purposes are usually 24 hours, or longer.

Operational Readiness Review (ORR): The annual evaluation tool assessing the LHD CRI Program's: materials, products, plans, exercises, and activities. This assessment is conducted by a team of Federal, state, and local preparedness staff using a worksheet developed by Federal and state program partners (formerly the "Annual Technical Assistance Review"). The ORR is used to assess how ready Local Health Departments (LHDs) are to respond to a MCMDD response

Outbreak - Refers to an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area.

P

Pandemic **-** An epidemic of infectious disease that is spreading through human populations across a large region; for instance, multiple continents, or even worldwide. Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic.

Person Under Investigation (PUI) – A person who has a Class A Reportable Emerging Infectious Disease (CAREID) exposure risk and a fever or other symptom suggestive of CAREID.

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: Attachment, Annex, Appendix and Implementing Instruction.

Points of Dispensing (POD) - A physical site where the sole purpose is to quickly dispense (mass dispensing) preventive countermeasures (mass prophylaxis) to large numbers of people during an emergency in an effort to PREVENT ILLNESS.

Psychological First-Aid - a technique designed to reduce the occurrence of post-traumatic stress disorder. It was developed by the National Center for Post-Traumatic Stress Disorder (NC-PTSD), a section of the United States Department of Veterans Affairs, in 2006. It has been spread by the International Federation of Red Cross and Red Crescent Societies, Community Emergency Response Team (CERT), the American Psychological Association (APA) and many others.

Push Packs - The first line of support lies within the immediate response 12-hour Push Packages. These are caches of pharmaceuticals, antidotes, and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill-defined threat in the early hours of an incident. These Push Packages are positioned in strategically located; secure warehouses ready for immediate deployment to a designated site within 12 hours of the federal decision to deploy SNS assets.

Q

Quarantine – restriction of the movements or activities of a **well individual** that has been **exposed** to a communicable disease during the period the period of communicability of that disease and in such a manner that the transmission of the disease may have occurred.

R

Response - Defined as answering the call from a notifier (the 911 Operator or GCHD official) or returning the call if the notifier leaves a message.

S

Self-Shielding – self- imposed exclusion from infected persons or those perceived to be infected (e.g., by staying home from work or school during an epidemic).

"Snow Days" - Community members are asked to stay home as they would during a major snowstorm. Schools are closed, work sites are closed or restricted, large public gatherings are cancelled, and public transportation is halted or scaled back.

Social Distancing – involves increasing the space or distance between people (i.e., increase distance from others from one arms - length to two) while decreasing the opportunity for contagious transmissions to occur. For example: teleconferences in lieu of face-to-face meetings, the use of larger conference rooms, no hand shaking, and avoiding the use of public pens, computers and/or phones.

Span of Control - The number of individuals a supervisor is responsible for, usually expressed as the ratio of supervisors to individuals. (Under the NIMS, an appropriate span of control is between 1:3 and 1:7.)

Strategic National Stockpile (SNS) - The United States' **national** repository of antibiotics, antivirals, chemical antidotes, antitoxins (countermeasures) and other critical medical equipment and supplies. In the event of a **national** emergency involving bioterrorism or a natural pandemic, the SNS has the capability to supplement and re-supply local health authorities that may be overwhelmed by the crisis, with response time as little as 12 hours. The SNS is jointly run by the Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security.

Syndromic Surveillance - A process by which public health agencies, hospitals, medical professionals, and other organizations share, analyze, and query health and health-related data in near real-time. This information on the health of communities is made available to public health and other officials for situational awareness, decision making, and enhanced responses to hazardous events and disease outbreaks.

T

Throughput - A measure of how many individuals can be processed in a given amount of time.

U

V

Vendor Managed Inventory - If the incident requires additional pharmaceuticals and/or medical supplies, follow-on vendor managed inventory (VMI) supplies will be shipped to arrive within 24 to 36 hours. If the agent is well defined, VMI can be tailored to provide pharmaceuticals, supplies and/or products specific to the suspected or confirmed agent(s). In this case, the VMI could act as the first option for immediate response from the SNS Program.

W

XYZ

ATTACHMENT C: PLAN DEVELOPMENT HISTORY

PLAN HISTORY TIMELINE

2002: The Centers for Disease Control and Prevention (CDC) distributed grant funding for the development of public health's infrastructure as a result of "Twin Tower and Pentagon" incident on September 11, 2001 and the "Anthrax" incidents that followed. Ohio received three (3) of the funding opportunities. Local health departments in the southeast region (then 21 counties) were eligible for the Public Health Infrastructure (PHI), Regional Medical Resources System (RMRS), and Regional Public Health Preparedness (RPHP) funding (grants) from the Ohio Department of Health. Funding/grants were available each year from that point on and with each grant application came deliverables that required the development of response plans. Each PHI health department in the southeast region developed their own plans to fulfill the grant deliverables.

