EMERGENCY RESPONSE PLAN – BASIC PLAN

Wood County Health Department

Version 1.0

Date Originally Adopted: 5/1/2018
Date of Last Revision: 12/28/2018
Date of Last Review: 12/28/2018
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INTRODUCTION

APPROVAL AND IMPLEMENTATION

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

EXECUTIVE SUMMARY

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

The plan assigns roles and responsibilities to WCHD divisions for responding to emergencies and events. The basic plan of the ERP is not intended as a stand-alone document but rather establishes the basis for more detailed planning by the staff of the Wood County Health Department in partnership with internal and external subject matter experts and community stakeholders. The ERP Basic Plan is intended to be used in conjunction with both the more detailed annexes and appendices included as part of this document or with the standalone plans held by the department. Additionally, the ERP is designed to work in conjunction with the *Wood County Emergency Operation Plan (WC EOP)*.

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

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

All WCHD's divisions are directed to implement training efforts and exercise these plans to maintain the overall preparedness and response capabilities of the agency. The WCHD will maintain this plan, reviewing it and reauthorizing it at least bi-annually; findings from its utilization in exercises or real incidents will inform updates.

This ERP is hereby adopted, and all WCHD's divisions are directed to implement it. All previous versions of the WCHD ERP are hereby rescinded.

Ben Batey, MPH, RH

Date: 1-9-2019

Health Commissioner, Wood County Health Department
**RECORD OF CHANGES**

The Health Commissioner authorizes all changes to the **Wood County Health Department (WCHD) Emergency Response Plan** (WCHD ERP). Change notifications are sent to those on the distribution list. To annotate changes:

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

Refer to **Attachment I – Signed Record of Changes** for the official copy.

<table>
<thead>
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<th>Change Number</th>
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<td>William C. Bryant-Bey</td>
<td>Emergency Response Planner</td>
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<tr>
<td>Version Number:</td>
<td>[DESCRIPTION OF CHANGE]</td>
<td></td>
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<tr>
<td>1.0</td>
<td>Created new Emergency Response Plan-Basic Plan</td>
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<td>Version Number:</td>
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<tr>
<td>1.0</td>
<td>Changed how the agency engages the board of health during an incident (see 5.2.4 County Board of Health). Changed how WCHD recovers the costs of funds and resources during emergency response operations (see 7.2 Cost Recovery and Attachment XIII). Changed MOU/MOA table (see Appendix 7). Changed CMIST Partner List (see Appendix 11). Changed policy of using volunteers to support LHD response (see 9.3 Staffing Pools). Changed IMAC/EMAC request from another jurisdiction/state (see 8.7 IMAC/EMAC Request From Another Jurisdiction). Added map of Wood County Flood Plains (see Appendix 1) and Social Vulnerability Index scores (see Appendix 1 and Appendix 8). Added psychological first aid (see 9.4 Psychological First Aid). Changed how emergency legal authorities used during a response differ from standard procedures (see 7.5 Expedited Administrative and Financial Actions). Added the process for coordination with state response agencies for large-scale or complex incidents (see 5.3.15 Coordination with State Response Agencies for Large-Scale or Complex Incidents). Added how ESF-8 interface with Healthcare Coalition partners (see 5.3.16 Interface between ESF-8 and the Healthcare Coalition Partners). Added how WCHD roles and responsibilities directly support NWO-HEMC members during response and recovery (see 5.1.5 Northwest Ohio-Healthcare Emergency Management Coalition). Changed CMIST Profile (see Appendix 1 and Appendix 9). Added key changes to NIMS in the 2017 refresh (see Appendix 10).</td>
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A single copy of this WCHD ERP is distributed to each person in the positions listed below.

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<th>Date Received</th>
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<th>Title</th>
<th>Name</th>
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<td>Health Promotion and Preparedness Division</td>
<td>Health Commissioner</td>
<td>Ben Batey</td>
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<td>Health Promotion and Preparedness Division</td>
<td>Director of Health Promotion and Preparedness</td>
<td>Amy Jones</td>
</tr>
<tr>
<td>12/8/2017</td>
<td>Health Promotion and Preparedness Division</td>
<td>Communication Manager</td>
<td>Pat Snyder</td>
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<td>12/8/2017</td>
<td>Environmental Division</td>
<td>Director of Environmental Health</td>
<td>Lana Glore</td>
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<tr>
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<td>Assistant Director of Environmental Health</td>
<td>Kelly Bechstein</td>
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<td>12/8/2017</td>
<td>WC Health and Wellness Center</td>
<td>Health &amp; Wellness Center CEO</td>
<td>Diane Krill</td>
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<td>12/8/2017</td>
<td>WIC</td>
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<td>Jackie Mears</td>
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<td>Community Outreach Coordinator</td>
<td>Alex Aspacher</td>
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<td>Plant Operations Director</td>
<td>Mike Hurd</td>
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<td>Brad Gilbert</td>
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<td>12/8/2017</td>
<td>Bowling Green State University</td>
<td>Emergency Management Coordinator</td>
<td>Matt Keefe</td>
</tr>
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This plan is available to all agency staff via WCHD intranet site in electronic format, and a downloadable copy can be found on the Policy State Website. The Health Commissioner and the Emergency Response Planner maintain a hard copy format and an electronic copy at their workspace. Also, the Wood County Emergency Management Agency Director maintain a hard copy format and an electronic copy at the Wood County Emergency Operation Center.
SECTION 1

1.0 PURPOSE

The Wood County Health Department (WCHD) has developed this Emergency Response Plan (ERP) – Basic Plan to support WCHD mission to prevent disease, promote healthy lifestyles and protect the health of everyone in Wood County. This plan was developed to begin the execution of WCHD’s mission in emergencies by providing the direction to plan for and respond to natural, technological and human-made incidents with a health impact so that negative health impacts are prevented, reversed or minimized through response.

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

The WCHD ERP is designed to serve as the foundation by which all response operations at the agency are executed. As such, the Basic Plan is applicable in all incidents for which the WCHD ERP is activated, and all components of this plan must be developed and maintained in accordance with section three. This plan may be used as a stand-alone document or executed in concert with the Wood County Emergency Operations Plan (WC EOP), other WCHD plans, or annexes.

2.0 SCOPE AND APPLICABILITY

This plan pertains to all divisions within the WCHD. Some portions of this plan may pertain to the Wood County Community Health and Wellness Center. This plan is always in force and is activated whenever an incident impacts public health and/or medical systems anywhere within Wood County and requires a response by WCHD greater than day-to-day operations.

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

The WCHD ERP incorporates NIMS and connects agency response actions to responses at the local, regional, state and federal levels. This plan directs appropriate response
operations to any incidents that either impact or could potentially impact, public health or healthcare within Wood County or require the WCHD to fulfill its roles described in the WC EOP. The WC EOP describes high-level responsibilities of all local and county agencies in response to incidents within Wood County. The WCHD ERP supports the WC EOP through the direction of WCHD response activities and provides needed detail for operations at the agency level. It describes the roles and responsibilities of WCHD program areas emergency response.

WCHD has assigned responsibilities in multiple WC EOP Emergency Support Functions (ESFs) and Annexes as both a primary and support agency.

This plan does not address issues related to continuity of operations (COOP) planning at WCHD. All continuity issues are addressed through the WCHD COOP Plan.

Additionally, the coordination of communications is not directed by this plan. Coordinated communications are directed by the WCHD Public Information and Communications (PIC) Plan. However, since coordinated communications is an essential component of all incident responses, this plan identifies how the ERP interfaces with the PIC Plan to ensure that information and message are effectively managed and adequately support across all WCHD response activities.

### 3.0 SITUATION

According to the July 1, 2016, population estimate by the United States Census, Wood County is the 2nd most populous County in Northwest Ohio, with a population of 130,219. Based on the Wood County’s C-MIST profile 11.10% of Wood County’s residents has a disability or access and functional needs. An estimated 14.80% of the residents are below the poverty level. All most 6% of the residents under the age of 65 years are without health insurance.

Geographically, Wood County is in the northwestern region of Ohio with a total land area of 617 square miles. Wood County is adjacent to 7 counties: Lucas County (north), Ottawa County (northeast), Sandusky County (east), Seneca County (southeast), Hancock County (south), Putnam County (southwest), and Henry County (west).

Historically, Wood County has experienced a multitude of events caused by ongoing threats and hazards. Since 2007, Wood County Emergency Management Agency (WC EMA) reported 6 major emergency events in the County which received a State Declaration of Emergency. These events have impacted public health and medical services in the past and continue to pose a threat to health security for the Wood County residents.

There are no public health hazards; rather, all hazards could lead to impacts on health, which may require WCHD to respond using this plan. Potential impacts include but not limited to the following:

1. Community-wide limitations on maximal health for residents;
2. Widespread disease and illness;
3. Establishment of new diseases in the State;
4. Heat-related illnesses and injuries;
5. Hypothermia;
6. Dehydration;
7. Widespread injuries or trauma;
8. Overwhelmed medical facilities;
9. Insufficient resources for response, especially medical countermeasures;
10. Insufficient personnel to provide adequate public health response;
11. Development of chronic health conditions within a population;
12. Lasting impairments of function or cognition;
13. Development of congenital disabilities;

Incidents in Northwest Ohio have largely been attributed to the County's geographic location and accessibility. Wood County's surrounding borders have water treatment plants, universities and college's active shooters, power plant (Davis-Besse Power Station), and major airport (Toledo Express Airport) that may cause Wood County to become affected by incidents or events originating outside its County. These external events can directly impact both public health and medical services Countywide by causing a demand for preventative and healthcare measures. Most notably, public health threats such as infectious diseases (i.e., 2009 H1N1 outbreak, 2017 norovirus outbreak) can arrive at the County through a travel-related mechanism.

