Portage County Emergency Response Plan

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SECTION I:

I. SCOPE AND APPLICABILITY

This plan pertains to the Portage County Combined General Health District (PCCGHD) and Kent City Health Department (KCHD). This plan is always in force and is activated whenever an incident impacts public health and/or medical systems anywhere in Portage County and requires a response by Portage County Combined General Health District and/or Kent City Health Department greater than day to day operations.

The scope of this plan is not limited by the nature of any hazard. This plan is written to apply with equal effectiveness to all hazards that impact public health and healthcare, whether they are infectious or noninfectious, intentional or unintentional, or threaten the health of Portage County Residents.

A. This ERP has been designed to be independent from but act in concert with the ***Portage County Emergency Operations Plan***, North East Central Ohio: Regional (Public Health) Basic Plan-Direction, Control, and Coordination Concept Plans, North East Central Ohio Regional Healthcare Coalition, Ohio Department of Health plans and procedures, the State of Ohio Emergency Operation Plans, and other similar and overarching plans and procedures.

B. This Plan will conduct all response and recovery operations following the National Incident Management System (NIMS) guidelines and within the scope of the National Response Framework (NRF) and connects agency response actions to responses at the local, state and federal levels. This plan directs appropriate Health Department response operations to any incidents that either impact or could potentially impact, public health or healthcare within Portage County. The Health Departments support the State EOP through direction of response activities and provides needed detail for operations at the agency level. An ICS chain of command structure will be established to manage all public health emergency response activities.

C. The corresponding Annexes and Appendixes to this plan are as follows:

I. ***Disaster Data Recovery Appendix***
II. ***Continuity of Operations Appendix***
III. **MASS DISPENSING/MASS VACCINATION ANNEX**
IV. **EPIDEMIOLOGY RESPONSE ANNEX**
V. ***Pandemic Influenza Appendix***
VI. ***Community Containment Appendix***
VII. **COMMUNICATIONS PLAN**
VIII. **CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR , EXPLOSIVE (CBRNE) ANNEX**
IX. ***Public Health Hazard Mitigation Appendix***
X. **MASS FATALITY PLAN**
XI. **IAP ANNEX**
XII. **Environmental Health Annex**

II. SITUATION AND ASSUMPTIONS

A. SITUATION

Many emergency situations can lead to public health problems. Depending upon the nature of the incident, complications might include disease outbreaks, sanitation problems, contamination of food and water and community mental health problems.

Geography and Topography:

According to the 2010 United States Census, Portage County has an estimated population of 161,421. There are 61,055 household units. The population per square mile is 331.2 people. The cities are Aurora, Kent, Ravenna and Streetsboro. The villages are ~~Brady Lake,~~ Garrettsville, Hiram, Mantua, ~~Mogadore,~~ Sugar Bush Knolls and Windham. The townships are Atwater, Brimfield, Charlestown, Deerfield, Edinburg, Franklin, Freedom, Hiram, Mantua, Nelson, Palmyra, Paris, Randolph, Ravenna, Rootstown, Shalersville, Suffield, and Windham. There is one small non-commercial airport in Ravenna, Ohio.

Neighboring Jurisdictions:

The county is bordered by 6 other counties, Summit County to the west, Cuyahoga County to the southwest, Geauga County to the north, Trumbull County to the east, Mahoning County to the southeast, and Stark County to the southwest. Portage County has only one military center. The Camp James A. Garfield Joint Military Training Center (Ravenna Arsenal), located in Ravenna, Ohio. The Ravenna Arsenal is an Ohio Army National Guard military base. Military installations may depend on local and county health agencies differently during response, depending on the nature of the incident and the installation.

Population characteristics:

The top three languages after English are Arabic, Spanish and Chinese. The median household income is $52,552.00 per year. Portage County is mainly rural with Port Authority Regional Transit Authority (PARTA) bus system available in the main cities. An estimated 5.5% of the population has no vehicle available and are reliant upon these services. The estimated amount of population with a disability is 11.90%.

Incidents in Portage County have largely been attributed to the three Colleges; Hiram College, Kent State University, and Northeast Ohio Medical University (NEOMED). The international students may bring infectious diseases by this travel-related mechanism. These external events have the ability to directly impact both public health and medical services county wide by causing a demand for preventative and healthcare measures.

There are also three nuclear power plants within a 50-mile zone of Portage County. They are located in Oak Harbor, Ohio (Davis-Besse); Perry, Ohio (Perry Nuclear Power Plant); and Hooktown, PA (Beaver Valley Power Station).

B. ASSUMPTIONS

With respect to the demands that will be placed on health and medical services in the county following a disaster, several assumptions should be considered:

- A large-scale emergency will result in increased demands on the multiple responding agencies including but not limited to: Health Departments, Hospitals, the American Red Cross, the Salvation Army, and safety forces.
- Additional assistance for health and medical personnel may be available from neighboring counties, hospitals and the American Red Cross.
- Many injuries, both minor and relatively severe, will be self-treated. This may be due to knowledge of first aid or to a belief that the system is overburdened.
- An incident may occur with little or no warning
- To ensure appropriate public health response, we must be prepared to respond to any incident with the ability to impact health of county residents.
- Every communicable disease incident globally has the potential to impact the state.
- ICS may have to make provisions to continue response operations for an extended period of time as dictated by the incident.
- All response agencies will operate under in accordance with NIMS and respond as necessary to the extent of their available resources.
- Responses will be different in each jurisdiction because of "Home Rule" which is a confounding factor for response and affects the responding partners in each jurisdiction.
- Incidents are distinct, but they all have common elements that can be effectively managed through plans.
- Plans are the best means of managing the common elements of incidents.
- In additional to PCCGHD and KCHD, resources from local, regional, State, and Federal governments and from private or volunteer organizations may also be engaged during an incident.
- Additional assistance may be available in a declared disaster or emergency.
- Most incidents to which PCCGHD and/or KCHD responds will not result in a declaration.
- Incidents can affect responders, staff, volunteers, vendors, partners, and the families of each group, impacting the Agency's ability to respond.

- ICS may have incomplete information, as it must rely on federal, state and local partners to provide some critical details during response.
- ICS may receive competing requests for support beyond its available resources.
- The resources needed for an effective response (e.g., vaccine or personal protective equipment) may be unavailable or in limited supply.
- Incidents may require more or different resources than what ICS has readily available.
- Although great care has been taken to provide direction for response activities, it is impossible to account for all contingencies, and the leadership in the response organization must rely on their best judgment when the plan does not directly address a particular issue. As such, response leadership must have the training and tools to direct effective response activities.
- Every component of the ***ERP*** will work effectively during response, unless testing or implementation proves otherwise.

C. HAZARD VULNERABILITY ANALYSIS

Hazard mitigation describes the action that can help reduce or eliminate long term risks by natural or man-made disaster. This includes but is not limited to floods, earthquakes, tornadoes, or disease epidemic.

1. The following classifications were utilized to develop the hazard probability, severity and impact chart below. Any of the hazards listed in the Hazard analysis could occur in Portage County or originate in a neighboring jurisdiction and impact Portage County (e.g., critical infrastructure loss, watershed runoff, chemical incident, infectious disease outbreak, riot/terrorist act).

2. In 2016, the PC/OH EMA conjunction with PCCGHD and/or KCHD completed a hazard vulnerability analysis. This assessment identifies the hazards and vulnerabilities relevant or probable to the jurisdiction of Portage County, Ohio (see chart below). This information is incorporated into the **PUBLIC HEALTH HAZARD MITIGATION ANNEX** for Portage County and the Municipalities therein.

3. Figure 1: Hazard Analysis – Portage County Hazard and Threat Assessment (in order of probability/severity): Potential Impacts on Public Health. Any of the threats identified in the Hazard and Threat Assessment could originate in Portage County. Hazards may also originate in a neighboring jurisdiction and represent a probable hazard that could affect the health and welfare of Portage County residents.

Figure 1

Hazard and Threat Assessment

Type of Hazard	Hazard/Threat	Magnitude	Frequency	Speed of Onset	Community Impact	Special Characteristics	Vulnerability Code
Naturally Occurring	Severe Thunderstorm, High winds-Hail	3	4	2	1	1	P
Naturally Occurring	Tornado, EF 0-EF 1	2	2	4	4	2	P
Naturally Occurring	Tornado EF 2 - EF 5	3	2	4	4	4	C
Naturally Occurring	Flooding, Seasonal, river basin	1	3	1	1	1	P
Naturally Occurring	Flooding, Flash	1	4	4	1	1	P
Naturally Occurring	Snow, Ice Storm, extreme cold	4	4	1	2	2	P
Naturally Occurring	Public Health, Communicable Disease	4	3	1	4	4	P
Naturally Occurring	Agriculture/ Invasive species	1	2	1	1	1	P
Naturally Occurring	Toxic Algae Bloom	1	2	1	2	1	P
Naturally Occurring	Extreme Heat/ Drought	4	2	1	4	4	P
Techno-logical	HAZMAT release, trans/ facility	2	2	4	4	4	C
Techno-logical	Air Craft Incident	1	2	4	4	4	P
Techno-logical	Dam/ Levee Failure	2	1	1	4	1	P

Type of Hazard	Hazard/Threat	Magnitude	Frequency	Speed of Onset	Community Impact	Special Characteristics	Vulnerability Code
Techno-logical	Power Outage, Internet, phone 9-1-1	4	2	4	2	2	C
Techno-logical	Structural Collapse/ CIKR	2	2	4	2	2	N
Techno-logical	Nuclear Power Plants 50 Mile	4	1	1	4	4	C
Techno-logical	Water outage, disruption	2	2	3	2	2	P
Human-Caused	Terrorism Active Shooter	1	2	4	4	4	C
Human-Caused	Terrorism CBRN, IED	1	2	4	4	4	N
Human-Caused	Active Shooter Public/ Schools	1	2	4	4	4	C
Human-Caused	Hostage Situation	1	2	4	1	1	P
Human-Caused	Cyber Attack	1	2	4	1	1	P
Human-Caused	Civil Unrest	1	2	2	1	1	P

Number Definitions: 1. Negligible
2. Limited
3. Critical
4. Catastropic

Vulnerability Code: Concern (C)
Neutral (N)
Positive (P)

4. Additionally, in order to reach our vulnerable populations in Portage County, see Attached EXHIBIT A for the Map of floodplains in Portage County, Ohio along with EXHIBIT B, which shows the Social Vulnerability Index scores for the County.