2004: The PHI grant became the Public Health Emergency Preparedness (PHEP) grant.

2009: The RMRS program/grant ended and the southeast region was divided into two (2) regions: Southeast and Southeast Central. HCHD became part of the Southeast Central (SCO) Region.

2010: A SCO region-wide planning workgroup was established and plan templates began to be developed for use if the local PHEP health departments.

REGION - WIDE PLAN TEMPLATE AND ITS DEVELOPMENT

Prior to 2010, the local PHEP planners met quarterly and as needed. When the PHEP planners discussed the increased effectiveness of working off a plan that was similar to their own when responding to a multi-jurisdictional incident or assisting one another during a large single county incident, the decision was made to develop a "template that everyone could use. By taking the best of every local health department's plan and combining them into one unified plan template, each PHEP health department could have a similar and more complete plan.

PHEP Planners that could meet more frequently than quarterly became part of the "Plan Development" workgroup and met monthly to develop the templates, then brought it back to the entire group for review and comment. Meeting minutes were written and kept by the Regional PHEP Coordinator. The Plan Development Workgroup reviewed plans from Ohio Emergency Management Agency, County Emergency Management Agencies, local health departments in Ohio, and other local and state health departments across the country to determine the structure of the plan.

The "region-wide plan template" was developed using a modified functional approach which consists of an ESF-8 model base plan with general annexes, and functional appendices. These are supplemented by implementing instructions which would be utilized to execute all or portions of a health department's ERP in conjunction with the roles and responsibilities identified in their county Emergency Operations Plans (EOP) and the local hospital's ERP. The "region-wide plan template" utilizes an all-hazards planning and preparedness approach. It is meant as a guide for an all-hazards

emergency response & deviation from the plan may be necessary as unforeseen incidents occur.

The "region-wide plan template" design and content is coordinated with public health jurisdictional plans within Homeland Security Region 7, the Southeast Central Ohio Public Health Region, Southeast Ohio Hospital All-Hazards Plan, and the OEMA ESF-8 Plan. The "region-wide plan template" attempts to use appropriate emergency response terminology, as well as utilize "person-first language" when addressing access and functional needs populations.

STEPS TO DEVELOP ADDITIONAL ERP COMPONENTS

1. Regional planning team chosen and timeframe developed by the named Lead Emergency Response Coordinator/Planner for completion. Assignment documented in PHEP Planners' Meeting minutes.
2. Development begins at the local level.
    a. Local planning team at HCHD would include: ERC, Regional PHEP Coordinator, SMEs, and representatives for Individuals with Access and/or Functional Needs.
    b. Members research topic, including internet searches, interviews with response partner and interviews with representatives of populations with access and functional needs.
3. Representation from local planning team would be by the local Lead at the Regional Planners' meeting where a template would be developed.
4. Regional Planning team develops and prepares component, using the general outline of an annex or appendix. Lead documents activities via minutes.
5. Regional Planning team distributes the component to the other health departments' planner for review and comment. Distribution documented in PHEP Planners' Meeting minutes.
6. Adjustments made, if necessary.
7. Component taken to jurisdictional response partners, including representatives of populations with access and functional needs.
8. Recommendations brought back the PHEP Planners' Meeting. Adjustments made, if necessary. Documented in PHEP Planners' Meeting minutes
9. Component given title assignment.
10. Presented to the SCO Regional Public Health Preparedness Steering Committee for review and adoption. Documented in the SCO Regional Public Health Preparedness Steering Committee Meeting minutes.
11. Plan draft/revision brought back to HCHD for final review by the HCHD planning team and adoption by HCHD.

PLAN OVERVIEW

The "Base Plan" is an overview of public health response. While it gives general information, it does not give a lot of detail. Documents related to the "plan" are all attachments, annexes, and appendices. The illustration below gives a general idea of how the entire pan interacts.

Plan "Attachments" can be found as part of the "base" plan, Annexes, and/or Appendices. They relate to the base plan, annex, appendix, or implementing instruction that they are "attached to". They are labeled alphabetically, starting with "A". The illustration below gives a general idea of how the entire pan interacts.