In 2010, the WC EMA revised the hazards analysis located in Section 3 of the Wood County Mitigation Plan. The revised Hazard Analysis (HA) detailed and quantified hazards from significant historical events and the hazard’s likelihood of occurrence. According to the Wood County Mitigation Plan and Hazard Analysis, below are some of the hazards Wood County is susceptible to:

1. Natural Hazards
   - Algal Bloom
   - Diseases – Human or Animal
   - Drought and Extreme Heat
   - Earthquake
• Erosion
• Flood – Riverine and Flash
• Invasive Species
• Severe Thunderstorm – Hail, Lightning, Precipitation, Wind
• Tornado
• Wind Storm
• Winter Storm – Blizzard, Extreme Cold, Ice, Snow

2. Technological Hazards

• Air or Water Pollution/Contamination
• Building or Structural Collapse
• Communication System Interruption
• Dam or Levee Failure
• Explosion
• Fire
• Fuel Shortage
• Utility System Failure

3. Human Caused

• Building or Structural Collapse
• Civil Disturbance
• Cyber Attack
• Explosion
• Fire
• Hazardous Materials Spill or Release
• Terrorism – Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE)
• Transportation Accident

Given the size and population of Wood County, there are diverse events that reoccur yearly (e.g., county fairs, shows, concerts, festivals, college sports teams, etc.), with occasional nationally recognized events. An incident that occurs at any major event may significantly affect public health and medical services both within Wood County and have cascading effects potentially across adjacent counties or the Northwest region.

The Wood County also has two university/college that has athletic programs which host regular games at their respective locations: Bowling Green and Perrysburg.

In addition to athletic teams, Wood County is home to corporate employers (i.e., FedEx, Beto, and Chrysler Toledo Machining Plant) with a large number of employees throughout the Wood County’s popular metropolitan areas.
WCHD personnel receives daily emails from the State Homeland Security (SHS)/Strategic Analysis Information Center (SAIC) State Daily Briefing for a list of events occurring within the State.

Wood County currently has two local hospitals and 13 hospitals (e.g., medical and surgical treatment, Children’s hospital, burn surge, Ebola Assessment Hospital, etc.) within the NW region that Wood County’s residents may travel to for care.

To foster preparedness planning and coordination in the county, WCHD is the co-lead agency, along with the WC EMA, of the Wood County Emergency Preparedness Committee (EPC). The EPC is a network of agencies, healthcare organizations, and providers that are committed to strengthening the health system for emergencies. The EPC initiative is structured to build on and continue local healthcare disaster planning efforts to ensure that jurisdictions are prepared to meet their disaster-related healthcare needs. The EPC serves as a multi-agency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.

The primary function of the EPC includes the Healthcare System Emergency Preparedness activities involving the member organizations; this includes planning, organizing and equipping training, exercises, and evaluation. During a response, the EPC will represent healthcare organizations by providing multi-agency coordination advice on decisions made by incident management regarding information and resource coordination for healthcare organizations. This includes either a response role as part of a multi-agency coordination group to assist incident management (area command/unified command) with decisions or through coordinated plans to guide decisions regarding healthcare organization support.

The regional healthcare coalition in Northwest is called the Northwest Ohio-Healthcare Emergency Management Coalition (NWO-HEMC). The NWO-HEMC assure collaboration and coordination in planning to address County and Regional preparedness for bioterrorism, outbreaks of infectious disease, and other public health and health care threats and emergencies at the county and regional public health and healthcare level. The purpose of the NWO-HEMC is to:

- Coordinate the development and implementation of regional public health and health care bioterrorism planning.
- Assist in the development of regional policies and protocols, and promote standardization across jurisdiction whenever possible.
- Coordinate regional training and exercises.
- Build regional capacity to communicate health and risk information effectively.
- Promote the coordination and effective utilization of resources.
The NWO-HEMC meets four times a year in person. The meeting is run by the regional public health coordinator and the regional hospital coordinator. The NWO-HEMC consist of at least one representative from NW Ohio LHD and hospital. The WCHD’s emergency response planner is an active member of the NWO-HEMC. If the planner is unable to attend the meeting, the program director will serve in his place. If the topic of the meeting warrants it, the epidemiologist, the health educator, or both may also attend.

Many health-related impacts are beyond the scope of WCHD alone and require the involvement of other local and regional 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. WCHD serves as the coordinating agency for ESF-8.

As part of ESF-8, WCHD partners with a wide range of organizations, including local health departments/districts (LHDs), public and private healthcare organizations, the business and medical communities, and other state and federal agencies. Local, state, and federal agencies, may perform response operations in either a primary or support role dependent on the incident type, severity and scale.

In addition to ESF-8, WCHD may also support other ESFs during a response. Table 2 of the ESF Annexes Introduction (January 2008) details Emergency Support Function Coordinating, and Primary and Support Agencies Designations on the FEMA website at: https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency_support_function_annexes_introduction_2008 .pdf

Wood County EOP Base Plan and Annex detail local agency primary and secondary support roles during a disaster-related incident. For a detail description of the below agencies responsibilities listed in the EOP, refer to Appendix 2 – WC EOP Base Plan. County plans or annexes can be obtained by contacting the WC EMA.

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<th>Law Enforcement Agency</th>
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<td>Emergency Medical Services</td>
<td>Wood County Health Department</td>
<td>Hospitals and Healthcare Organizations</td>
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<td>Job and Family Services</td>
<td>Engineering and Public Works</td>
<td>Public and Private Utility Companies</td>
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<td>School Districts</td>
<td>Wood County Auditor and Jurisdiction Fiscal Officials</td>
<td>Wood County Prosecutor and Jurisdiction Law Directors</td>
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<tr>
<td>Agriculture and Natural Resource Agencies (Extension Service, Soil, and Water Conservation District, etc.)</td>
<td>Animal Control (Dog Warden, Humane Society, etc.)</td>
<td>Wood County Building Inspection</td>
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Tab A of the Ohio EOP Base Plan details Primary and Support Agencies by ESF, Annex and Other on the Ohio EMA website at: http://www.ema.ohio.gov/EOP_Overview.aspx

Delineation of responsibilities at the federal level can be found in Appendix 3 – Roles of Federal Agencies in Emergency Support Functions. This information can also be accessed at https://www.fema.gov/media-library-data/20130726-1914-25045-7129/nrf_support_annex_introduction_20130505.pdf.

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 Wood County have been detailed in Appendix 1 – Wood County CMIST Profile. Potential impacts from an incident may require WCHD to respond by initiating or supporting the following activities to address an incident:

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

As the county’s leading health agency, WCHD works with local, regional and state partners to ensure that all such efforts, as well as any others to mitigate, plan for, respond to and assist in the recovery from hazards, adequately serve individuals with access and functional needs. (See section 5.3.9 for additional details.)

4.0 ASSUMPTIONS

- Wood County is vulnerable to hazards, which may lead to emergencies or disasters anywhere in the county.
- WCHD response may be necessary to support any jurisdiction affected by a variety of hazards and incidents.
- An incident may occur with little or no warning.
• To ensure appropriate public health response, WCHD must be prepared to respond to any incident with the ability to impact the health of Wood County’s residents.

• Incidents may occur across the county, and jurisdictional lines and may require collaboration or coordination between all levels of government and non-governmental agencies.

• Every communicable-disease incident globally has the potential to impact the county.

• WCHD may have to make provisions to continue response operations for an extended period as dictated by the incident.

• All response agencies will operate in accordance with NIMS and will 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 addition to WCHD, resources from local, regional, state, and federal governments and 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 WCHD responds will not result in a declaration.

• Incidents can affect responders, staff, volunteers, vendors, partners, and the families of each group, impacting agency’s ability to respond.

• WCHD may have incomplete information, as it must rely on federal, state, region and local partners to provide some critical details during the response.

• WCHD 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 WCHD has readily available.
• Although great care has been taken to provide direction for WCHD 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 incident response activities.

• Every component of the WCHD ERP will work effectively during the response unless testing or implementation proves otherwise.

SECTION II

5.0 CONCEPT OF OPERATIONS

5.1 ORGANIZATION AND RESPONSIBILITIES

All staff has a role in supporting and participating in the agency’s preparedness and response efforts. The following personnel and groups have critical responsibilities in agency preparedness and response efforts.

5.1.1 HEALTH COMMISSIONER

As the lead health official for the County, it is under the authority of the Health Commissioner (HC) that the agency responds to incidents. During incident response, the HC has the following responsibilities:

• Inform the Board of Health of actual or potential health emergencies.

• Set policy and guidance for WCHD and countywide health response.

• Elect to take charge or authorize the Incident Commander (IC) to lead agency response.

• Lead or monitor the response progress through briefings and updates on the situation.

• Provide additional guidance and direction to WCHD’s response staff, as needed.

• Represent or appoint a WCHD’s representative to the County EOC, as necessary.

• Engage local, regional and state partners as well as other health commissioners, as appropriate.

• Engage the state government to request public health and medical resources support on behalf of the county.
5.1.2 MEDICAL DIRECTOR

As the lead health expert for the County, the WCHD’s Medical Director could be engaged in any incident response. The Medical Director’s responsibilities include the following:

- Provide medical consultation to the County Commissioners, the HC, and response personnel.
- Inform medical policy and guidance for WCHD and countywide health response.
- Engage local partners regarding medical decisions and guidance.
- Represent WCHD’s at the County EOC, as necessary.
- Engage local health commissioners, as appropriate.
- Engage the state government on matters that require their consultation or clarification of existing guidance.

5.1.3 EMERGENCY PREPAREDNESS TEAM

The Emergency Preparedness Team (EPT) has the primary responsibility for coordinating emergency preparedness and response for the Wood County Health Department. The EPT consist of the following staff members: Director of Health Promotion and Preparedness (HPP), Communication Manager, Emergency Response Planner, Epidemiologist, Community Outreach Coordinator, and the Public Health Nurse (when needed). The HC has primary responsibility for facilitating the activation of the ERP and the department operations center (DOC). If the HC is unavailable or chooses to delegate the responsibility, activation may be facilitated by the Director of HPP, Director of Environmental Health, or Communication Manager.

To facilitate a consistent application of the ERP in all incidents, the EPT will utilize Attachment II - Public Health Operations Guide (PHOG).

5.1.4 COMMON RESPONSIBILITIES FOR WCHD

All organizational division of the WCHD support response and may provide response personnel for an incident.