III. COLLABORATIONS

Many health-related impacts are beyond the scope of LHD's alone and require involvement of other local, state and federal partners with responsibilities for addressing incidents with impacts on health. These agencies and organizations comprise Emergency Support Function (ESF)-8, Public Health and Medical Services in the state. As a part of ESF-8 LHD partners with a wide range of organizations, including local, public and private healthcare organizations, the business and medical communities, and other state and federal agencies. Plan execution will be coordinated vertically among all levels of government to ensure singular operational focus.

At the local level, the **ERP** interfaces with response plans for public health and medical organizations, such as University Hospitals Portage Medical Center. The Portage County ERP also interfaces with the Portage County Emergency Management Operations Plan. LHD's will activate the **ERP** to support the actions directed by local response plans.

At the regional level, we would interface with the Northeast Central Ohio Public Health Region 5 (NECO). The plans produced by NECO are designed to work in concert with the plans of the member organizations and define how the agencies collaborate during responses that affect one or more of their jurisdictions. See EXHIBIT C, Regional Planning Interface Procedure for more information regarding regional collaboration.

At the state level, we will interface with the Ohio Department of Health for guidance and support for public health response.

Our participatation in local and regional healthcare coalitions also ensures that we are able to participate in planning on the regional level whenever possible in order to manage the regular recurring events in our county or unplanned events with impacts upon public health. See Figure 2, Regional and State Coordination Agencies.

Figure 2:
REGIONAL AND STATE COORDINATION AGENCIES

Portage County Emergency Management Agency	Ohio Department of Health
Local Hospital	Ohio EPA
Local mental health agencies, and all local government agencies	Ohio State Emergency Operations Center
Northeast Central Ohio Regional Healthcare Coalitions	Other state agencies, as situation requires
American Red Cross	Federal Health Agencies
Salvation Army	Federal Emergency Management Agencies (FEMA)
Portage County Commissioners	Centers for Disease Control (CDC)

In order to foster preparedness planning and coordination in the county, LHD's collaborates with North East Central Ohio health care coalitions as an integral part of emergency preparedness planning and emergency response activities. The health care coalitions communities' work together to prepare for, respond to and recover from disasters. The ERP looks to the regional healthcare coalitions to provide guidance and technical support. See Figure 3 below:

Figure 3:
HEALTHCARE COALITIONS

Local Health Care Coalitions	**Regional Health Care Coalitions**
Immunization Coalition	NECO Public Health Planning Committee
Substance Abuse Coalition	NECO Multi-Agency Steering Committee
Suicide Prevention Coalition	NECO Public Health Epidemiology Workgroup
Access to Care Coalition	NECO/NEO Regional Infectious Control Committee
Safe Communities Coalition	NECO Public Health Medical Reserve Corp Workshop
Transportation Assessment Coalition	NECO Public Health Public Information Workgroup
Emergency Assistance Network	NECO Regional Exercise Design Team
Education-Substance Abuse Committee	

LHD's personnel encounter a variety of events and festivals occurring in the county. Please see attached EXHIBIT D for Regular events in Portage County and Kent City.

Finally, In addition to the Support agencies below listed in the Agency/Organization Primary and Secondary Activities of ESF-6, LHD's collaborates with Regional, State and Federal Health Agencies. See Figure 4: the Primary and Secondary Activities of ESF-6.

Figure 4:

Primary and Secondary Activities of ESF-6

Agency/Organization ** P = Primary ** S = Secondary	Sheltering Services	Transportation	Functional Needs Transpo.	Feeding/food services/pantry	Housing Temporary	Housing Long-term	Financial Assistance	Health and Medical Services	Mental Health Services	Disaster Recovery services	Home repair assistance	Family Reunification	Developmental Disabilities	Bilingual / International Assistance	Animal Assistance	Faith based services	Family assistance / counseling	Emergency First Aid	Bulk Distribution/POD	Donations Management	Volunteer Management/VRC	Public Info. - Demographic
Family and Community Services	P	P	P	P	P	P	S	S	P			S	P				P			S	S	P
Portage County Job and Family Services		S		S	S		P					P					P			S		
Portage County Combined General Health District	S							S		S								S	P		P	P
Portage Metropolitan Housing Authority					P	P	S															
University Hospitals Portage Medical Center								P	S								S	P				P
Fire & EMS Departments																		P				
Law Enforcement																		P				S
Portage County Board of Developmental Disabilities			P					P	P				P				P					
Portage County Veterans Commission		P			S		S	S														
Portage Industries		P	P						S				P				S					
Access Point								P														
American Red Cross S. M. P.	P				P		P		P	P		P					P		P			
Mental Health & Recovery Board of Portage County					P	P			P				P				P					P
Center of Hope (FCS)	S			P																P	P	S
Change Hunger				P																		
Catholic Charities				P	P					S			S				S				S	
Portage County WIC				P			P															
United Way OF Portage County																				P		
Habitat for Humanity					P																	
Salvation Army				P																P	P	
Kent Social Services (FCS)	S			P																P	P	S
Portage County Faith Based Organizations / Churches	P			P												P						
Suffield Fellowship Church	P			P												P						
Coleman Professional Services								P				P				P						
Children's Advantage									P			S					P					
Community Action Council of Portage County	S											P								S		P
CAC also Utility assist/child care																						
Goodwill Industries of Akron																				P		
Hattie Larlham	P		P					P	S							P						
Independence of Portage County								P			S											
Kent State University																						
Portage-Summit Diaper Bank																						
Town hall II									P								P					
Ohio Military Group	P			p					p						p		p		P		P	
Portage County Dog Warden, Portage County APL	P	P		P	P							S			P							
Happy Trails Farm Animal Sanctuary																						
Portage County Animal Preparedness Committee															P							
Portage County Veterinary's															P							
Portage Area Regional Transit Authority		P	P																			
International Institute (Summit County)														P								
Independence Inc.	P	P	P	P	P			P			P		P					P				
Local Lingua (Kent)														P								
Akron, Canton Area Agency on Aging																						
Ohio Volunteer Agencies Active in Disaster.				S			S			P	P					P				P		
Tri-County Independent Living Center								P						P								
Portage County Water Resources										P												
PCWR also County Drinking water and sewer																						
Food Bank (Summit County)																	P	P			P	

SECTION II:

A. RESPONSE OPERATIONS

Section two (2) provides detailed direction in how response operations are executed by the LHDs. This section covers the steps necessary for incident assessment, response activation, provides guidance on the execution of response operations, and details the processes that take place after a response.

1. ESSENTIAL ELEMENTS OF INFORMATION

Essential Elements of Information (EEIs) address situational awareness information that is critical to the command and control decisions. EEIs will be defined and addressed as soon at the response begins, see *EEI Requirements* as outlined in **Attachment I – Public Health Operations Guide.** LHD shall include a list of the current EEIs with the completed ICS 201 form and with each IAP. This list will be reviewed during IAP development and refined for each operational period. At a minimum, the Incident Command, Public Information Officer, Planning lead, and Operations lead will contribute to this refinement.

Upon notification of a state-and local coordination call, agency leads will prepare a list of completed and planned actions to share with key POC's at ODH. ODH POC's will contact their local counterparts to discuss key information and incident needs that must be reported throughout the incident. Both LHDs and ODH will contribute to the establishment of these EEI's. Once finalized, LHD will identify the POC's within the agency who will lead the implementation/identification of each EEI.

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

The PCCGHD and/or KCHD Health Commissioner, or otherwise designated spokesperson, will speak on behalf of the agency on all state-and-local coordination calls. The Health Commissioner/designated spokesperson will address all the EEI's and clearly communicate both completed/planned actions and the response capacity of the agency. For any previously identified gaps in capacity, the Health Commissioner/designated spokesperson will identify the state agency that can provide assistance and defer to that state partner for an update.

To identify sources of information for EEIs, consult ***Appendix 3 - Internal POCs*** *and* ***Appendix 4-External POCs****.*

2. INFORMATION SHARING

To ensure that LHDs maintains a common operating picture across all the locations response personnel are engaged, ICS will follow the procedure outlined in the Public Health Operations Guide (PHOG). See **Attachment I - Public Health Operations Guide**.