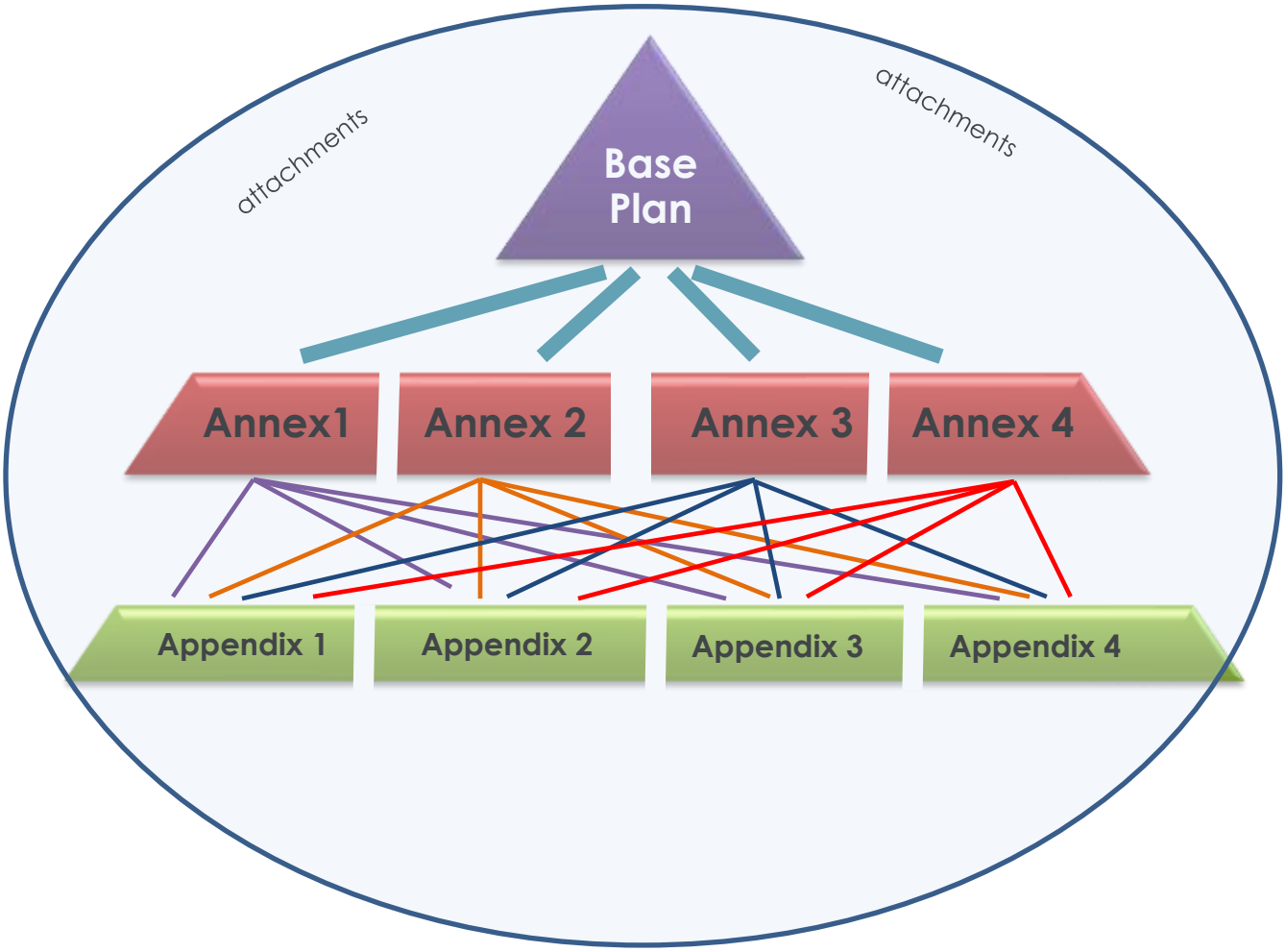
Plan "Annexes" provide more specific details related to a particular capability, or activity and are directly under the Base Plan. They typically are activities that public health has a role in for any and every response. They are labeled numerically, starting with "1". They are in no particular order, other than that is how they were developed originally. The illustration below gives a general idea of how the entire pan interacts.

Plan "Appendices" provide additional details but provide more focus than an annex (i.e., appendix 1: MCM, which may be activated in conjunction with Annex 4: Epidemiological Response or Annex 5: Environmental Health activation), or on an activity for which the health department does not "lead". The "Appendices are utilized/activated with or after the base plan or any Annex has been activated. They are labeled numerically, starting with "1". They are in no particular order, other than that is how they were developed originally. The illustration below gives a general idea of how the entire pan interacts.

"Implementing Instructions" provide the "how-to". They are very focused and detailed. Implementing Instructions (II) are associated to particular annexes or appendices and are labeled accordingly, i.e., II: comms: MARCS Usage and Matrix. The illustration below gives a general idea of how the entire pan interacts.