All response personnel is expected to do the following:

- Maintain appropriate timekeeping records/documents, as prescribed by the Finance Section.
- Follow any organizational procedures set by the individual leading the response.
- Support execution of the WC EOP (Base Plan); the WCHD responsibilities are listed in Section IV of the WC Base Plan.
5.1.5 NORTHWEST OHIO-HEALTHCARE EMERGENCY MANAGEMENT COALITION (NWO-HEMC)

WCHD is a member of the NWO-HEMC. The NWO-HEMC overarching role is to support the health of the community as whole and responsible for control of supplies. WCHD may also:

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

During and after a response, WCHD may support the NWO-HEMC by the following:

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

5.2 INCIDENT DETECTION, ASSESSMENT, AND ACTIVATION

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

1. The Health Commissioner personally authorizes activation of the ERP upon a determination that an incident requires implementation of one or more of the
strategies or plans included herein. If the ERP is activated in this way, the
response may begin with an incident assessment, which is recommended to
establish the activation level and define the incident response needs.

2. Response personnel may present their recommendation for activation to the
Health Commissioner.

Activation of the ERP marks the beginning of the response.

5.2.1 INCIDENT DETECTION

Any staff who become aware of an incident requiring or potentially requiring activation
of the ERP are to notify their director/manager immediately.

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

- Anticipated impact on or involvement of divisions beyond the currently involved
division(s), with an expectation for significant, inter-division coordination;

- Potential for escalation of either the scope or impact of the incident;

- Novel, epidemic or otherwise unique situation that likely requires a greater-than-
normal response from WCHD;

- Need for resources or support from outside WCHD;

- Significant or potentially significant mortality or morbidity;

- The incident has required a response from other agencies, and it is likely to or has
already required a response from the local jurisdiction’s health department.

5.2.2 INCIDENT ASSESSMENT

Directors/Managers will immediately inform the Health Commissioner of any incident
that they believe is likely to require activation of the ERP. Following this notification, the
HC will contact a member of the EPT, which is the first step in the Procedure section of
Attachment III - 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 2 hours of the initial detection of the threat.

5.2.3 ACTIVATION

The Initial Incident Assessment Meeting supports the completion of Attachment IV -
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
Attachment V - ERP Activation Standard Operating Procedure.
Activation levels and their associated recommended minimum staffing levels supplied from trained agency staff members within the agency are detailed in the table on the next page.

5.2.4 COUNTY BOARD OF HEALTH

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

The BOH will be notified by phone or email. Unless delegated, this outreach is made by the Health Commissioner. At a minimum, the BOH President or other executive leadership position, will be contacted to inform the board of the incident and response operation initiation.
<table>
<thead>
<tr>
<th>Activation Level</th>
<th>Description</th>
<th>Minimum Command Function &amp; Staffing Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Operations</td>
<td>Routine incidents to which WCHD responds on a daily basis and for which day-to-day SOPs and programmatic resources are sufficient</td>
<td>Normal, Day-to-Day Staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ERP not activated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DOC not activated</td>
</tr>
<tr>
<td>Situation Awareness &amp; Monitoring</td>
<td>• An emergency with limited severity, size, or actual/potential impact on health or welfare but that cannot be handled at the programmatic level</td>
<td>• Health Commissioner (1)</td>
</tr>
<tr>
<td></td>
<td>• Requires a minimal amount of coordination and agency engagement to conduct response; situational awareness and limited coordination are the primary activities</td>
<td>• Community Outreach Coordinator (1)</td>
</tr>
<tr>
<td></td>
<td>• Examples: Power outage in a nursing home; water disruption requiring limited state support</td>
<td>• Emergency Response Planner (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Epidemiologist (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consider activation of the DOC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consider developing of the IAP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WC EOP unlikely to be activated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WC EOC unlikely to be activated</td>
</tr>
<tr>
<td>Partial Activation</td>
<td>• An emergency with moderate-to-high severity, size, or actual/potential impact on health or welfare</td>
<td>• Incident Commander (1)</td>
</tr>
<tr>
<td></td>
<td>• Requires significant coordination and agency engagement to conduct response, likely with significant engagement from other local/regional partners; County EOC may be activated</td>
<td>• Public Information (1)</td>
</tr>
<tr>
<td></td>
<td>• Examples: Widespread radiation contamination in a facility; mult county disease outbreak requiring significant local support; water disruption requiring substantial state support and guidance</td>
<td>• Operation Section Chief (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Planning Section Chief (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Subject Matter Experts (2+)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DOC activation required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IAP is required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County EOP may be activated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County EOC may be activated</td>
</tr>
<tr>
<td>Full Activation</td>
<td>• An incident with extensive severity, size, or actual/potential impact on health or welfare; may be of such magnitude that the available assets that were put in place for the response are completely overwhelmed</td>
<td>FULL STAFFING:</td>
</tr>
<tr>
<td></td>
<td>• Requires an extreme amount of coordination and agency engagement to conduct response; almost certain engagement of multiple local/regional partners; County EOC most likely activated</td>
<td>• All Incident Management Team (9+)</td>
</tr>
<tr>
<td></td>
<td>• Examples: Pandemic influenza; nuclear power meltdown; mass casualty incident from chemical plume; bioterrorism attack</td>
<td>• All other functions and positions, as identified by activated plans</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In addition to the activation of the above response organization, engagement with the WC EPC is also recommended.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DOC activation required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IAP is required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County EOP activated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County EOC activated</td>
</tr>
</tbody>
</table>
Execution of the ERP may require staff mobilization and activation of the WCHD Department Operations Center (DOC). The WCHD DOC is where the agency’s response personnel can be collocated to promote coordination of response activities. Activation of the DOC is described in Attachment VI - DOC Activation Standard Operating Procedure.

5.3 COMMAND, CONTROL, AND COORDINATION

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

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

5.3.1 INCIDENT COMMAND AND MULTI-AGENCY COORDINATION

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

See Attachment II - Public Health Operations Guide for details on implementation.

5.3.2 INCIDENT COMMANDER/HEALTH COMMISSIONER

WCHD response activities are managed by a single individual ("Health Commissioner"), who serves in the command function of the response organization.

The position title is different depending on whether WCHD is leading incident response or providing incident support. When leading the incident, WCHD uses the ICS title Incident Commander (IC); when supporting the response, WCHD uses the title Health Commissioner (HC). The HC has the same authorities, regardless of the title.

5.3.3 BASIC AUTHORITIES FOR RESPONSE

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

- The IC/HC may utilize and execute any approved component (i.e., attachment, appendix or annex) of the ERP;
- IC/HC may direct all resources identified within any component of the ERP in accordance with agency policies;
• IC/HC may set response objectives and develop/approve an incident action plan (IAP), as applicable, in accordance with overall priorities established by the agency administrator or policy group;

• IC/HC may engage the minimum requirements for staffing as outlined in the activation levels of the plan;

• The IC/HC may authorize incident-related in-state travel for response personnel;

• IC/HC may authorize exempt staff to work a schedule other than their normal schedule, as needed.

Limitations of Authorities

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

• The IC/HC doesn’t need to seek approval for incident expenditures. The incident expenditures will be provided to the Wood County Board of Health (BOH) throughout the incident.

• The IC/HC can authorize engagement of staff beyond those pre-approved levels within this plan.

• The IC/HC may authorize staff to work a schedule other than their normal schedule during a public health emergency. This includes overtime, changing the number of days staff work in a week, changing the specific day’s staff work in a week, or changing the number of hours staff work in a day. The IC/HC will adhere to the policies laid out in the WCHD’ Employee Handbook regarding overtime/compensatory time.

• The IC/HC has the approval of the BOH to execute the above authorities during a public health emergency.

5.3.4 INCIDENTS WITH WCHD AS THE LEAD AGENCY

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

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

WCHD will remain the incident lead until (a) the incident has resolved and all response resources have been demobilized or (b) command is transferred to another entity.
5.3.5 INCIDENTS WHEN WCHD IS INTEGRATED INTO AN ICS STRUCTURE LED BY ANOTHER AGENCY

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

During an incident, these staff and resources ultimately report to the Incident Commander. The Health Commissioner may, at any time, recall such integrated staff or resources.

If such support is needed, WCHD will determine the appropriate activation level, and the HC will lead the integration activities. In such responses, the Planning Section Chief will track engagement of WCHD staff and resources and ensure that parameters for their utilization are communicated to both the integrated staff and the receiving Incident Commander.

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

5.3.6 INCIDENTS WITH WCHD IN A SUPPORTING ROLE

For incidents in which WCHD is a support agency, the Incident Commander is supplied by another agency. For these incidents, the WCHD’s HC will coordinate the agency’s support of the incident. Support activities include the following:

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

If the County EOC is activated, the WCHD’s HC coordinates all agency actions that support any Emergency Support Functions (ESFs) in which WCHD has a role. In such incidents, the HC will ensure that all WCHD actions to address incidents for which the WCHD’s DOC is activated are coordinated through the County EOC. Interface between the agency and the
County EOC is further detailed in Attachment VII - Interface between WCHD and the County EOC Standard Operating Procedure.

5.3.7 LEGAL COUNSEL ENGAGEMENT

During any activation of the emergency response plan, WCHD may request legal counsel, regardless of the incident type. The specific topics that may require targeted engagement of legal counsel include the following:

- Isolation and quarantine,
- Drafting of public health orders,
- Execution of emergency contracts,
- Immediate jeopardy,
- Any topic that requires engagement of local legal counsel,
- Protected health information,
- Interpretation of rules, statutes, codes, and agreements,
- Other applications of the authority of the Director of Health,
- Anything else for which legal counsel is normally sought.

WCHD legal counsel is integrated at the outset through the activation notification. There are no internal approvals required to engage the WCHD legal counsel; the IC/HC, their designee may reach out. The Contact Information for WCHD's legal counsel can be found in Appendix 4—Emergency Response Contact List.

5.3.8 INCIDENT ACTION PLANNING

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

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

For the documents included in an IAP, see Attachment VIII - Incident Action Plan Template.

5.3.9 ACCESS AND FUNCTIONAL NEEDS

WCHD coordinates response actions with the WC EMA to ensure that access and functional needs are appropriately addressed during the response. The support available through EMA includes the following:

- Evaluation of market research data to identify access and functional needs in the impact area;
• Review of incident details to ensure all access and functional needs have been accounted for;

• Outreach to partner organizations that serve access and functional needs;

• Assistance with development of the IAP, to include points of contact for individuals and organizations who serve individuals with access and functional needs;

• Provision of just-in-time training to response personnel regarding serving individuals with access and functional needs.

The WC EMA Director with coordination from the WCHD’s Health Commissioner, Emergency Response Planner, or designee have primary responsibility for the provision of these services.