When activated, the Department Operations Center (DOC) holds briefings every four hours or as determined by the IC. When the Emergency Operations Center (EOC) is activated, the DOC will provide briefings every four (4) hours or as needed, when requested by the Incident Commander. The DOC will provide a report to the County EOC every four hours, or at least one (1) hour before the scheduled briefings. If this schedule is revised, DOC will update the frequency of information exchange, continuing to provide a report one (1) hour before scheduled briefings.
The DOC will interface directly via Emergency Support Function leads at each of the ESF-6 Desk supported by DOC—for updates on missions and to provide requested information.
The DOC will provide updates via WebEOC and by sharing the developed Situation Reports. Additionally, DOCs may provide 213s and 213RRs, as necessary. These may be included as attachments to the SITREPs, uploaded into WebEOC, or provided as stand-alone documents.

3. CONCEPT OF OPERATIONS

A. General Operations:

This Emergency Response Plan is used in conjunction with the County all hazard Emergency Operations Plan (EOP) which creates an outline for protecting the health, safety and property of the public from all hazards. Many health-related impacts are beyond the scope of Portage County alone and require involvement of other county partners with responsibilities for addressing incidents with impacts on health. These agencies and organizations comprise Emergency Support Function (ESF) 8 Public Health and Medical Services in the county. Portage County serves as the coordinating agency for ESF-8 in Portage County. As part of ESF-8, Portage County partners with a wide range of organizations, including representatives from public health, medical, mental health, faith based, access and functional needs, funeral, coroner, first responder and Emergency Management Agencies. These agencies may perform response operations in either a primary or support role, dependent on the incident type, severity and scale. This plan allows for coordination and communication with other agencies and organizations in order to work with the Portage County in an emergency. The purpose is to maintain the community's sustained ability to withstand and recover from emergency events.

Phases of Emergency Management
Emergency management and preparedness activities are conducted within the following five phases, prevention, mitigation, preparedness, response, and recovery.

- Prevention refers to activities, tasks, programs, and systems intended to avoid of stop an incident from occurring. Prevention can apply to accidental or intentional human caused incidents and technology-caused incidents. Public health operations are primarily focused on implementing, sustaining, and regulating prevention initiatives.

- Mitigation refers to measures taken to limit or control the consequences, extent, or severity of an incident that cannot be prevented. The goal of mitigation activities is to protect people and property and to reduce the cost associated with an incident. Mitigation operations may be interim or long-term actions. In general, public health regulations and enforcement practices constitute common mitigation activities.

- Preparedness refers to activities, tasks, or systems to develop, implement and maintain the capability to respond and or recover from an incident. Preparedness includes plans and other preparations made to save lives and facility response and recovery operations. Public health emergency preparedness activities include training, exercising, planning and resource acquisition.

- Response refers to immediate and ongoing activities, tasks, programs, and systems to manage the effects of an incident that threatens life, property, operations, or the environment. Public health response activities include responding to communicable or infectious disease incidents, environmental health hazards, or other incidents which necessitate the execution of a public health function.

- Recovery refers to activities and programs designed to return conditions to a level that is acceptable to the entity or jurisdiction. Recovery activities are often focused on restoring functions, services, resources, facilities, programs and infrastructure. Recovery operations may be interim or long-term actions with the goal of restoring stability to the community. Public health recovery activities focus on providing restored or modified services to the community.

1. Department Operations Center (DOC) will be coordinated at the agency level but multiple agencies' operations will be coordinated at the Portage County Emergency Operations Center (EOC), when opened.

2. Each responding agency will send a trained representative to the EOC and to the Portage County Joint Information Center, if activated.

3. All agencies are required to have emergency plans and updated resource lists of personnel and equipment that will be brought with their representative to the EOC.

All activities performed in response to an emergency, incident or event maintain the following overarching objectives (in order of precedence):

i. Life Safety
ii. Stabilizing the Incident

iii. Protect and Preserve Property
iv. Protect and Conserve the Environment

4. Portage County EOC becomes activated by request.

5. During the activation of the EOC when the incident exceeds the capability of the local government, requests for resources to accomplish the mission will be coordinated and directed through Portage County OH/EMA. Assets will be requested from County, State or Federal assistance. Resource requests will be directed through the Incident Commander through the county EOC.

B. SPECIFIC OPERATIONS FOR HEALTH/MEDICAL EMERGENCY RESPONSE OPERATIONS

Public Health

1. The PCCGHD and KCHD is a Public Health agency serving all communities in Portage County.
2. PCCGHD is the designated lead support agency in health related or bioterrorism events unless specific to only KCHD-whom would then take the lead. The current Health Commissioner or his designee will act as the Incident Commander whether needed at the County Emergency Operations Center (EOC) or the Department Operations Center (DOC) with the capability to assist communities and/or their safety forces with the following:

a. Medical/Nursing Services
- Vaccination and/or prophylaxing of individuals, if warranted by the threat of disease
- Disease detection, investigation, and surveillance

b. Food consultation services
- Provide guidance and determine possible contamination of food supplies
- Assess food safety through inspection

c. Vector control consultation services
- Provide guidance, and plan vector control activities to control mosquitoes, flies, and rodents

d. Refuse disposal consultation services
- Provide guidance in the collection, storage, and disposal of garbage and refuse

e. Bioterrorism Response
- Plan and respond to a bioterrorism event within the county

3. PCCGHD and/or KCHD will assist in determining whether the sanitary conditions at a facility are fit to be used as a shelter.

4. PCCGHD and/or KCHD will conduct environmental public health inspections, such as food inspections and shelter inspections, and

medical (disease assessment, surveillance, and vaccination, if needed) services at shelters and reception centers established by the American Red Cross shelters as requested.

5. All LHD Staff have a role in supporting and participation in a response.

Emergency Medical Services (EMS)

1. Since EMS Services are based and dispatched from each fire department, EMS activities will be coordinated by the Fire Services Coordinator, Fire and Rescue.
2. All field emergency medical services (EMS) will assist, if requested, in the transportation of injured persons to medical facilities.
3. The Portage County Emergency Operations Plan will be followed.

Hospitals and Definitive Care

1. Portage County Hospital system (UH Portage Medical Center) coordinates hospital care in time of disaster and may send a representative to the county Emergency Operations Center (EOC).
2. Portage County Hospital systems will follow their own disaster response and recovery plans.
3. LHDs will identify public health and/or other facilities that may be expanded into emergency treatment centers in conjunction with the American Red Cross if requested by the hospital through the EOC.
4. Portage County Hospital systems will follow their established emergency response plans for releasing those patients not needing extensive and prolonged medical treatment to their families and providing additional beds for those injured in any disaster or who require extensive treatment and care.
5. If the magnitude of the disaster causes the hospital within Portage County to receive more patients than they can handle, temporary medical facilities will be established and/or patients, in compliance with the hospital's diversion plan, or patients will be moved to other health care facilities within the region.

Mental Health

1. The Portage County Mental Health & Recovery Board shall coordinate mental health activities.
2. All mental health clinics, facilities, and personnel will be utilized, as needed, to treat those emergency workers and persons affected by the emergency.

Mortuary and Coroner

1. The Portage County Coroner will coordinate all mortuary services (refer to **MASS FATALITY PLAN**).

Red Cross

1. Requests for blood will be coordinated with the Northeast Ohio Red Cross Blood Center, through the Summit/Portage County Chapter American Red Cross.
2. Open and staff shelters in Portage County, as requested. Depending on the event that has occurred.

Additional staffing

1. Hospitals, Public Health, or other health and medical facilities may need additional personnel. They can request volunteers through the Emergency Operations Center from any of the following groups (including but not limited to this list):
    a. Emergency Medical Technicians
    b. American Red Cross
    c. Private nurses or school nurses
    d. Registered Medical Reserve Corps volunteers
    e. Volunteer Services Agency

4. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Collaborating Agencies

The LHDs, American Red Cross, hospitals, EMS units, ambulance services, health and medical personnel, clinics, funeral homes, the Portage County Coroner, nursing homes, County Agencies, Non-Profit Agencies, Churches and Faith based agencies and outpatient mental health facilities comprise the health and medical components in Portage County. The goal of these agencies is to work to implement preparedness planning to avoid disparate treatment and the denial of full and equal services. The intent of this planning guidance is to ensure that individuals are not turned away from general population shelters and inappropriately placed in other environments (e.g., "special needs" shelters, institutions, nursing homes, and hotels and motels disconnected from other support services). Addressing these gaps benefits the entire community and maximizes resources. The Portage County Combined General Health District's Communication Plan outlines the resources and guidelines for notification to the public and community partners regarding an event.

5. ACCESS AND FUNCTIONAL NEEDS STATEMENT

Access and functional needs include anything that may make it more difficult—or even impossible—to access, without accommodations, the resources, support and interventions available during an emergency. The access and functional needs identified in the county have been detailed in ***Appendix 5 – PCCGHD and KCHD CMIST Profile***. Potential impacts from an incident may require LHD to respond by initiating or supporting the following activities to address an incident:

1. Functional Needs Support Services (FNSS) are defined as services that enable individuals to maintain their independence in a general population shelter. FNSS includes:

- reasonable modification to policies, practices, and procedures
- durable medical equipment (DME)
- consumable medical supplies (CMS)
- personal assistance services (PAS)
- other goods and services as needed

2. In order to meet developing plans that will meet the needs of people requiring Functional Needs Support Services (FNSS), collaboration is needed with all relevant stakeholders including:

- People requiring FNSS
- Agencies and organizations that provide FNSS
- Agencies and organizations that advocate for the rights of people requiring FNSS
- Durable Medical Equipment, Consumable Medical Supplies, Personal Assistance Services, and communication providers

This includes:

- Access to services
- Transitioning Back to the Community
- Transportation services while in shelters and for re-entry into the community

See **Appendix 1: Communicating With and About Persons With Access and Functional Needs.**

6. ASSIGNMENT OF RESPONSIBILITIES

A. RESPONSIBILITIES

This list includes the responsibilities of traditional response agencies during a health or medical emergency or disaster. These services are available 24/7 during an emergency situation. Additional agencies may be asked to respond during an emergency or disaster. Ohio's Functional Needs Plan, a Tab to Emergency Support Function #6 – Mass Care – employs the Functional Needs Framework as an organizational model for addressing the needs of persons with functional limitations and needs during disasters. Additionally, the task lists for each response agency includes the traditional roles of that agency. It is by no means a comprehensive list of the response agency's capabilities and roles during an emergency or disaster.