Definitions for the following words can be found in Attachment B: Glossary

- Plan;
- Attachment;
- Annex; and
- Appendix.



The tables which follow illustrates the original design of the region-wide plan template and the current design of the region-wide plan template

ERP	ANNEXES	APPENDICES	IMPEMENTING INSTRUCTIONS
Primary Agencies Support Agencies Non-Gov't Agencies			**Instructions placed under Annex & Appendix Titles. Examples:**
Introduction			Direction & Control Planning P General ICS ICS Forms
Situations & Assumptions	Direction & Control	Mass Dispensing/SNS	Communications Internal Call Down HAN OPHCS MARCS
Concept of Operations	Communications	Community Containment (I&Q)	Public Info & Warn Initial Response SOG Clearance of Info SOG STAFF Back-Up SOG Media Contact Communication Event Assessment First 48 hrs. Checklist
Assign Responsibilities	Public Info & Warn	COOP	Epidemiology Biological Incident Checklist County Agency Response Diagram Contact Info Form for Exposure Anthrax Investigation Flowchart
Training & Exercise	Epidemiology	Mental Health Services	Environmental Health Community Profile PH Hazard Profile
References and Authority	Environmental Health	Fatality Manage	Resource Management Emergency Purchases SOG
Promulgation/Signature Page	Resource Manage	Pandemic Influenza	Recovery/Coop Essential Functions Personnel Resource Requirements
	Recovery		Mass Prophylaxis Population by Townships Clinic Layouts

<u>Original</u> Design of Plan Layout

HOCKING COUNTY HEALTH DEPARTMENT EMERGENCY RESPONSE PLAN

ERP	ANNEXES	APPENDICES	IMPEMENTING INSTRUCTIONS
Primary Agencies			**Instructions placed under Annex & Appendix Titles. Examples:**
Support Agencies			
Non-Gov't Agencies			
Introduction & Authority			
Situations & Assumptions	Direction & Control	Mass Dispensing/SNS	
Concept of Operations	Communications	Community Containment (I&Q)	
		Class A Reportable Emerging Infectious Disease (CAREID) • Pandemic • Air-borne • Droplet • Vector	
Assign Responsibilities	Public Info & Warn		
Training & Exercise	Epidemiology	Mental Health Services	
References	Environmental Health	Fatality Manage	
Promulgation/Signature Page	Resource Manage	Medical Surge	
Summary of Changes	COOP/Recovery	Functional Needs	
Attachment A: Acronyms	Facility Emergency Action	Volunteer Manage	
Attachment B: Glossary	Healthcare Coalition		
Attachment C: Plan Development History			
Attachment D: "Unassigned"			
Attachment E: CMIST			
Attachment F: Social Vulnerability Index			

Direction & Control
- ICS Forms & Instructions
- Job Action Guides (JAGs)
- Credentialing/Badging
- Demobilization
- Incident Action Plan (IAP)
- Legal Authority
- NIMS Recommendations
- Operations Schedule
- Reg. Coord. Ctr (RCC) Activation
- Shift Change Guide
- "Planning P"
- MOU: SEO Regional PH Dept Mutual-Aid

Communications
- Incident Notification Internal Staff Call Down
- HAN
- OPHCS
- MARCS

Public Info & Warn
- Initial Response SOG
- STAFF Back-Up SOG
- Media Contact
- Communication Event Assessment
- First 48 hrs. Checklist

Epidemiology
- EPI Team Notebook
- Access to Surveillance Programs

Environmental Health
- Community Profile
- PH Hazard Profile

Resource Management
- Emergency Purchases SOG

Recovery/Coop
- Essential Functions
- Personnel
- Resource Requirements
- Temporary Site Selection Considerations
- Policy: Emergency Incident Funding Allocation and Expenditure
- Policy: Telework

Mass Prophylaxis
- Population by Townships
- Clinic Layouts

<u>Current</u> Design of Plan Layout

HCHD ERP AND PARTS DEVELOPMENT

The "SCO Region-wide Plan Template" has been used by HCHD to develop our ERP and other plan parts. The template allows our health department to modify actions and procedures to reflect our county's response efforts. HCHD's design and content is coordinated with public health jurisdictional plans within Homeland Security Region 7, the Southeast Central Ohio Public Health Region, Southeast Ohio Hospital All-Hazards Plan, and the OEMA ESF-8 Plan. It attempts to use appropriate emergency response terminology, as well as utilize "person-first language" when addressing access and functional needs populations.