In addition to the WC EMA, WCHD engages other internal programs that serve individuals with access and functional needs. These include the following:

• Continuum of Care Committee (Social Worker)

• Project Connect Committee (Social Worker)

• Elder Forum through Wood County Committee on Aging (Health Commissioner)

• Wood County Department of Job and Family Services Planning Committee (Health Commissioner)

• Wood County Transportation Committee (Health Commissioner)

• WIC (Women, Infants, and Children with limited financial resources)

In all communications during incident response, WCHD will utilize person-first language.

WCHD has access to translation and interpretation services through the Language Line Solutions.

Additionally, WCHD works with government and non-government partners who support access and functional needs. These include the following:

• American Red Cross of Northwest Ohio
• Behavior Connections
• Bowling Green Manor
• Bowling Green State University
• Briar Hill Health Campus
• Harbor Behavior Health
• HCR Manor
• The Cocoon Shelter
• The Link
• Wells Brooke Home Health Care
• Wood County ADAMHS Board
• Wood County Committee on Aging, Inc.
• Wood County Community Health and Wellness Center
• Wood County Job and Family Services

5.3.10 DEMOBILIZATION

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

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

Demobilization is led by the Planning Section Chief, which has three primary functions:

1. Develop the Incident Demobilization Plan.
2. Assure completion of demobilization checkout forms by personnel and inspection of equipment as they are released from the incident.

For additional information on the demobilization process see Attachment II - Public Health Operations Guide.

5.3.11 AFTER-ACTION REPORT/IMPROVEMENT PLAN(S)

An After Action Report/Improvement Plan (AAR/IP) must be produced whenever the ERP is activated. 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 IX - Development of an After Action Report/Improvement Plan (AAR/IP) and Completion of Corrective Actions.

5.3.12 PLAN INTEGRATION

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

At the local level, the WCHD ERP interfaces with the WC EOP, which provides specificity for how WCHD will complete the actions assigned in the WC EOP.
At the regional level, WCHD interfaces with the Northwest Ohio (NWO); which is 13da collection of public health agencies in Ohio Region I. The plans produced by NWO 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.

The Ohio EMA is the lead for EMAC. At the state level, the WCHD ERP interfaces with the State Emergency Operations Plan (State EOP). WCHD operating within Emergency Support Function (ESF) – 8 gains specificity for how the agency will complete the actions assigned to WCHD in the State EOP. Integration with the ODH Emergency Response Plan takes place when the Wood County Health Department is notified of a situation by ODH, activation of resources exceeding local / regional resources, public information support, Points of Dispensing operations activated, and other critical events.

5.3.13 SITUATION REPORTS

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

SITREPs will be sent electronically to all WCHD’s Directors and Managers for their situational awareness. Also, SITREPs will be sent electronically to all operational staff. Hard Copies of SITREPs will also be available in the WCHD DOC if it is activated. At the discretion of the Health Commissioner, any SITREP may be forwarded electronically to the WC EMA, Regional Health Care Coordinator, Regional Public Health Coordinator, LHDs, or another state, regional or local partners for their situational awareness and to foster a common operating picture. Additional SITREP recipients will be based on a per-incident basis, based on their informational needs and to maintain effective and efficient response coordination among partner responding agencies. These additional recipients will be identified by the staff responsible for disseminating the SITREPs, through discussion with the IC/HC, and Emergency Preparedness Staff.

SITREPs frequency is detailed in the table below.

<table>
<thead>
<tr>
<th>Activation Level</th>
<th>SITREP Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation Awareness &amp; Monitoring</td>
<td>At least daily</td>
</tr>
<tr>
<td>Partial Activation</td>
<td>At least at the beginning and end of each operational period</td>
</tr>
</tbody>
</table>
See **Attachment X - Situation Report Template** for a situation report template.

### 5.3.14 STAFF SCHEDULE (BATTLE RHYTHM)

WCHD Directors and Managers will maintain staff scheduling and communicate the schedule to assigned staff. The completed staff schedule form will be distributed via email or by hard copy.

The battle rhythm will also detail essential command staff meetings, established reporting timelines and other necessary coordination requirements. The battle rhythm for each operational period will be created by the Planning Section Chief using **Attachment XI – Battle Rhythm 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 **Attachment XII-Shift Change Briefing Template**.

### 5.3.15 COORDINATION WITH STATE RESPONSE AGENCIES FOR LARGE-SCALE OR COMPLEX INCIDENTS

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

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

The Health Commissioner, Public Information Officer, or otherwise designated spokesperson, will speak on behalf of the agency on all state-and-local coordination calls.

The Health Commissioner, Public Information Officer, or designated spokesperson will address all the EEIs and clearly communicate both completed/planned actions and the response capacity of the agency. For any previously identified gaps in capacity, the Health Commissioner, Public Information Officer, or designated spokesperson will identify the state agency that can provide assistance and defer to that state partner for an update.
5.3.16 INTERFACE BETWEEN ESF-8 AND THE HEALTHCARE COALITION PARTNERS

The plans that currently support the ESF-8 and the Healthcare Coalition (HCC) interface include:

- WCHD Emergency Response Plan-Basic Plan
- WCHD Mass Fatality Response Annex
- Wood County Emergency Management Agency Emergency Operations Plan
- Northwest Ohio Regional Public Health and Medical Coordination Plan
- Northwest Ohio Regional HCC Emergency Response Procedures.

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

- Hospitals: provide patient care and updates related to medical surge and availability of critical medical supplies. During incidents that impact infrastructure, hospitals will support evacuation and relocation of identified CMS facility types, e.g. nursing homes.

- Long-term care facilities: provide critical information and resources to their residents. During incidents that impact infrastructure, these facilities will support evacuation and relocation populations from other facilities in the county or the region.

- Wood County ADAMHS Boards and Behavior Health of Wood County within the region: provide psychological first aid to responding personnel. Serve as a connection point for care to the broader community.

- Local fire departments and EMS: provide patient transport to care facilities. Support fit-testing for PPE and training on donning and doffing.

- American Red Cross of Northwest Ohio: Facilitate setup and operations of a Family Assistance Center during mass fatality incidents.

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

1. Guide the lead coordination agency in determining if the Healthcare Regional Multi-Agency Coordination (HMAC) system should be activated. The activation of the Healthcare Regional Multi-Agency Coordination (HMAC) System will
assist local healthcare facilities with the relocation of patients from the evacuating facility.

2. Facilitate prompt, clear, and precise information sharing among participating coalition members and jurisdictional authorities to promote common situational awareness; through situational reports.

3. Facilitate the interface between the HCC members and appropriate jurisdictional authorities to establish effective support for medical surge events; to include bed availability statistics and patient movement options.

4. Facilitate resource support by expediting the mutual aid process or other resource sharing arrangements among the HCC members and support the request and receipt of assistance from local, state, and federal authorities.

5. Guide the lead coordination agency in deciding if the regional OHTTrac Team should be activated.

6. If needed, establish a presence either in person or virtually with the ESF-8 lead agency at the local emergency operations center during a county or multicounty response. The RHC has a seat in the local EOC that can be filled upon request.

5.4 INFORMATION COLLECTION, ANALYSIS, AND DISSEMINATION

5.4.1 INFORMATION TRACKING

Incident Command System (ICS) Forms is designed to assist emergency response personnel in the use of ICS and corresponding documentation during incident operation. Information from the ICS Forms will be used to distribute relevant information to local, regional, and state partners. All high-level response actions should be documented on the ICS Forms for accountability and reimbursement. WCHD will also track all agency objectives to ensure that they remain on track for completion. Any incidents that are off-track should immediately be identified to the IC/HC.

To aid in centralized communication, WCHD maintains a dedicated network folder on the server for all response personnel to store incident-related documentation. Further, information will be compiled and analyzed in a spreadsheet format, including a timeline of events, a directory of involved personnel, and any other data that might be pertinent to response within the network directory folder. Information will be reported via situation reports and whiteboard to the recipients of those reports at the times and disbursement schedules established.

At the individual level, all response staff should maintain an Activity Log, using ICS form 214. These logs will be turned in at the end of the shift and filed.

Internally in the DOC, information tracking can also be done. However, certain situations may dictate the use of independent or co-dependent information tracking
processes. In these situations, information may be tracked via a spreadsheet or through appropriate ICS forms or other means of documentation.

5.4.2 ESSENTIAL ELEMENTS 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 as the response begins, using **Appendix 5 - EEI Requirements**.

WCHD will include a list of the current EEIs with the completed ICS 201 form and with each IAP. This list should be reviewed during IAP development and refined for each operational period. At a minimum, the IC/HC, and Emergency Preparedness Team will contribute to this refinement.

To identify sources of information for EEIs, consult **Appendix 4 – Emergency Response Contact List**.

5.4.3 INFORMATION SHARING

To ensure that WCHD maintains a common operating picture across all the locations response personnel are engaged, WCHD will execute **Attachment VII - Interface between WCHD and the County EOC Standard Operating Guide**. This procedure defines the coordination between WCHD and the County EOC when activated.

6.0 COMMUNICATIONS

As the lead health agency for the county, WCHD is responsible for maintaining communication with local, regional, state, private and non-profit partners during an incident requiring activation of this plan.

The **WCHD Public Information and Communication (PIC) Plan** operates in concert with the ongoing response activities to ensure accurate and efficient communication with internal and external partners. When engaged in response, WCHD will ensure the dissemination of information and maintain communication with the points of contact (POC) as detailed in **Appendix 4 – Emergency Response Contact List** to ensure continuity of response operations:

- Applicable WCHD employees
- County EOC, as applicable
- WCHD DOC, as applicable
- Local Health Departments
- Regional Public Health Coordinators
- Regional Healthcare Coordinators
• City, county, and state partners

• Non-governmental partners

• Other support systems, agencies, and/or organizations involved in the incident response

In a public health emergency, communication between the above personnel and groups will be accomplished through a combination of communications systems and devices currently used on a day-to-day basis. These include:

• Voice over internet protocol (VOIP)

• Phone lines

• Email

• Fax machines

• Web-based applications, including the Operational Public Health Communication System (OPHCS)

There is one (1) alert level employed by WCHD during emergencies; these designations will be included in the message subject line:

• **Urgent**, which requires a response within two to twenty-four (2-24) hours of receipt of receipt of the message. The required response time will be listed in the message.