The Portage County Health Commissioner will be the primary person responsible for coordinating emergency preparedness and response for Portage County unless specific to KCHD. The Health Commissioner has the primary responsibility for facilitating the activation of the ***Emergency Response Plan*** and the Department Operations Center (DOC). If the Health Commissioner is unavailable or there is a delegate that is assigned the responsibility, activation may be successively facilitated by the Director of Nursing, Director of Environmental Services, or another director at their discretion.

All PCCGHD and KCHD staff have a role in supporting and participating in the agency's preparedness and response efforts.

The Portage County Combined General Health District Board of Health and the Kent City Health Department Board of Health oversee the operations of their prospective Health Departments and may assign additional program responsibilities.

The county Boards of Health will be engaged and notified whenever the ERP is activated. Additionally, the BOHs may also be engaged and notified for situational awareness at the Health Commissioner, or designee's discretion for any incident which may adversely affect public health but not rise to the level of necessitating ERP activation.

The BOHs will be notified by phone, OPHCS, or email. Unless delegated, this outreach is made by the Health Commissioner. At a minimum, the BOH President, or designee, will be contacted to inform the board of the incident and response operation initiation.

The following personnel and groups have critical responsibilities in agency preparedness and response efforts.

1. HEALTH COMMISSIONER(S)

As the lead health officials for Portage County and Kent City, it is under the authority of the respective Health Commissioners that the agency(s) responds to incidents. During incident response, the Health Commissioners have the following responsibilities:

- Will provide direction and control for health activities during emergencies.
- Will maintain liaison with all emergency response groups and volunteer organizations during emergencies.
- Will implement the **PUBLIC HEALTH ANNEX** of the Portage County Emergency Operations Plan as necessary.
- Will develop resource plans for health services/supplies within-and-out of the county.
- Will provide support for the other county, regional, state response agencies as feasible.
- Will oversee the development and maintenance of plans such as detailed Standard Operation Guides/Job Action Sheets for emergency response functions and implement the ICS during a public health event.

2. LEGAL SUPPORT

PCCGHD legal counsel is provided through the Portage County Prosecutor's Office and KCHD through the Kent City Legal Department. Legal counsel will work in collaboration with the incident command team to identify the legal boundaries and/or the ramifications of potential response actions in an effect or to avert unintended liability. The Health Commissioner (HC) shall authorize the process by which

the agency's legal counsel is engaged. This process could occur via phone, conference call or meeting. The County Prosecutor is assigned by the HC and is contacted by Administration. Depending on the severity and scope of the incident, the legal counsel could be asked to attend daily operational planning and briefing sessions for their situational awareness and to provide their opinions to ensure the applicable administrative law statutes are recognized and being adhered to.

Legal counsel will also support the execution of Memorandums of Understanding (MOUs), Mutual Aid Agreements (MAAs) and requests for resources through the Emergency Management Assistance Compact. The Health Commissioner is the person who authorizes internal approvals before contacting/engaging legal consult in the event there is a question regarding any legal advice.

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

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

3. PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) OFFICE
The Public Health Emergency Preparedness (PHEP) Coordinator has the primary responsibility for overseeing and coordinating emergency preparedness and response for the Portage County. The Health Commissioner authorizes activation of the **ERP** and the Department Operations Center (DOC). If the PHEP Coordinator is unavailable, the Health Commissioner delegates the responsibility, activation may be successively facilitated by a Director or other staff appointed by the Health Commissioner.

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B. INCIDENT DETECTION, ASSESSMENT, AND ACTIVATION

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

- The Health Commissioner authorizes activation of the ***ERP*** upon determination of the incident. If the ERP is activated in this way, response will begin with incident assessment, which is required to establish the activation level and define the incident response needs.
- Response personnel employ the entire process described in this section of this plan and present their recommendation for activation to the Incident Command, response personnel, and then complete identified response actions.

Activation of the ***ERP*** marks the beginning of the response.

1. INCIDENT DETECTION

Any staff member who become aware of an incident requiring or potentially requiring activation of the ***ERP*** are to immediately notify the Health Commissioner or Director or Supervisor. The Health Commissioner will activate the ***ERP*** if one or more of the following criteria may potentially lead to activation of the ***ERP***:

- Anticipated impact on or involvement of a divisions beyond the currently involved division(s), with an expectation for significant.
- Potential for escalation of either the scope or impact of the incident.
- Novel, epidemic or otherwise unique situation that likely requires a greater-than- normal response from LHD.
- Need for resources or support from outside of County.
- Significant or potentially significant mortality or morbidity.
- The incident has required response from other agencies, and it is likely to or has already required response.

2. INCIDENT ASSESSMENT

LHD staff will immediately inform their Directors or the Health Commissioner of any incident that they may believe is likely to require activation of the ***ERP***. Activation is subject to the discretion of Health Commissioner, which is the first step in the Procedure section of **ATTACHMENT II-Initial Incident Assessment Standard Operating Procedure**. This notification will trigger the Initial Incident Assessment Meeting, which must take place via phone or face-to-face within one hour of the initial detection of the threat.

3. ACTIVATION

The initial incident assessment meeting supports the completion of the **Attachment III - Initial Incident Assessment Form** to determine if the plan will be activated and the Activation Level. After determining the necessary activation level during the initial Incident Assessment Meeting, activation of the plan will occur through utilization of the ***Attachment IV-ERP Activation Standard Operating Procedure.***

Execution of the ***ERP*** may require staff mobilization and activation of the Department Operations Center (DOC). The DOC is the facility where the agency's response personnel can be co-located to promote coordination of response activities. Activation of the DOC is described *in* ***Attachment I-Public Health Operations Guide (PHOG).***

LHDs may engage primary and redundant methods of communication both at the programmatic, Department Operations Center and county level. When responses require the engagement of the Portage County Emergency Operations Center, PCCCGHD/KCHD assumes its role at the ESF-8 desk. From the desk, PCCGHD/KCHD may require additional collaboration with other ESFs, County EMA staff and other local and state partners.
The ESF-8 desk facilitates an environment for situational awareness, information flow and coordination with partners. For a graphical illustration of

the information flow, please see the flow chart below (Table 7). Activation of the DOC is described *in* ***Attachment I-Public Health Operations Guide*** *(PHOG), Page 8.*
For a list partner point of contacts, please refer to ***Appendix 3 – Internal Contacts and Appendix 4 - External Contacts*****.**

LHDs communicates Essential Elements if Information and other tactical information through the messaging of information to response staff to ensure responders are well informed on the response operation. Key Messages must include

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

Figure 8: **Notification and Activation Levels**

Activation Level	Description	Minimum Command Function & Staffing Recommendations
Type 5: Routine Operations Person Leading Response: Incident Commander LHD Health Commissioner and/or their designee	• Respond to incident on a daily basis • Day to day SOP's • Programmatic resources are sufficient	• Normal Day-to-Day Staff • Public information: local, regional (optional)
Type 4: Situation Awareness & Monitoring Person Leading Response: Incident Commander Health Commissioner and/or designee	• One county jurisdiction is affected • Response may be handled without (or require limited regional/outside	• IC • Public information (regional contiguous jurisdictional (1)DOC Level 1 • PC EMA Director notified

	assistance or resources) • The incident may escalate and require regional/outside assistance if not addressed early in the incident cycle	• Possible Portage County Emergency Operations activation • Consider activation of the LHD DOC
Type 3: Partial Activation Health Commissioner and/or designee	• One or more county jurisdictions are affected • Response may require coordination across jurisdictions • Incident may escalate and require regional/state assistance if not addressed early in the incident cycle.	• IC • Possible Area Command or Unified Area Command • Public information – establish JIC • Planning • Operations • Resources • Staffing Support • DOC Level 2 • Possible Portage County EOC Activation
Type 2: Full Activation Health Commissioner and/or designee	• One or more regions (and/or states) are affected • Response requires coordination from regional, cross regional and state level to ensure an integrated response	• Full Staffing • Assigned personnel and resources will require regional and state augmentation • Possible area command or Unified Area Command • IC • Public Information: establish JIC • Planning • Operations • Resources • Staffing Support

	• The incident is expected to escalate	• DOC Level 3 • Possible Portage County EOC Activation • Possible State EOC Activation
Type 1: National Incident Health Commissioner and/or designee	• The region, state, and/or nation are affected • Response requires coordination from both a regional cross regional, state and federal level • Federal assistance required based on incident complexity	• Full Staffing • Personnel and resources will require regional and state augmentation • Possible Area Command or Unified Area Command • IC • Public Information: Establish JIC • Planning • Operations • Resources • Staffing Support • DOC Level 3 • Possible Portage County EOC Activation • State EOC

7. ROLES

1. Portage County Combined General Health District

a. Community Health (Nursing Division and Epidemiology) Services

1. Communicable disease surveillance, identification, controls, and reporting
2. Immunization, and vaccination
3. Prophylaxis
4. Emergency health screening
5. Issuance of health advisories
6. Supplemental assistance to emergency shelters, disaster sites, as requested
7. Maintain vaccine, medical supplies and resources

b. Environmental Health Services

1. Food safety
2. Private water system under disaster conditions
3. Household sewage and disposal
4. Vector control
5. Assistance with health advisories

6. Emergency solid waste guidance
7. Emergency shelter inspections

c. Public Health Laboratory Services
   1. Assistance with packing and shipping of specimens to be sent to the Ohio Department of Health laboratory and/or CDC Laboratories, as requested.
   2. Assistance in processing or performing environmental lab testing during an event, as needed and requested.