UPDATE AND REVIEW OF THE PLAN

HCHD Emergency Response Plan and its parts (attachments, annexes, appendices, and Implementing instructions) are reviewed (read) annually at the SCO Public Health Planners' Meetings. Each section of the "plan" is "updated & revised" every three (3) years (or sooner if needed). The review/revision process does not differ for the base plan, annexes, or appendices. Each month one (1), or more parts of the plan are reviewed, along with its associated attachments or implementing instructions. See the "Schedule of Review" table below for actual months of review.

During the review, each and every plan part is reviewed using a plan review tool, developed by members of the PHEP Planners' members, for:

- Spelling, grammar, and acronym definitions;
- Accuracy of information;
- Changes needed as a result of an actual incident, or exercise;
    - The findings from an incident, or exercise, after action report and improvement plan (AAR/IP) are used as a reminder and guide for plan review and update
    - See Hocking County Multi-Year Training and Exercise Plan for additional details.
- Changes needed as a result of information noted as missing from the plan.

Versions: Changes needed between revisions (every three (3) years) are indicated on the region's template in highlight and adopted at the next revision/update. If the change needed is seen as significant and emergent, the information is brought to the next planners' meeting likely adopted as a revision "a", i.e., version 2016a (example).

Documentation of all changes made to the plan templates are made, highlighted, and noted on the "Summary of Changes" page, and then the template is retitled with the revision year. A brief discussion of the review and revision is also written in the Planners' Meeting minutes for the day.

HCHD then updates the local health department plan and takes the changes to the health department's leadership and our local partners for review.

The Environmental Health, Nursing, and Administration Supervisors will review the annexes, appendices, and the plan as each "plan" review is completed throughout the entire plan review schedule prior to submission to the Health Commissioner for

approval (promulgation). Promulgation will be done following the base plan revision, which is done in June.

Schedule of Review

Month Reviewed	Revision Year	Plan Title
January	2022	Appendix 1: Dispensing
January	2024	Annex 1: Direction & Control
February	2023	Annex 8: Responder Safety & Facility Emergency Action
February	2023	Appendix 2: Community Containment
March	2022	Annex 5: Environmental Health
March	2024	Appendix 4: Mental Behavioral Response
April	2022	Appendix 3: CAREID
April	2023	Appendix 5: Fatality Management
May	2022	Annex 2: Interoperative Communications
June	2021	ERP/Base Plan
June	2022	Hazard Vulnerability Assessment
August	annual	MTEP/IIP
August	2022	Annex 3: Emergency Public Information & Warning
August	2023	Appendix 6: Medical Surge
September	2022	Annex 4: Epidemiological Response
September	2024	Appendix 7: Access and Functional Needs
October	2023	Annex 6: Resource Management
November	2021	Annex 7: COOP/Recovery
November	2021	Appendix 8: Volunteer Management

STRUCTURE OF PLAN

Format

Font

HCHD uses the font: Century Gothic and uses the font size eleven (11) for the general text of the plan. Larger font, smaller font, underlining, and bolding text is used to divide section of the plan,

Headers

The header: "Hocking County Public Health Emergency Response Plan" is used as the header for the base plan, as well as the annexes, appendices, and attachments. Implementing instructions have the title of the instruction.

Footers

The base plan and its attachments footer include:

- The plan review & version dates are on the left side;

- An abbreviated title of the document in the center; and
- The page number on the right side.

The annexes and appendices footers include:

- The plan version and reviewed dates are on the left side;
- An abbreviated title of the document in the center;
- An identifier as an annex or appendix on the right, i.e., Annex 1, Appendix 6, etc.; and
- The page number is placed below the above information, in the center. The page number also indicated if it is an annex or appendix.
    - Annexes have the annex number before the page number, i.e., Annex 1 would start as "1.1".
    - Appendices have the letter "A" and appendix number the page number, i.e., Appendix 2 would start as "A2.1".

Implementing instructions may have the page number on the bottom right or bottom center.

Plan Version

The plan version number is determined by the year the plan is revised and updated, i.e., 2017. As each annex and appendix is annually reviewed, along with their associated implementing instructions, their review is indicated as the year it was reviewed and their version is indicated as the year it was revised and updated. If an additional revision is needed, an alphabet character is placed to the right of the year, i.e., 2017a. If there is a desire to know exactly what date the base plan, annex, or appendix was reviewed and updated, the Summary of Changes, located on the last few pages of the document, will give the exact date.

HOCKING COUNTY HEALTH DEPARTMENT EMERGENCY RESPONSE PLAN

ATTACHMENT D: TO BE ASSIGNED

Held in reserve for future reference document