Notifications and alerts will be drafted with input from applicable SMEs in coordination with public information staff engaged in the incident. In addition to the content itself, the developing group will assign the appropriate alert level to the message. Incident staff who receive alerts will be expected to take the prescribed actions within the timeframe prescribed.

When notifications or alerts must be sent, WCHD will utilize OPHCS. OPHCS is a reliable and secure web-based messaging and alerting system used to communicate incident information to relevant groups via email, fax, phone, pagers and other messaging modalities to support notifications on a 24/7/365 basis. This system is used by WCHD, local health departments, hospitals, and other partners, but is not available to the general public. OPHCS operates under two messaging levels; these levels include:
Messages

Alerts

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

When notifications or alerts must be sent to partner organizations who do not use OPHCS, WCHD will utilize Barracuda Email Security Gateway. Barracuda is an encrypted email software that protects the content from being read by other entities than the intended recipients.

If WCHD communication resources become overburdened or destroyed, redundant or backup communication equipment includes:

1. Governmental Emergency Telecommunication Service (GETS) cards
2. Multi-Agency Radio Communications (MARCS) radios
3. Two-way radios

GETS cards have been made available to key personnel who have a leadership role in emergency response. GETS cards consist of phone numbers that receive priority over regular calls, thereby greatly increasing the probability a wired call is received.

WCHD maintains Multi-Agency Radio Communications (MARCS) that was distributed by ODH. WCHD currently houses 1 base station and 3 portable MARC’s radios that can be deployed to response staff should WCHD experience power failure or the inability to reach partners. WCHD participate in monthly MARCS radio checks with ODH to verify distributed MARCS radios are operational for emergency use. Both GETS and MARCS radios are maintained and managed by the Emergency Preparedness Team.

WCHD may engage primary and redundant methods of communication both at the programmatic, DOC and County level. When responses require the engagement of the County EOC, WCHD assumes its at the ESF-8 desk. From desk, WCHD may require additional collaboration with other ESFs, County EMA staff and other local regional 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 between ODH and LHD, please see the flow chart on page 30. Additional detail of the communication flow is detailed in Attachment VII - Interface between WCHD and the County EOC Standard Operating Procedure.

For a list partner point of contacts, please refer to Appendix 4 – Emergency Response Contact List.

WCHD communicates EEIs and other tactical information through the messaging of information to response staff to ensure responders are well informed of the response operation. Key Messages must include:

1) Summary of the incident
2) Summary of current operations
3) Response Lead
4) Objectives to be completed by the agency
5) Planned public information activities
6) Other engaged agencies

6.1 PUBLIC COMMUNICATIONS

WCHD has a Community Outreach Coordinator who will act as the Public Information Officer (PIO) during a DOC activation. The Community Outreach Coordinator will coordinate public communications and messaging activities that are outlined in the WCHD Public Information and Communications Plan. This plan will be activated during all response activities that required public communication.

7.0 ADMINISTRATION AND FINANCE

7.1 GENERAL

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

a) In a WCHD-led ICS response, finance and administration duties will be delegated to the Finance and Administration Section Chief.

b) When WCHD is engaged in coordination, these duties will be delegated to the Finance Director.
7.2 COST RECOVERY

Cost recovery for an incident includes all costs reasonably incurred by WCHD staff/personnel, including overtime costs for appropriately deployed emergency response personnel, supplies, expendable items, and equipment. The cost recovery process begins in the initial incident operational period and continues through the end of demobilization activities.

Depending on whether an emergency response is declared a State Disaster or a Federal Disaster some emergency response costs may be reimbursed through State funding or federal funding. Regardless of whether the emergency response is declared a State or Federal Disaster, all requests for reimbursement will initiate from WCHD through the County Emergency Management Agency.

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

a. State Disaster Relief Program (SDRP)
   - Administered by the Ohio Emergency Management Agency (Ohio EMA), Disaster Recovery Branch. The SDRP is designed to provide financial assistance to local governments and eligible non-profit organizations impacted by disasters. These funds are intended to SUPPLEMENT NOT SUPPLANT an applicant’s resources and therefore, applicants must demonstrate the disaster has overwhelmed local resources and that other avenues of financial assistance have been exhausted prior to requesting assistance through the SDRP.
   - The SDRP is implemented at the governor’s discretion, when federal assistance is not available. Local governments and eligible non-profit organizations must apply, through a written letter of intent, to the program within 14 days of the Program being made available. The supplemental assistance is cost shared between Ohio EMA and the applicant.

b. FEMA Public Assistance (PA) Program –
   - Administered through a coordinated effort between the FEMA, Ohio EMA, and the applicants. While all entities must work together to meet the overall objective of quick, efficient, effective program delivery, each has a different role. FEMA’s primary responsibilities are to determine the amount of funding, participate in educating the applicant on specific program issues and procedures, assist the applicant with the development of projects, and review the projects for compliance.
   - The FEMA PA Program provides supplemental Federal disaster grant assistance for debris removal, emergency protective measures, and the repair, replacement, or restoration of disaster-damaged, publicly owned facilities. The PA Program also encourages protection of these damaged
facilities from future events by providing assistance for hazard mitigation measures during the recovery process. The Federal share of assistance is not less than 75% of the eligible cost for emergency measures and permanent restoration from major disasters or emergencies declared by the President.

c. Public Health response funds for federally designated public health emergencies following a public health emergency declaration by the Secretary of Health and Human Services. The funds would likely be administered through the Ohio Department of Health.

Eligible costs/work may include:

- Labor costs – All labor hours (use of your own employees) should be documented. Depending on the funding source, only overtime/comp time may be reimbursed.

- Equipment costs – For FEMA dollars, reimbursement will be based on most current FEMA schedule of equipment rates. Requirements for other funding sources will be provided at the time the dollars are made available.

- Material costs – Costs of materials and supplies used for response/repair (from stock or purchased for purposes of completed project).

- Rented equipment – Include invoices and proof of payment for any rented equipment.

- Mutual aid – If there is a written mutual aid agreement in effect between jurisdictions (political subdivisions) at the time of the disaster, then associated costs may be eligible. The receiving entity can claim these costs once they are billed by the providing entity and the receiving entity provides payment to them.

7.3 LEGAL SUPPORT

WCHD legal counsel will work in collaboration with the incident command team to identify the legal boundaries and/or the ramifications of potential response actions to avert unintended liability.

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

- Negligent planning or actions during an incident,

- Workers compensation claims;

- Union or bargaining unit grievances,

- Improper use or authority.

- Improper use of funds or resources.
Depending on the severity and scope of the incident, frequent meetings may be held with the legal counsel for their situational awareness and to provide their opinions to ensure the applicable administrative law statutes are recognized.

The WCHD legal counsel will also support the execution of Memorandum of Understanding (MOU), Mutual Aid Agreements (MAAs) and requests for resources through the Northwest Ohio Mutual Aid Agreement.

### 7.4 INCIDENT DOCUMENTATION

Documentation is critical to response, review and recovery activities. Documentation supports (a) cost recovery, (b) resolution of legal matters, (c) evaluation of incident strategies, both during the incident and afterward, (d) development of the IAPs, and (e) development of the AAR/IP. 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.

Cost-recovery Documentation is vital to all cost recovery, administration actions regarding personnel, payroll, benefits, financial and procurement recordkeeping. The Finance/Administration section will use activity/incident logs/forms or InSite as the tracking mechanisms for determining resources expended and initiating any follow-on/additional documentation (e.g., receipts, injury reports, accidents investigations).

Documentation procedures are further detailed in Attachment XIII - Incident Documentation Guide.

### 7.5 EXPEDITED ADMINISTRATIVE AND FINANCIAL ACTIONS

Expeditied actions can occur in the form of approvals for personnel actions and procurement of resources. All expedited actions will be initially approved by the Finance & Administration Section Chief/Finance Director (FD) and provided to the IC/HC for approval. Any approvals beyond the basic authority of the IC/HC 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, will be coordinated with the WCHD Human Resources Coordinator and/or Finance Director.

- **Expedited Financial Actions**: All expedited financial actions will be coordinated with the Finance Director. No funding will be obligated or committed without the consent of the FD.

- **Expedited Procurement Actions**: See *WCHD Emergency Purchase & Procurement SOP*.

All expedited actions will be briefed during the incident operational briefings and also during shift change briefs. These actions may be tracked in the operational activity log
ICS 214 form or chronology of events document and reviewed with the Finance & Administration Section Chief as needed. All necessary agency software or forms will also be completed, in addition to the incident forms.

7.5.1 ACCEPTING FEDERAL/STATE/LOCAL FUNDS

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

1. **Funds are provided as an increase to an existing funding line.** In this case, funds would be moved to agencies through an existing grant with responsibilities related to the incident to which they are responding. Moving funds in this manner may only require an abbreviated acceptance process with signature from key personnel.

2. **Funds are provided as separate funding provision, through an application process.** In this case, agencies will be asked to apply for funds as if they are a new grant. In an emergency, there may be an abbreviated process and elements of a standard application may be suspended. These emergency grants may require short execution periods.

To ensure rapid receipt of these funds, WCHD will expedite the approval process through GMIS and will work directly with key stakeholders to obtain approval of the contract relationship and support availability of additional funds. The Board of Health has authorized the Health Commissioner to receive these funds, which allows the Health Commissioner to enter into contracts or receive funds on behalf of the agency during emergencies, without prior BOH approval.

7.5.2 ALLOCATING FEDERAL/STATE/LOCAL FUNDS

The BOH President, gave the authority to the Health Commissioner to allocate funds to critical programs without BOH approval during an emergency. The allocations will be review at the BOH regular schedule meeting. Unless the BOH rejects the allocations made at the time, the funds may continue to be used as previously assigned. This power will persist with the identified funds until the BOH President amend the Health Commissioner authority.

7.5.3 SPENDING FEDERAL/STATE/LOCAL FUNDS

The Health Commissioner doesn’t need the BOH approval for purchases and entering into contracts during normal operations or during an emergency.