2. Hospital
   a. Provide triage physician led team for disaster site as requested
   b. Provide emergency treatment for disaster victims
   c. Provide in-hospital treatment for disaster victims
   d. Setup triage team in hospital as necessary
   e. Provide temporary morgue for victims who expire in the hospital
   f. Arrange for trans-shipment of patients to other hospitals as necessary
   g. Provide EOC Liaison Officer
   h. Assist with Disaster Mortuary Operational Response Team (DMORT) Team/Coroner

3. American Red Cross (EOC Liaison)
   a. Provide blood through blood donor program and blood bank
   b. Provide nursing staff as requested
   c. Provide volunteers as requested
   d. Provide mental health counseling for disaster victims
   e. Provide limited first aid, health screening, and referral at shelters and/or aid stations
   f. Provide support services for disaster victims, their families and emergency response personnel (food, clothing, and shelter) as outlined in the Portage County Emergency Operations Plan
   g. Implement shelter centers through PC/OH EMA, as requested

4. EMS
   a. Respond to disaster site
   b. Perform triage in mass casualties' disaster
   c. Administer emergency treatment commensurate with certification and training
   d. Establish liaison with hospital
   e. Transport victims according to severity of injuries
   f. Provide additional medical service in shelter if resources are available
   g. Liaison with PCEMA

5. Coroner/Funeral Home Directors (under direction of Coroner)
    a. Establish temporary morgue sites
    b. Assist in transport of deceased using Funeral home vehicles
    c. Identify deceased
    d. Perform funeral services
    e. Assist in the interment of the deceased
    f. Notification of families of deceased
    g. Contact State EMA for DMORT Teams
    h. Request refrigerated trucks from the PCEMA, as needed

6. Mental Health Agencies/Mental Health and Recovery Board
    a. Coordinate necessary activities for overall mental health and well-being recovery following an incident.
    b. Provide media to PIO's to increase public awareness of mental health services for the effected community.
    c. Identify, assist and provide resources to treat victims with incident related mental health disorders.
    d. Provide behavioral health clinic consultation services to the PC EOC and shelter.
    e. Activate the Portage County Incident Response Team and the Critical Incident Stress Management Team, if needed, following an event. See EXHIBIT E, Psychological First Aid policy.
7. Portage County Family and Community Service (F&CS)
    a. Coordinate numerous volunteer programs and identify resources in both materials and people to assist with mass care and human service operations.
    b. Provide media to PIO's to increase public awareness of mass care and human services operations.
    c. Assist in identifying facilities for donations management.
    d. Provide staff for donations and volunteer management following an incident.
    e. Assist in identifying temporary and long-term housing solutions for displaced individuals and families.
    f. Assist in the set up and administration of a Family Assistance Center.
    g. Assist in emergency transportation and resources for individuals with functional needs and developmental disabilities.
    h. Assist in identifying additional resources as needed for unmet needs post incident.

8. Portage County Job and Family Services (J&FS)
    a. Assist in the implementation of assistance programs where applicable to J&FS.
    b. Provide media to PIO's to increase public awareness of J&FS Operations.
    c. Assist in identifying funding streams for families with financial needs following an incident.

d. Assist individuals with functional needs to include children and elderly with assistance as needed following an incident.
e. Coordinate emergency assistance for feeding operations.
f. Coordinate re-employment assistance following an incident.
g. Assist in identifying resources with unmet needs post incident.
h. Provide a liaison to Portage County Emergency Operations Center.

9. Medical Clinics
   a. Collaboration with community Partners (i.e; PCCGHD Nursing Division, PC/OH EMA, Hospitals) to work to provide emergency medical treatment for disaster victims.
   b. Provide medical staff for disaster response as available.
   c. Provide space, as available, for temporary hospital/medical treatment facilities for disaster victims in large-scale disasters.

10. Volunteer Groups (Salvation Army, American Red Cross, Volunteer Services
   a. Provide food, clothing, shelter to disaster victims, their families and emergency response workers.
   b. Provide medically trained personnel as available.
   c. Provide disaster-counseling services.
   d. Provide other support services as available (transportation, resources, supplies and personnel).

8. DIRECTION AND CONTROL
A. EMERGENCY RESPONSE PLAN AND EMERGENCY OPERATIONS CENTER ACTIVATION

If a public health emergency is declared, the affected health department's Incident Commander can request the activation of the Portage County Emergency Operations Center (EOC). Each responding agency will send a trained representative to the EOC and to the Portage County Joint Information Center (JIC), if activated. See **Appendix 9, NIMS 2017 Refresh Document.**

1. An ICS chain of command structure will be established to manage all public health emergency response activities. NIMS Training Requirements will be based on Ohio NIMS Implementation Guidance (FFY 2012) guidelines as outlined below:

Tier One: Entry level first responders & disaster workers:

Applicable training courses are:

- National Response Framework: An Introduction (IS-100)
- National Incident Management System: An Introduction (IS-700)

Tier Two: First line supervisors:

Applicable training courses are:

- Introduction to Incident Command System (IS-100)
- Incident Command System for Single Resources and Initial Action Incidents
  (IS-200)
- Intermediate Incident Command System (ICS-300)
- National Incident Management System: An Introduction (IS-700)

Tier Three: Command and staff:

Applicable training courses are:

- Introduction to Incident Command System (IS-100)
- Incident Command System for Single Resources and Initial Action Incidents
  (IS-200)
- Intermediate Incident Command System (ICS-300)
- Advanced Incident Command System (ICS-400)
- National Incident Management System, An Introduction (IS-700)
- National Response Framework, An Introduction (IS-800)

Public Information Officers:

Applicable training courses are:

- IS-702 NIMS Public Information

B. THE ICS COMMAND STAFF INCLUDES:

1. INCIDENT COMMANDER

a. The Incident Commander has overall control of the event. In a small event, he or she may assume the responsibility of all components of the system. In larger or more complex events, the Incident Commander may assign other personnel to the command and general staff. The Incident Commander identifies the basic authorities assigned to the response lead. Basic authorities include the following:

1. Response lead may utilize and execute any approved component (i.e., attachment, appendix or annex) of the ***ERP***;
2. Response lead may direct all resources identified within any component of the ***ERP*** in accordance with agency policies;
3. Response lead may set responsible objectives and develop/approve an incident action plan (IAP), as applicable, in accordance with overall priorities established by the agency administrator or policy group.

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

c. Safety Officer (Optional)
The Safety Officer for public health monitors safety conditions within the Department Operations Center (DOC), or any other site of

operations used during an event and develops measures for ensuring the safety of all assigned personnel.

d. Liaison Officer
The Liaison Officer is the on-scene contact for other agencies or volunteers assigned to the event response. The Liaison Officer could represent the Health District at the Portage County Emergency Operations Center (EOC).

e. Planning Section Chief
The Planning Section Chief is responsible for the assessment of the event, determining resources needed, and establishing a plan for approval by the Incident Commander that responds to the needs of the public and mitigates the existing threat. The Planning Section Chief coordinates with the Operations Section Chief for preparing reports to the Department Operations Center or the Portage County Emergency Operations Center (EOC).

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

g. Logistics Section Chief
The Logistics Section Chief is responsible for coordination of the transportation and movement of personnel, equipment, and supplies. If the Portage County Emergency Operations Center (EOC) is activated, this position will work closely with its counterpart in the EOC.

h. Finance/Administration Section Chief
The Finance/Administration Section Chief is responsible for tracking incident costs and reimbursement accounting. Accurate records are required for maintaining compliance with grants and contracts and justifying reimbursements for personnel salaries and expenses. If the Portage County Emergency Operations Center (EOC) is activated, this position will work closely with its counterpart in the EOC. The incident Commander(IC) will be responsible for identifying and approving the spending/purchasing above a defined limit. The IC can authorize staffing levels beyond that which is pre-approved in the ***ERP***, authorizing overtime beyond that which is pre-approved in the ***ERP*** and the process by which the response lead gains approval for the above and other identified authorities.

2. At the Portage County Emergency Operations Center (EOC), representatives will provide a coordination of services among the represented agencies in the field by (including but not limited to):

- Reports on the response agencies progress in the field
- Coordination of the response agencies activities
- Amount of resources the agency can provide and/or needs

3. The following information should come with the Portage County Emergency Operations Center (EOC) representative from each responding agency when they report to the EOC:

- Developing and maintaining Standard Operating Guides, personnel emergency notification rosters including 24-hour telephone contact numbers, resource lists of supplies, equipment, personnel and local maps and charts.

4. Internal resources of all operating agencies will be managed by individual organizational procedures and policies under the direction of the agency's Incident Commander at the Department Operations Center. LHD communicates Essential Elements of Information and other tactical information through the messaging of information to response staff to ensure responders are well informed on the response operation. Key Messages must include

- **Summary of the incident**
- **Summary of current operations**
- **Response Lead**
- **Objectives to be completed by the agency**
- **Other engaged agencies**

8. SITUATION REPORTS

In general, situational reports (strep) will be produce regardless of activation level, however the extent of content will vary depending on the operational complexity, scale, and the length of the response. For responses operations that require lower numbers of resources (both staff and materials), a short yet concise situation report will be produced. For larger scale responses, the situation report may include more defined response information as it relates to goals and objectives, communications, staffing, schedules, and background information. In addition to these core situation reports, informational elements or incident specific information will be added based on the informational needs of the incident response.
Situational reports will be sent electronically to Incident Commander, and the leadership staff, directors and operational staff for their situational awareness using ICS Form 201. Hard copies of the situational reports will also be available in the Department Operations Center (DOC), if the DOC is activated. Situation reports will be shared with collaborating partners for their situational awareness and to foster a common operating picture as determined by the Incident Command and the Operational Staff. Additional situation reports will be based on a per-incident basis, based upon their informational needs and to maintain effective and efficient response

coordination among partner responding agencies. See *Situation Report Template* **Attachment I – Public Health Operations Guide.**

Activation Level	Situation Report Frequency
Type 5, Type 4 Situation Awareness & Monitoring	At least daily
Type 3 Partial Activation	At least at the beginning and end of each operational period
Type 2, Type 1 Full Activation	At least at the beginning, the middle, and the end of each staff shift or operational period, whichever is more frequent

The Health Commissioner, or designee, will maintain staff scheduling and communicate the schedule to assigned staff utilizing the Operational Schedule Template in Attachment I – Public Health Operating Guide. The completed staff schedule form will be distributed via email or by hard copy. The operational schedule will also detail essential command staff meetings, established reporting timelines and other necessary coordination requirements. The operational schedule for each operational period will be created by the Planning (Support) Section Chief using Template 10-*Operational Schedule Template* and distributed to all response staff at the beginning of their shift. Upon shift change, staff will be provided a shift change form utilizing Template 9-*Shift Change Briefing.*

6. LHDs will communicate directly with its own field forces and, in turn, inform their agency's EOC representative of the progress. They will report all activities performed and personnel and equipment needed to maintain adequate response and recovery efforts. This includes the Regional Partners and State level response organizations or agencies.

7. Each agency represented at the Portage County Emergency Operations Center (EOC) will also send a PIO to represent their agency a Joint Information Center (JIC), if established. This JIC can be located at or near the EOC or near the disaster site. LHDs has a Communications Plan in place which outlines guidelines to engage and respond to stakeholders and the public both on a daily basis and during the time of a crisis.

8. Each of the following agencies designees will be responsible for reporting out their progress, supply and personnel needs, etc. to the activated Portage County Emergency Operations Center (EOC). Decisions will be made between these designees and reported out to their agencies Incident Commander or the External Liaison. Forms/reports that are used to convey information will be ICS 209, Incident Status Summary Form and ICS 201 Incident Brief. Reporting between the EOC Liaison and the Incident

Commander (IC) will be at a frequency determined by the IC and based upon the situation.

9. Agency Representative at the Portage County Emergency Operations Center (EOC):
   1. Maintain contact with Department Operations Center (DOC) through contact with Incident Commander (IC) or External Liaison.
   2. Assess needs of the agency (supplies, staff, etc.).
   3. Keep apprised of the agency's efforts in the field.
   4. Advise the IC of additional resources.
   5. Advise the IC of other agency efforts.
   6. Provide information to the Joint Information Center (JIC).
   7. Coordinate response with other represented agencies.
   8. Report surveillance of public input on social media.

10. Public Health Emergency Response Functions and Tasks for
    1) Immediate Response, Hours 0-2;
    2). Intermediate Response (Hours 2-6);
    3). Intermediate Response (Hours 6-12) as outlined in **Attachment I - PHOC**, pages 13-26.

9. CONTINUITY OF GOVERNMENT

The line of succession, maintaining essential functions, and alternative facilities direction and guidance can be found in the Public Health Continuity of Operations Annex.

10. DEMOBILIZATION

A Demobilization Team will develop release priorities and procedures to return operations, facilities and resources to pre-incident status in conjunction with the Planning Team. Demobilization planning establishes the process by which resources and functions are released from the incident. Planning for demobilization begins as soon as the incident begins and is informed by the targeted end state, which is the response goal that defines when the incident response may conclude. In every incident, a Demobilization Plan will be developed. This plan will include incident-specific demobilization procedures, priority resources for release, and section responsibly related to down-sizing the incident. Demobilization is led by the Demobilization Unit, which has three primary functions:

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

Some of the activities that may occur in the transition to recovery include:

- ❒ Coordination of documentation (gathering and archiving all documents regarding the incident, including costs and decision making).

- ❒ Archiving of data and contact information (ensuring that data and information such as "time snapshots" of GIS maps or contact names and numbers of those participating in Emergency Operations Center (EOC) activities is captured and available for review and use through the recovery process).
- ❒ Conducting after-action reviews.
- ❒ Advocating for State and Federal Assistance (creating a narrative of the event for the purposes of obtaining Federal assistance).
- ❒ Establishing Family Assistance Center (FAC), (in most cases, the establishment of a FAC is the responsibility of the impacted community in the early stages of recovery).
- ❒ Working with CDC, the State and other Federal entities.
- ❒ Helping the community to manage expectations (continuing a public information plan or strategy through the transition and into recovery).

The Demobilization Unit Leader should be part of the Planning Meetings and prepare to release, debrief, and account for staff and resources that will no longer be needed in the next Operational Period. These teams will work to return resources to a condition of "normal state of operation" as appropriate and conduct final incident close out of operations including documentation turnover, incident debriefing, and a final closeout with responsible agency or jurisdiction executives.

For additional information on the demobilization process see **Attachment I** – **Public Health Operations Guide.** The content of the Public Health Operations Guide is intended to provide guidance for emergency operations regarding any planned or unplanned public health event. Position descriptions, checklists, and diagrams are provided to facilitate that guidance. The information contained in this document is intended to enhance the user's experience, training, and knowledge in the application of the emergency response and management principles. This document complies with the intent and tenets of the National Incident Management System (NIMS).

SECTION III

I. PLAN DEVELOPMENT AND MAINTEANCE

This plan will be reviewed and/or revised annually or as required by mandate, law, policy, directive, or order. This plan may be revised based on instances including but not limited to best practices, changes in government structure, changes in equipment, changes in infrastructure, or as the result of After Action Report (AAR), Improvement Plans (IP), Drills, Tabletops, Functional Exercises (FE), and Full-Scale Exercises (FSE).

A. INCIDENT DOCUMENTATION

Documentation is critical to response, review and recovery activities. Documentation supports (a) cost recovery, (b) resolution of legal matters, (c) evaluation of incident strategies, both during the incident and afterwards, (d) development of the Incident Action Plans, and (e) development of the after-action improvement plan. All forms completed or prepared for response will be collected at the end of each operational period. Staff will be required to turn in all required documentation before the end of their shifts.

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

B. AFTER ACTION REPORT/IMPROVEMENT PLAN(S)

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

C. DEMOBILIZATION OF RESOURCES

Once the response has been scaled down, any remaining assets or equipment used during the incident will be returned to their place of origin. Upon demobilization and recovery and recovery of the LHD's asset or resources used in an incident, a full accountability of equipment returning to LHD will be done in collaboration with the Incident Command, and the equipment custodian. The asset will be inventoried and matched against the current inventory system, detail number, then inspected for damage, serviceability, and cleanliness. If all equipment serviceability and cleanliness requirements are met, the assets or resource will be transferred to their place of origin. This can be done using the ICS Form 221 Demobilization Check-Out Form.

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

D. EXPEDITED ADMINISTRATIVE AND FINANCE ACTIONS

Expedited actions can occur in the forms of approvals for personnel actions and procurement of resources. All expedited actions must be approved by the Health Commissioner or their designee. Any approvals beyond the basic

authority of the Incident Commander and must engage the process detailed below.

- Expedited Personnel and Staffing Actions: All requests for expedited personnel actions, e.g. personnel staffing increases or overtime approval, require approval of the Health Commissioner or designee.
- Expedited Financial Actions**:** All expedited financial actions must be approved by the Health Commissioner or designee. No funding will be obligated or committed without the consent of the Health Commissioner or designee.
- Expedited Procurement: All expedited procurement must be approved by the Health Commissioner or designee.