Additionally, the agency’s policy of at least two interviews before hiring may be suspended. During an emergency, emergency staff may be installed after an interview with their direct supervisor. The employee will be able to begin work after passing the background check.
8.0 LOGISTICS AND RESOURCE MANAGEMENT

8.1 GENERAL

WCHD has a limited amount of material and personnel staffing resources available for incident response, and shortfalls are most likely in these commodities. The following four (4) levels of sourcing have been identified to fill potential resource shortfalls and minimize any time delays in acquiring the asset:

1. **Source 1: Pull from existing stock.**
   a. WCHD will utilize Levy Funds and grant funds to purchase medical materials before a public health emergency to stock on-site.
   b. The Emergency Response Planner has access to personal protective equipment (PPE) that may be stock on-site.
   c. The Director of Health Promotion & Preparedness has access to vaccine that may be stock on site.
   d. The Wood County Community Health and Wellness Center has access to medication.

2. **Source 2: Obtain from a vendor.** Below detail how emergency procurement can be executed.
   a. **Vendor name:** Lake Erie Medical
   b. **Vendor Point of contact information:** 1 (800)-289-2130,
   c. **Is the vendor available 24/7:** Yes
   d. **Method of payment:** Purchase Order
   e. **Who is authorized to place an order for medical material for emergency purchases or replenishment of stock?** Health Commissioner, Director of Health Promotion and Preparedness, Director of Finance, and Communication Manager
   f. Contact the Finance Division for a complete list of possible vendors.

3. **Source 3: Local and/or Regional Partners.**
   a. When a resource for WCHD use is not available and cannot be found in the department, the Health Commissioner and/or Regional Public Health Coordinator will request resources using the Northwest Ohio Mutual Aid Agreement.
   b. The Emergency Response Planner (MRC Coordinator) or the Communication Manager (Backup MRC Coordinator) can request staff recourse by activating the Wood County Medical Reserve Corp.

4. **Source 4: Wood County EMA.** When WCHD resource avenues have been exhausted, the acting logistics section chief or designee will work through the
Wood County EMA to secure a resource. The ICS 213RR-Resource Request Form must be filled out when requesting recourse from the County EMA.

8.2 WCHD RESOURCES

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

8.2.1 PERSONNEL RESOURCES

The Planning Section Chief will work with WCHD Human Resources Coordinator and the division Directors to fill the shortfalls. If there are insufficient WCHD personnel staffing assets available internally, WCHD will engage the staffing pools in section 9.3 of this plan.

8.2.2 MATERIAL RESOURCES

To fulfill material resource gaps the acting Logistics Section Chief will research for the asset internally within the WCHD using one of WCHD’s current inventory systems, i.e., the Impact SIIS, the Inventory Management and Tracking System (IMATS), and Excel for the required asset or resource. If the resource is found, an ICS Form 213RR WCHD Adapted form will be completed and provided to the personnel responsible for that resource. The WCHD Operations Section Chief and the Planning Section Chief will be provided copies of the transaction for internal tracking purposes. If available, the resource will then be released and assigned during the duration of the incident. Request for medical countermeasures will follow the procedures outlined in Annex 5: Medical Countermeasures Dispensing and Distribution Plan.

8.2.3 TRANSPORTATION RESOURCES

WCHD doesn’t have the capability to transport assets personally. During an incident response, the Logistic Section Chief will collaborate with local and regional partners to determine available transportation assets. Personnel transportation assets may come in the form of truck fleets, buses, or vans. Cargo vans may be needed for material transportation. Any transportation needs that not met after this engagement will be addressed through engagement of WC EMA.

8.3 MANAGEMENT AND ACCOUNTABILITY OF RESOURCES

8.3.1 MANAGEMENT OF WCHD INTERNAL RESOURCES

Management Assets and resources used to assist in the response will be tracked using Impact SIIS for vaccines, IMATS and/or Excel for MCM, personal protection equipment, supplies, and material.

The Logistics Section Chief with input from the SME who handed the resource will manage all internal and external resources and will log the following minimum information for all WCHD material assets involved in response activities:
• Asset tag number
• Serial number and model
• Equipment name
• Description of asset/nomenclature
• Asset storage location
• Asset assigned location

8.3.2 MANAGEMENT OF EXTERNAL RESOURCES

Upon receipt of an external resource, the WCHD’s IC/IC in collaboration with the Emergency Preparedness Team will accept the responsibility of the asset, by entering in relevant information into the tracking system designated. For equipment, supplies or MCMs received by the ODH, IMATS and/or Excel 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.

A staff member will be assigned to external asset received. These assets will be managed by any instructions or agreements communicated by the owning organization.

8.3.3 RESPONSIBILITIES AND SYSTEMS IN PLACE FOR MANAGING RESOURCES

Each Director is responsible for managing the internal resources that belong to their division. When a WCHD asset or resource is requested for internal or external use during a response, the responsibility for that resource will be transferred to the incident response lead. It is then the responsibility of the response lead to account for/track the resource, its use, sustainment, and demobilization.

1) When an employee responds or deploys to an incident with a WCHD asset, that employee becomes the equipment custodian and assumes responsibility for the asset throughout the response and demobilization phases.

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

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

<table>
<thead>
<tr>
<th>ICS Form Number</th>
<th>ICS Form Title</th>
<th>ICS Form Purpose</th>
</tr>
</thead>
</table>

43
<table>
<thead>
<tr>
<th>ICS 204</th>
<th>Assignment List</th>
<th>Block #5. Identifies resources assigned during the operational period assignment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICS 211</td>
<td>Check-In List (Personnel)</td>
<td>Records arrival times or personnel and equipment at the incident site and other subsequent locations.</td>
</tr>
<tr>
<td>ICS 213 RR Adapted WCHD</td>
<td>Resource Request</td>
<td>Is used to order resources and track resources status.</td>
</tr>
<tr>
<td>ICS 215</td>
<td>Operational Planning Worksheet</td>
<td>Communicate resource assignments and needs for the next operational period.</td>
</tr>
<tr>
<td>ICS 219</td>
<td>Resource Status Card (T-Card)</td>
<td>Visual Display of the status and location of resources assigned to the incident</td>
</tr>
<tr>
<td>ICS 221</td>
<td>Demobilization Check Out</td>
<td>Provide information on resources released from an incident.</td>
</tr>
</tbody>
</table>

**8.4 DEMOBILIZATION OF RESOURCES**

Once the response has been scaled down, any remaining assets or equipment used during the incident will be returned to their place of origin. Upon demobilization and recovery of the WCHD asset or resource used in an incident, a full accountability of equipment returning to WCHD will be done by the Planning Section Chief with collaboration from the Emergency Preparedness Team, the IC/HC, and the equipment custodian. The asset will be inventoried and matched against the asset tag or identification number, and serial number, then inspected for damage, serviceability, and cleanliness. If all equipment serviceability and cleanliness requirements are met, the assets or resource will be transferred to the equipment lead and returned to normal service. This can be done using the ICS Form 221 Demobilization Check-Out Form.

1. If the equipment deployed is lost, damaged or does not meet serviceability requirements, the WCHD incident leads, or designee and stakeholder, or equipment lead will collaborate with the Finance Section Chief/Finance Director to determine the next steps in the reconditioning of the asset, salvage or the purchase of a replacement item. The costs for reconditioning and or replacement of the item will be included in the post-incident cost recovery process.

**8.5 EMERGENCY MANAGEMENT ASSISTANCE COMPACT (EMAC)**

Per State Revised Code (SRC) 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.
1) The EMAC process may be used to support a Public Health Emergency at either a State or local jurisdiction level.

2) The request for IMAC or EMAC resources is an executive level decision. The Health Commissioner or designee, Wood County Emergency Management Agency Director or Deputy Director, or public official with authority over the jurisdiction being impacted dictate if IMAC or EMAC assistance will be sought. The Wood County EMA follows the Ohio EMA utilizes their forms and follows its processes. To request EMAC resources there must be a Governor’s Declaration in State.

3) IMAC & EMAC Process: All IMAC & EMAC requests will follow State EMA instructions and procedures with assistance coming from Wood County EMA in applying the request. All IMAC & EMAC requests will be supported by the Logistics Section Chief or designee, and provided to Wood County EMA after WCDH Health Commissioner or designee approval. At a minimum, representatives from the Wood County Health Department, Wood County EMA, and public official with jurisdiction authority will be involved in the IMAC & EMAC processes. Once approved by these officials the request will be processed and executed.

8.6 INTRASTATE MUTUAL AID COMPACT (IMAC)

Per Ohio Revised Code Section 5502.41, IMAC is mutual aid agreement through which all political subdivisions can request and receive assistance from any other political subdivisions in the state; many of the administrative and legal issues are resolved in advance of an incident. All political subdivisions are automatically part of IMAC. The definition of political subdivision is broad and includes not only counties, municipal corporations, villages and townships, but also port authorities, local health districts, joint fire districts, and state institutions of higher education.

The Ohio IMAC process may be used to support Public Health Emergency at the local jurisdiction level. Public Health can request for mutual aid through the County EMA without a formal declaration by the chief executive of a political subdivision.

The IMAC process for Northwest Ohio is detailed in Attachment XIV – Northwest Ohio Mutual Aid Agreement.

8.7 IMAC/EMAC REQUEST FROM ANOTHER JURISDICTION

The IMAC process is facilitated by local EMA; the EMAC process is facilitated for the State of Ohio by Ohio EMA. The purpose of this component is not to intrude upon the central responsibilities of EMA but rather to ensure that public health agencies have internal processes that equip them to engage that process effectively. Any and all public health engagement in IMAC/EMAC will be facilitated by local/state EMA, respectively. Internal processing of IMAC/EMAC requests is led by the Emergency Response Planner.

Following approval, the Emergency Response Planner will query for available resources within the WCHD and will collaborate with WCHD Leadership, to query internal
databases, institutional knowledge centers and the various WCHD inventory systems for the required resource. As needed, Emergency Response Planner will engage the Chief(s) of the section(s) where the potential resource exists.

Upon receipt of the request, the Emergency Response Planner, in coordination with WCHD Leadership, with 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.

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

WCHD staff deployed through this mechanism will be paid (e.g. compensation, travel reimbursement, etc.) by WCHD 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 WCHD 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 WCHD.