II. LOGISTICS AND RESOURCE MANAGEMENT

GENERAL

LHDs have a limited amount of materiel and personnel staffing resources available for incident response, and shortfalls are most likely in these commodities. The following six (6) levels of sourcing have been identified to fill potential resource shortfalls and minimize any time delays in acquiring the asset:

- Source 1: internal human resource/personnel and inventory management systems. All resources will be queried internally prior to engaging local partners or stakeholders. When all required resources that are not on-hand or have been exhausted the agency will pursue with the Portage County Emergency Management Agency (PC/OH EMA) for resources.
- Source 2: Interstate Mutual Aid Compact (IMAC). When LHD resource avenues have been exhausted, the acting logistics section chief will work through the PC/OH EMA to engage local partners to secure a resource.
- Source 3: MOUs and MAAs. When a required resource is needed, the Health Commissioner or designee will refer to existing MOUs or MAAs to fulfill resource shortfalls. Assistance will be sought from legal counsel as necessary.
- Source 4: Emergency Purchasing and Contracts. Special provisions have been described in Section III (above) that detail how emergency procurement and contracts can be executed.
- Source 5: Emergency Management Assistance Compact (EMAC). When a resource for LHD use is not available and cannot be found in state, the PC/OH EMA will work through the State EOC to request interstate resources using the EMAC Process.
- Source 6: Federal Assets. Specialized federal assets to include subject matter experts and materiel may be required to support state incident response. Federal agencies that support LHDs responsibilities include but are not limited to the Centers for Disease Control (CDC), Department of Health and Human Services (HHS) and the Department of Energy (DOE). These assets range from requests from the CDC for Strategic National

Stockpile (SNS) Medical Countermeasures (MCM) and the Department of Energy for radiation incidents.

III. RESOURCES

The three resource priorities needed during an incident. They include personnel, materiel/supplies, and transportation.

1. PERSONNEL RESOURCES

The Planning/Planning Support Section chief will work with LHD Administration to fill the shortfalls. If there are insufficient personnel staffing assets available internally, ICS will request the use of the Portage County Medical Reserve Corps and request assistance from the Portage County Ohio Emergency Management Agency (PC/OH EMA), or regionally from the NECO Region.

2. MATERIEL RESOURCES

In an effort to fulfill materiel resource gaps the acting Logistics/Resources Support Section Chief will research for the asset internally within each LHD program or section using the current inventory log/spreadsheet for the required asset or resource. If the resource is found, a request will be made to that Program Director for the asset. If available, the resource will then be released and assigned to an equipment custodian for the duration of the incident. Request for medical countermeasures will follow the procedures set forth in the **PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT MASS DISPENSING/MASS PROPHYLAXIS PLAN.**

III. MANAGEMENT AND ACCOUNTABILITY OF RESOURCES

A. MANAGEMENT OF INTERNAL RESOURCES

Assets and resources used to assist in the response will be tracked using existing spreadsheets and worksheets. The CDC's SNS management system, IMAT, will be used for MCM inventory control.

During an incident. the Logistics/Resources Support Section Chief will manage all internal and external resources and will log the following minimum information for all PC material assets involved in response activities:

- Serial number and model (if applicable)
- Equipment custodian name
- Description of asset/nomenclature
- Asset storage location
- Asset assigned location

B. MANAGEMENT OF EXTERNAL RESOURCES

Upon received of external resources, the Incident Command in collaboration with the Logistics/Resources Support Section Chief, will accept responsibility of the asset, by entering in relevant information into the designated tracking system. For equipment suppliers, or Medical Countermeasure Materiels,

(MCM) received by the Strategic National Stockpile SNS warehouse, an inventory management tracking system will be used in providing receipt documentation and asset visibility.

The system(s) used will track the asset through its demobilization and transfer back to its owning organization. An equipment custodian will be assigned to each external asset received. These assets will be managed in accordance with any instructions or agreements communicated by the owning organization.

C. RESPONSIBILITIES AND SYSTEMS IN PLACE FOR MANAGING RESOURCES

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

When an individual employee responds or deploys to an incident with a LHD asset, that employee becomes the equipment custodian and assumes responsibility for the asset throughout the response and demobilization phase.

During a response, an update of all resources deployed from LHD (internal and external) will be compiled at the beginning of and end of each operational period for the incident lead or authorized designee throughout the response and demobilization phase.

The following Incident Command System (ICS) form it will be used to assist in resource accountability tracking and post incident cost recovery:

ICS Form Number	ICS Form Title	ICS Form Purpose
ICS 204	Assignment List	Identifies resources assigned during operational period assignment.
ICS 211	Incident Check In List (Personnel)	Records arrival times or personnel and equipment at incident site and other subsequent locations.

ICS 213 RR	Resource Request	Is used to order resources and track resources status.
ICS 215	Operational Planning Worksheet	Communicates resource assignments and needs for the next operational period. Plans & Ops Chiefs
ICS 219	Resource Status Card (T-Card)	Visual Display of the status and location of resources assigned to the incident.
ICS 221	Demobilization Check Out	Provides information on resources released from an incident. Demobilization Unit Leader.

IV. MUTUAL AID

The IMAC process is facilitated by Portage County, Ohio Emergency Management (PC/OH EM); the EMAC process is facilitated for the State of Ohio by Ohio Emergency Management Agency. Collaboration will take place with all community partners including the Health Commissioners of Portage County Combined General Health District and Kent City Health Department, the Portage County, Ohio Emergency Management, Portage County Fire Chief's Association, Portage County Police Chiefs Association, Portage County Sheriff's Office, Portage County Coroner, UHPMC, Emergency Management Coordinator and/or Administrator on call, American Red Cross, Appropriate Government Officials: including County Commissioners, Board of Health, Mayors, City Managers, Public Health Officials, Public School Administrators, and their duly authorized representatives.

A. OHIO INTERSTATE MUTUAL AID COMPACT (IMAC)

Ohio Revised Code (ORC) 5502.41 created the Ohio Intrastate Mutual Aid Compact (IMAC). It is a mutual aid agreement through which all political subdivisions can request and receive assistance from any other political subdivision in the state. Per ORC 2744.01, local health departments fall under this category for a political subdivision.

The Health Commissioner or their designee makes the decision about the need to request Interstate Mutual Aid Compact (IMAC) assets. Requests for mutual aid can now be made by the Incident Commander (IC) or designee,

without a formal declaration by the chief executive of a political subdivision. All requests for IMAC assets are to be made by the IC through the Commissioner and the Portage County Emergency Management Agency (PC/OH EMA). Internal processing of IMAC/EMAC requests is led by the Emergency Response Coordinator and the Director of Nursing.
Following approval, the Emergency Response Coordinator will query for available resources within LHD and will collaborate with Human Resources to query internal databases, institutional knowledge centers and the Various inventories for the required resources. As needed, HR will engage the Chief(s) of the section(s) where the potential resource exists.
Upon receipt of the request, the Emergency Response Coordinator, in coordination with HR, will obtain pre-approval from the Health Commissioner or designee to query available resources that would meet the request.
If Such resources are identified, provision of those resources is at the discretion of the applicable section Chief, in consultation with HR and the Director of Finances.

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

LHD staff deployed through this mechanism will be paid, e.g. compensation, travel reimbursement, etc., and will receive the same benefits as if working at his/her home station. The employee will carry with him/her all the liability protections of a LHD employee afforded to him/her by his/her home station and applicable law.
Ohio EMA assumes no responsibility for this/these employee(s) other than the submission of completed reimbursement request through the EMAC reimbursement process, and the transmittal of reimbursement from the requesting State to LHD.

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

The first eight hours of assistance is expressly identified as not requiring reimbursement. Requests can also be made for assistance with training, exercises and planned events. Regional response teams, such as bomb, search and rescue, water rescue and hazardous materials teams can also be requested through Interstate Mutual Aid Compact (IMAC).

B. EMERGENCY MANAGEMENT ASSISTANCE COMPACT (EMAC)

Per Ohio Revised Code (ORC) 5502.4, the purpose of this compact is to provide for mutual assistance between the states entering into this compact in managing any emergency or disaster that is duly declared by the governor of the affected state(s), whether arising from natural disaster, technological hazard, man-made disaster, civil emergency aspects of resources shortages, community disorders, insurgency, or enemy attack.

This compact shall also provide for mutual cooperation in emergency-related exercises, testing, or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by party states or subdivisions of party states during emergencies, such actions occurring outside actual declared emergency periods.

The Emergency Management Assistance Compact (EMAC) process may be used to support a Public Health Emergency at either a State, or local jurisdiction level. The Incident Commander (IC) will coordinate with the Health Commissioner or designee and the Emergency Management Agency Director for requesting EMAC assets. All EMAC requests must follow Ohio EMA instructions and procedures.

The request for Emergency Management Assistance Compact (EMAC) resources is an executive level decision. The Ohio Department of Health Director, the Director of State Department of Public Safety, the State EMA Executive Director, and the Governor's Office dictate if EMAC assistance will be sought. To request EMAC resources there must be a Governor's declaration in State.

C. MEMORANDUMS OF UNDERSTANDING, MUTUAL AID AGREEMENTS AND OTHER AGREEMENTS

Memoranda of Understanding (MOUs) and Mutual Aid Agreements (MAAs) are both designed to improve interagency or interjurisdictional assistance and coordination. MOUs/MAAs are established between emergency response agencies and other private and public entities, to identify their agreements to collaborate, communicate, respond and support one another during a disaster or other public health emergency. Understandings regarding the incident command structure, patient and resource management, processes and policies in place for requesting and sharing of staff, equipment and consumable resources, as well as payment, are generally addressed in an MOU/MAA. These agreements expand the capacity of LHD by allowing the agency access to resources held by the organizations with which agreements have been executed.

1. MOU/MAA must be processed through and approved by the Health Commissioner, utilizing legal counsel as needed.

2. Established MOUs and MAAs are retained by each program that has an existing agreement. The Health Commissioner's office retains the compilation of original/official agreements. Additionally, the Health Commissioner also retains copies that have financial commitments.
3. Upon an incident response, it is incumbent upon the Logistics/Resources Support Section Chief to inquire with the Health Commissioner to determine whether any MOUs and MAAs are applicable to the response activities.
4. If an MOU or MAA is determined to be needed during an incident, the Incident Commander (IC), Health Commissioner and the LHD office or program area will collaborate on execution of the MOU/MAA.

See EXHIBIT F – Portage County MOU's, MAA's and Contracts.

V. STAFFING

A. GENERAL

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

B. STAFFING ACTIVATION LEVELS

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

See Figure 8, Notification & Activation Levels 6 for staffing requirements.

LHD will utilize the Continuity of Operations Plan (COOP) to inform how staff are reallocated from their day-to-day activities to incident response. This will be done as needed, as ***ERP*** activation does not automatically activate the Continuity of Operations Plan.

C. STAFFING POOLS

The Health Commissioner and the Directors will conduct an ongoing assessment of the incident and determine if extra staffing is required. The following staffing pools could be considered for fulfilling staffing requirements:

- Qualified staff from other programs or sections;
- Providing just in time (JIT) training for other staff to fill appropriate positions.
- Specific roles for personnel that are defined in functional or incident-specific annexes included in this plan;

- The LHD directors comprises the primary Subject Matter Experts (SMEs) for each of the County's response areas and may be selected to serve key leadership roles during incident response;
- Incident Commander role may be filled by any director or their designee.
- Other Partner Staffing pools include the following:
- County agencies (e.g., PC/OH EMA, Portage County Sheriff's Office, etc.)
- Contract staff, especially for positions requiring specific skills or licensure;
- Staffing agreements in Mutual Aid Agreements or Memorandums of Understanding;
- Staffing request through Intrastate Mutual Aid Compact and Emergency Management Assistance Compact (EMAC);
- Federal Entities.
- LHD actively utilizes volunteers from the PC Medical Reserve Corps (MRC). In the event this volunteer pool does not meet the requirements of the response, volunteer from other local volunteer programs can be utilized including the Community Emergency Response Team (CERT) and American Red Cross.
- Volunteers can be used in any position, provided they do not exceed their scope of practice for the duties they are assigned.
- Volunteers may not, at any time, operate government vehicles, machinery, or industrial equipment without prior authorization and appropriate licensing.

D. MOBILIZATION ALERT AND NOTIFICATION

The Health Commissioner will prepare a mobilization message for dissemination to LHD staff. Staff will be notified using the 24/7 Phone Chain. See ***Appendix 9 – Portage County 24/7 Phone Chain***.

Staff notified for mobilization/deployment will follow these instructions:

1. Where to report: Staff will report to the LHD Department Operations Center, unless otherwise specified.
2. When to report; Staff alerted will report within the time established by the Incident Commander.
3. Whom to report to: Staff alerted will report to the Department Operations Manager or other individual, if designated.

Upon reporting to the Department Operations Center, the staff will be received, checked in, provided an incident summary, assigned and integrated into their role. At this time, the staff could be deployed to another location in support of the incident response. All reasonable efforts will be made to inform LHD employees who will be deployed to another location, on what to

prepare for in relation to time expected for deployment and providing the appropriate packing list information. No LHD staff member will self-deploy to an incident response.

VI. DISASTER DECLARATIONS

A. NON-DECLARED DISASTERS

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

B. DECLARED DISASTERS

The difference between a disaster declaration and declaration of a state of emergency is that a state of emergency can be declared as the result of an event that is not perceived as a disaster. Also, an emergency declaration is generally of lesser scope and impact than a major disaster declaration. However, in both cases, additional resources can be requested.

A state of emergency may be declared by the board of county commissioners of any county, the board of township trustees of any township, or the mayor or city manager of any municipal corporation.

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

The Governor may declare a disaster without an official local declaration. When the Governor declares a disaster, it allows state agencies some additional abilities. These abilities may include but are not limited to request waivers of purchasing requirements, such as competitive bidding, for emergency needs or the allotment of monies to be used or the purpose of providing disaster and emergency aid to state agencies and political subdivisions or for other purposes approved by the controlling board, as stated by ORC 127.19.

The Governor may also declare a disaster if the threat of a disaster or emergency is imminent. A state of emergency may also be declared whenever the Governor believes that an emergency exists.

C. PROCESS FOR STATE DECLARATION OF DISASTER EMERGENCY

LHDs cannot declare an emergency or disaster; only county commissioners, township trustees, mayors or city managers, or the State Governor may do so. The Health Commissioner (or designee's) role in the emergency

declaration process is to provide subject matter expertise and situational information to the governing body tasked with making the declaration. As a participant in the declaration process, LHD may consider (a) potential impacts to county residents, (b) lack of necessary resources to address the emergency, or (c) the need to expedite procurement of goods and services.

If a disaster is declared, then LHD will coordinate with other federal, state and local agencies through the Portage County Emergency Operations Center (EOC). LHD functions as both a primary and support agency for multiple Emergency Support Functions coordinated by the EOC.

D. PRESIDENTIAL DELARATION OF DISASTER OR EMERGENCY

A presidential disaster declaration or emergency can be requested by the governor to the U.S. President through FEMA, based on damage assessment, and an agreement to commit State funds and resources through the long-term recovery process.

FEMA will evaluate the request and recommend action to the White House based on the disaster damage assessment, the local community, and the state's ability to recover. The decision process could take a few hours or several weeks, depending on the nature of the disaster.

E. SECRETARY OF HHS PUBLIC HEALTH EMERGENCY DECLARATION

For a federal Public Health Emergency (PHE) to be declared, the Secretary of the Department of Health and Human Services (HHS) must, under section 319 of the Public Health Service (PHS) Act, determine that either (a) a disease or disorder represents a PHE; or (b) that a PHE, including significant outbreaks of infectious disease or bioterrorist attacks, otherwise exists. The declaration lasts for the duration of the emergency or 90-days but may be extended by the Secretary.

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

SECTION III PLAN DEVELOPMENT AND MAINTENANCE

A. PLAN FORMATTING

All plan components align with the definitions, organization and formatting described in **Appendix 6 - Plan Style Guide** attached. Also, appropriate terminology for access and functional needs and person-first language is used throughout the ERP, consistent with the standards described in **Appendix 1 - Communicating with and about Individuals with Access and Functional Needs.**

B. DEVELOPMENT AND REVIEW PROCESS

The development and review process is initiated and coordinated by the PHEP Coordinator. A collaborative development and review team will address revisions to the ***ERP*** Basic Plan, attachments, appendices and annexes. In addition to the PHEP Coordinator, the development and review team includes the following members:

- PCCGHD & KCHD Health Commissioners;
- Directors with an active role in hazard-specific response planning;
- Representative from the access and functional needs workgroup;
- Subject Matter Experts (SME's) from both within LHD and without, as needed.

The Basic Plan, its attachments, appendices and annexes to the Basic Plan are approved for inclusion, revision or expansion by the Health Commissioner. Once adopted, all components will be reviewed annually by the PHEP Coordinator. The purpose of this review will be to consider adoption of proposed changes that were identified during the year. Proposed changes will then be reviewed by the development and review team and submitted to the Health Commissioner(s) and the respective Boards of Health for approval. Revisions will be will determined by identifying gaps and lessons learned through exercise and real-world events.

Production of an after-action report following the exercise of a plan or annex, will determine the need for the level of revision needed to existing plans, annexes, attachments, and appendices. Applicable findings from After Action AAR/IPs must be reviewed and addressed during review of each plan component. Revisions can also be made at the request of PCCGHD PHEP Coordinator or other LHD staff.

Members of the development and review team will identify the needs for improvement and the PHEP Coordinator will update the plan components. Once the PHEP Coordinator has prepared the plan revisions, the components will be submitted back to the development and review team prior to being submitted for approval to the respective Health Commissioners and Board of Health President. Any feedback will be incorporated and then the updated document will be re-submitted for approval.

In order to maintain transparency and record of collaboration, DOC will record development and review meetings by designating a scribe to record meeting minutes to sustain a record of recommendations from collaborative ***ERP*** meetings. These meeting minutes may be accessed by following the below file path:
F:Data:nursing:ERP 2018/PHEP/Emergency Response Plan Planning and Review Team.

Below are the established plan, annex, attachment and appendix review schedules. The PHEP Coordinator will work to ensure that plan components are staggered so that reviews do not become overwhelming.

Items	Cycle
Plan	Biennial
Annex	Biennial
Attachment	Biennial
Appendix	Biennial, or as needed

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

C. PLAN PUBLISHING

Emergency response plans will be made available for review by the public on-line on the emergency preparedness page of the LHD website. The PHEP Coordinator will be responsible for communicating to the Health Commissioner when the emergency response plan has been revised and a new version is available for public publishing. Prior to the web publishing of the revised plan, the Health Commissioner will determine the attachments, annexes and appendices that will be redacted from the public version of the plan. Once the plan is prepared for public viewing, the PHEP Coordinator will publish the ***ERP*** online. Public comment to the ***ERP*** will be accepted via email and tabled in addition to the proposed changes between revision cycles for consideration.

D. DOCUMENT DEFINITIONS AND ACRONYMS

Definitions and acronyms related to the PCCGHD ERP Base Plan are in ***Appendix 7 – Definitions & Acronyms.***

F. AUTHORITIES

The following list of Authorities and References includes Executive Orders, Agency Directives, statutes, rules, plans, and procedures that provide authorization and operational guidelines for the allocation and assignment of state resources in response to emergencies.
See **Appendix 8 –Legal Authorities**.