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

**8.8 MEMORANDUMS OF UNDERSTANDING, MUTUAL AID AGREEMENTS, AND OTHER AGREEMENTS**

1) Memoranda of Understanding (MOU) and Mutual Aid Agreements (MAAs) are similar in that they are both designed to improve interagency or inter-jurisdictional assistance and coordination. MOUs/MAAs are established between emergency response agencies to identify their agreements to collaborate, communicate, respond and support one another during a disaster or other public health emergency. Understandings regarding the incident command structure, patient and resource management, processes and policies in place for requesting and sharing of staff, equipment, and consumable resources, as well as payment, are addressed in an MOU/MAA. These agreements expand the capacity of WCHD by allowing the agency access to resources held by the organizations with which agreements have been executed. Both types of agreements must be processed through and approved by WCHD Health Commissioner and the Wood County Prosecutor.
2) Established WCHD MOUs and MAAs are updated by each division that has an existing agreement. The Accreditation Coordinator retains the compilation of original/official agreements. Additionally, the WC EMA also retains some copies that have emergency response commitments.

3) Upon an incident response, it is incumbent upon the Logistics Section Chief to inquire with the IC/HC to determine whether any MOUs /MAAs are applicable to the response activities.

4) If an MOU or MAA is determined to be needed during an incident, the IC/HC, Emergency Preparedness Team, and appropriate WCHD Directors will collaborate on the execution of the MOU/MAA.

9.0 STAFFING

9.1 GENERAL

All WCHD employees are designated as public health responders and can be called upon to fulfill response functions during an incident. The role assigned to any WCHD employee in an incident is dependent upon the nature of the incident and the availability of staff to respond. With approval by the Health Commissioner, Directors, or Managers staff may be asked to work outside of business hours or for periods of time longer than a standard workday. The Staff Call-Down procedure in the Staff Call-Down SOG is maintained by the Emergency Response Planner and Human Resources Coordinator. All staffing considerations will adhere to the respective collective bargaining unit agreements.

9.2 Staffing Activation Levels

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

WCHD will utilize Annex 2: COOP Plan to inform how staff is reallocated from their day-to-day activities to incident response. This will be done as needed, as ERP activation does not automatically activate the COOP Plan.

9.3 STAFFING POOLS

Directors will be appointed to provide staffing for incidents that can be effectively supported by their staff.

1. Qualified program staff from involved the WCHD;

2. Specific roles for program personnel that are defined in functional or incident-specific annexes included in this plan;
3. Directors, Managers, or SMEs may be selected to serve key leadership roles during incident response;

4. IC/HC role may be filled by Health Commissioner, Directors, or Managers or their designee.

WCHD actively utilizes volunteers from the Wood County Medical Reserve Corps (MRC). In the event this volunteer pool does not meet the requirements of the response, WCHD will request additional volunteers (e.g., CERT, ARC, etc.) via the County EMA.

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.

Other Partner Staffing pools include the following:

1. Staffing agreements in Northwest Ohio Mutual Aid Agreements or Memorandum of Understanding.

9.4 PSYCHOLOGICAL FIRST AID (PFA)

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

1. Providing comfort
2. Addressing immediate physical needs
3. Supporting practical tasks
4. Providing anticipatory information
5. Listening and validating feeling
6. Linking survivors to social support
7. Normalizing stress reactions
8. Reinforcing positive coping mechanisms

WCHD works closely with the Wood County Community Health Center, Behavioral Connection of Wood County, and the Wood County ADAMHS Board to ensure PFA is available to response personnel during and after an incident. At least one PFA provider will be accessible during all incidents. For incidents in which higher demand for PFA is anticipated or requested, WCHD will request additional personnel.
The PFA provider may be engaged by calling Wood County Community Health Center at 419-354-9049, Behavioral Connection of Wood County at 419-352-5387, or the Wood County ADAMHS Board at 419-352-8475. During a disaster or emergency event PFA may be requested through the EOC.

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

1. Mass fatality incidents;
2. Incidents with significant impact on children;
3. Incidents that require extended use of PPE;

Incidents with significant public demonstration, e.g. vaccination campaigns with limited supply or targeted populations.

9.5 MOBILIZATION ALERT AND NOTIFICATION

The IC/HC or designee will prepare a mobilization message for dissemination to response personnel. This message will be shared with the appropriate local and regional partners to be passed to their engaged staff. Staff notified for mobilization/deployment will follow these instructions:

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

2. **When to report:** Staff alerted will report within the required time established by the IC/HC. The goal for initiating deployment is within 2 – 24 hours of notification; arrival times may vary depending on the distance the staff must travel.

3. **Whom to report to:** The staff alerted will report to the IC/HC or another individual, if designated. The Directors and/or Managers to whom the staff assigned to will review the responsibilities of assigned staff and consult with them to ensure they can receive and process responding personnel.

Upon reporting to the DOC, the staff will sign a sign-in sheet, be provided an incident summary and a job action sheet with their assigned 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 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 WCHD staff member will self-deploy to an incident response.**
10.1 NON-DECLARED DISASTERS

WCHD 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 Director or designee may redirect and deploy Agency resources and assets as necessary to prepare for, respond to, and recover from an event.

10.2 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.

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.

10.2.1 PROCESS FOR STATE DECLARATION OF DISASTER EMERGENCY

Declaration of disaster emergency is done by the Wood County Board of Commissioners at the request/recommendation of EMA, elected official, or political entity. Should it ever be needed, the State EMA template may be utilized by the Wood County EMA to assist in this declaration process.

The Health Commissioner or designee determines that the situation has or is elevating to a level requiring a disaster declaration. Upon verification of the situational assessment the Health Commissioner or designee will contact the jurisdictional authority for that impacted area. The Wood County EMA will also be contacted and informed of the declaration intent request. Coordination of the declaration will be conducted by those authorities involved in the process with messages being distributed by the PIO to necessary individuals and agencies. Further coordinating activities may be
conducted by the jurisdictional authority, Health Commissioner, Incident / Unified Command, or designee/s granted authority.

Furthermore, WCHD's role in the emergency declaration process is to provide subject matter expertise and situational information. WCHD cannot declare an emergency or disaster; only the jurisdictional authority tasked with this responsibility. WCHD may be asked to weigh in by Wood County EMA on the effects of a disaster and its public health implications. The Health Commissioner and any WCHD staff member that the jurisdictional authority deems necessary to include may act as consultants, with Health Commissioner approval, to the jurisdictional authority and inform Wood County EMA led disaster declaration process.

10.2.2 PRESIDENTIAL DECLARATION 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.

10.2.3 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 PHE does not require a formal request from state or local authorities.
11.0 PLAN DEVELOPMENT AND MAINTENANCE

11.1 PLAN FORMATTING

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

<table>
<thead>
<tr>
<th>SAY THIS...</th>
<th>NOT THAT...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access and functional needs</td>
<td>Special needs</td>
</tr>
<tr>
<td>Access and functional need, Disability</td>
<td>Handicap</td>
</tr>
<tr>
<td>Accessible</td>
<td>Handicap accessible</td>
</tr>
<tr>
<td>Accessible parking/bathroom</td>
<td>Handicap parking/bathroom</td>
</tr>
<tr>
<td>Person who uses a wheelchair</td>
<td>Confined or restricted to a wheelchair,</td>
</tr>
<tr>
<td></td>
<td>Wheelchair-bound</td>
</tr>
<tr>
<td>Disability placard</td>
<td>Handicap sticker</td>
</tr>
<tr>
<td>Person with a disability</td>
<td>Disabled person, The disabled</td>
</tr>
<tr>
<td>Person without a disability</td>
<td>Normal person, Healthy person</td>
</tr>
<tr>
<td>Individual who is deaf, Individuals with hearing loss</td>
<td>Deaf person, The deaf</td>
</tr>
<tr>
<td>Person with a visual impairment, People who are blind</td>
<td>Blind person, The blind</td>
</tr>
<tr>
<td>Person with a congenital disability</td>
<td>Person with a birth defect</td>
</tr>
<tr>
<td>Intellectual/Cognitive/Developmental disability$^2$</td>
<td>Mentally retarded, Mentally disabled</td>
</tr>
<tr>
<td>Person with an intellectual/cognitive/developmental disability$^2$</td>
<td>Mentally retarded person, Mentally disabled</td>
</tr>
<tr>
<td>Person with an emotional or behavioral disability, Person with a mental health or a psychiatric disability</td>
<td>Mentally ill person, The mentally ill</td>
</tr>
</tbody>
</table>

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

- Plans may include up to four types of documents, which are the following: Basic Plan, Attachment, Appendix, and Annex.

- When referenced, plans are designated with **bold, italicized, underlined font.**

**Basic Plan:** The main body of a plan; a basic plan is a primary document and may include attachments, appendices, and annexes.
**Attachment:** A supplementary document that is necessarily attached to a primary document to address deficiencies; inclusion of attachment is necessary for a primary document to be complete.

- Attachments are included immediately after the primary document that they supplement and are designated by *Roman numerals.*

- When referenced, attachments are designated with **bold font.**

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

- Appendices are included immediately after the attachments of the primary document to which they are added and are designated by *numbers.*

- When referenced, appendices are designated with **bold, italicized font.**

**Annex:** Something added to a primary document, e.g., an additional plan, procedure or protocol, to expand the functionality of the primary document to which it is attached; it is distinguished from both an attachment and an appendix in that it can be developed independently of the primary document and, thus, is considered an expansion of the primary document and not merely a supplement.

- In a plan, annexes guide a specific function or type of response.

- Annexes are included immediately after the appendices of the primary document to which they are added and are designated by *capital letters.*

- When referenced, annexes are designated with **bold, underlined font.**

- When considered independently from the basic plan, annexes are, themselves, primary documents and may include attachments and appendices, but never their annexes.
  
  - Attachments to annexes are designated by Roman numerals preceded by the letter of the annex and a dash, e.g., “A-I.”

  - Appendices to annexes are designated by numbers preceded by the letter of the annex and a dash, e.g., “A-1.”

- Though developed independently from the primary document, an annex must be activated as part of the plan and cannot be activated apart from it.
11.2 REVIEW AND DEVELOPMENT PROCESS

- The planning shall be initiated and coordinated by the Emergency Response Planner. Planning shall address revisions to the ERP Basic Plan, as well as revision or development of any other ERP components. WCHD will form a collaborative planning team to include the following staff:
  - Emergency Response Planner
  - Communication Manager
  - Director of Health Promotion and Preparedness
  - Health Commissioner
  - Representative for access and functional needs
  - Subject Matter Experts (SME’s)

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

- The collaborative team will identify the needs for improvement and update the plan component(s). Once the planning team has prepared the plan revisions, the components will be submitted to reviewers before being submitted for approval. Any feedback will be incorporated, and then the updated document will be presented for approval.

- Once these elements are identified, revised processes are developed for improvement or replacement. To maintain transparency and record of collaboration, the Emergency Response Planner will take notes to sustain a record of recommendations from collaborative meetings. These notes may be accessed by contacting the Emergency Response Planner. Notes can be accessed by following the below file path:
  - “U:\Wood County\WCHD\PHEP Grant\2018\ERP Basic Plan Rubric Materials\ ERP Notes”

- Below are the established plan, annex, attachment and appendix review schedules. The planning team will establish a key activities schedule for the plan they are managing to meet the thresholds identified below. Planning team members will work to ensure that plan components are staggered so that reviews do not become overwhelming.
<table>
<thead>
<tr>
<th>Items</th>
<th>Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>Bi-Annual</td>
</tr>
<tr>
<td>Annex</td>
<td>Bi-Annual</td>
</tr>
<tr>
<td>Attachment</td>
<td>Bi-Annual</td>
</tr>
<tr>
<td>Appendix</td>
<td>Bi-Annual, or as needed</td>
</tr>
</tbody>
</table>

Proposed changes to plans in-between the review cycle shall be directed to the Emergency Response Planner. The Emergency Response Planner has the authorization to make changes to plan in-between the review cycle. Changes will be documented and shared with the planning team.

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

- The Emergency Response Planner shall review the basic plan and its attachments. The Health Commissioner will endorse the plan once final revisions are made. Once adopted, the basic plan and its attachments shall be reviewed bi-annually, from the last date the plan was authorized. The purpose of this review will be to consider adoption of proposed changes, i.e., revisions, additions or deletions that were identified during the year. If adopted, the changes will be incorporated, and the basic plan and its attachments will be reauthorized.

- Any division may initiate changes to the basic plan and its attachments by submitting the proposed changes to Emergency Response Planner. The proposed changes will be presented to the Emergency Preparedness Staff during the bi-annual review.

- Proposed changes may be approved for use in response activities by the Emergency Response Planner before adoption by the Health Commissioner. Approval is only valid until the Health Commissioner has adopted the proposed changes for their continued use in response activities to be allowable.

11.4 REVIEW AND ADOPTION OF APPENDICES TO THE BASIC PLAN

- Any division may initiate changes to appendices by submitting the proposed changes to the Planner. All appendices should be reviewed and approved by the Emergency Response Planner.

11.5 DEVELOPMENT AND ADOPTION OF ANNEXES AND ITS ATTACHMENTS

- Once adopted, annexes and their attachments shall be reviewed bi-annually. Any
division may initiate changes to annexes and its attachments by submitting the proposed changes to the Emergency Response Planner. The Planner will approve development, review, and adoption.

11.6 DEVELOPMENT AND ADOPTION OF APPENDICES TO AN ANNEX

- Any division may initiate changes to an appendix to an annex by submitting the proposed changes to the Emergency Response Planner. The Planner may approve inclusion, revision or expansion to appendices to an Annex.

11.7 VERSION NUMBERING AND DATING

Version history for the ERP and all of its annexes are tracked under one numbering system as follows: #. ##. The first digit represents the overarching version, which accounts for the organization, structure, and concepts of the ERP. The second two digits represent revisions of or expansions of other components of the plan. Substantial changes to the plan, e.g., the organization, structure or concepts, require the adoption of a new version of the ERP. Changes to other components are tracked within the currently adopted version of the ERP.

The ERP is also tracked by the last date reviewed and the last date revised. If a review does not necessitate any revisions, only the date of review has to be updated. Likewise, each attachment, appendix, and annex are tracked by the last date revised. Primary documents and their attachments will always share the same review date since they must be reviewed together. By contrast, the revision dates for appendices may differ from those of the primary documents they complement, as they can be approved at any time.

11.8 PLAN FORMATTING

- Georgia 26pt for Title
- Georgia 12pt for Body text
- Georgia 10pt for Headers
- Georgia 10pt for Footnotes
- 12pt after paragraphs
- Single spaced.
- Left Aligned
- Hyperlinks are denoted by blue colored font.
- When referenced, plans are designated with bold, italicized, underlined font.
- When referenced, attachments are designated with bold font
• When referenced, **appendices** are designated with **bold**, italicized font.

• When referenced, **annexes** are designated with **bold**, underlined font.

• Header will include the following:
  
  o Version number; aligned left.

  o Plan name; aligned center.

    ▪ If it is an Annex, the plan name will say “Annex [CAPITAL LETTER] to the ERP – TITLE”

    ▪ If it is an Attachment, the plan name will say “Attachment [ROMAN NUMERAL] to the ERP/Annex [CAPITAL LETTER] – TITLE”

    ▪ If it is an Appendix, the plan name will say “Appendix to the ERP/Annex [CAPITAL LETTER] – TITLE”

  o Adoption date; aligned right.

• Footer will include the following:

  o Page number; aligned middle.

**11.9 PLAN PUBLISHING**

The ERP will be made available for review by the public online on the WCHD website. The Emergency Response Planner will be responsible for communicating to IT Support Specialist II when the ERP has been revised, and the new version is available for public publishing. Before the web publishing of the revised plan, the Planner together with the Communication Manager will determine the attachments, annexes, and appendices that will be included with the public version of the ERP. Once the plan is prepared for public viewing, public comment to the ERP will be accepted via email in addition to the proposed changes between revision cycles for consideration.

http://www.woodcountyhealth.org/ep/preparedness_plans.html
Definitions and acronyms related to the WCHD ERP Base Plan are in *Appendix 6 - Definitions & Acronyms*.

### 13.0 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.

#### 13.1 FEDERAL


c. Executive Order 12148, Formation of the Federal Emergency Management Agency

d. Executive Order 12656, Assignment of Federal Emergency Responsibilities


g. Presidential Policy Directive 8 (PPD-8), National Preparedness, 2011

h. Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments, 44 CRF Parts 13 and 206.

#### 13.2 STATE

a. The Director of Health has broad authority to do what is necessary to prevent and control the outbreak of infectious diseases. Ohio Revised Code (ORC) 3701.13.

- The Director can require reports and make inspections and investigations that are necessary to carry out his or her duties and take such actions as are necessary. ORC 3701.04(A)(1) and ORC 3701.14; see ORC 3701.146 (tuberculosis).
- The Director, or designee, may "enter, examine, and survey all grounds, vehicles, apartments, buildings, and places in furtherance of any duty laid upon the director or department of health or where the director has reason to believe there exists a violation of any health law or rule." ORC 3701.06.
- ODH may make special or standing orders or rules for:

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• Preventing the spread of contagious or infectious disease;
• Governing the receipt and conveyance of remains of the deceased; and
• Other such sanitary matters best controlled by general rule. ORC 3701.13.

- ODH shall have ultimate authority on all matters of quarantine, which ODH may declare and enforce, or modify, relax, or abolish. ORC 3701.13.

b. The Director may make and enforce orders in local matters:
   • During an emergency;
   • When a Local Health Department/District (LHD) has neglected or refused to act promptly or efficiently; or
   • When a LHD does not exist.
   • ORC 3701.13 and 3701.28.

c. The Director may contract for temporary or intermittent services of experts, consultants, or organizations if the services are on a part-time or fee-for-service basis and do not involve administrative duties. ORC 3701.04(A)(3).

d. The Director may contract for the utilization of the facilities and services of other departments, agencies, and public or private institutions. ORC 3701.04(A)(3) and ORC 3701.04(A)(4).

e. The Director may appoint a medical or sanitary officer and such assistants as may be required to make and enforce local orders and regulations the Director deems necessary. ORC 3701.28.

f. The Director shall establish a system for recruiting, registering, training, and deploying volunteers that are advisable and reasonably necessary to respond to an emergency involving the public’s health. ORC 3701.04(B)(1).

g. Local boards of health, health authorities and officials, officers of state institutions, police officers, sheriffs, constables, and other officers and employees of the state or any county, city, or township, shall enforce quarantine and isolation orders, and the rules ODH adopts. ORC 3701.56.

13.3 LOCAL

• Wood County Emergency Operation Plan

• National Incident Management System (NIMS) Adoption

• WCHD will follow state and federal legal authorities during a public health response
14.0 REFERENCES

14.1 STATE

1) SHD Emergency Response Plan, 2017

2) ODH Emergency Response Plan Basic Plan Rubric, 2017-2018 (BP1)

3) ODH Crosswalk to the Emergency Response Plan Basic Plan Rubric, 2017-2018 (BP1)

14.2 LOCAL

1) WCHD Emergency Response Plan, 2016

2) Wood County Emergency Communications Plan, 2017

3) WCHD Hazard Analysis Plan, 2016

4) WCHD Hazard Vulnerability Assessment Tool, 2014

5) WCHD Workforce Development Plan, 2017

6) WCHD Strategic Plan, 2017-2020

7) WCHD Public Information and Communication Plan

8) Wood County Hazard Mitigation Plan, 2010

9) Wood County Emergency Communications Plan, 2017

10) Wood County Hazard Analysis, 2001
Memorandum

To: William Bryant-Bey, Emergency Response Planner – Wood County Health Department
From: Office of Health Preparedness - Ohio Department of Health
CC: nw.region1@odh.ohio.gov

Upon review, your Emergency Response Plan Basic Plan for Budget Period 2 has fully addressed all components of the rubric and therefore is approved and eligible for promulgation in accordance with PHEP Core Deliverable Objective 1.1. You may proceed with promulgation at your earliest convenience. Objective 1.1 must be completed no later than June 1, 2019.

Once the plan is promulgated, please upload the updated ERP Basic Plan, with your signed promulgation letter in its appropriate place in the plan, along with your promulgation-readiness letter from ODH, into GMIS to complete deliverable 1.1. Please notify your consultant before expensing for this deliverable.

Thank You and Congratulations!!

Benjamin Robison
Emergency Response Unit Supervisor
Office of Health Preparedness
Ohio Department of Health
Office: (614) 466-5972
Benjamin.Robison@odh.ohio.gov