APPENDIX 1 – PLAN ACTIVATION FORM

Public Health
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Sidney-Shelby County Health Department

DOCUMENT DESCRIPTION

This document lists all the agency's plans. This list is to be consulted whenever the ERP is activated to determine which plans are needed to manage the incident. The IC/DC will initial next to any selected plans, and a copy of this completed form will be sent with activation notifications.

SSCHD PLAN LIST

___ Annex A – Mass Care

___ Annex B – Mass Dispensing and Vaccination Plan

___ Annex C – Strategic National Stockpile Plan

___ Annex D – Pandemic Flu

___ Annex E – Mass Fatality

___ Annex F – Public Health Surveillance and Epidemiological Investigation Plan

___ Annex G – Disease Investigation

___ Annex H – Outbreak Investigation

___ Annex I – Ebola & Special Pathogens Plan

___ Annex J – Responder Safety Plan

___ Annex K – Facility Emergency Plan

___ Annex L – Continuity of Operations Plan

___ Annex M– Medical Reserve Corp/ Volunteer Mangement

___ Annex N – Regional Epidemiological Response Plan

___ Annex O– Radiological Response Plan & CRC

___ Annex P – Regional Local Heat Plan

___ Annex Q – Communication Plan

___ Annex R – Functional Needs Plan, Tab A of Shelby County Emergency Operations Plan

APPENDIX 2 – SHELBY COUNTY PRIMARY AND EMERGENCY SUPPORT FUNCTION MATRIX

Public Health
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Sidney-Shelby County
Health Department

DOCUMENT DESCRIPTION

This appendix includes the Shelby County Primary and Emergency Support Functions Matrix.

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Shelby County Primary and Support ESF Matrix															
Agency/ Organization	**Emergency Support Functions**														
	#1	**#2**	**#3**	**#4**	**#5**	**#6**	**#7**	**#8**	**#9**	**#10**	**#11**	**#12**	**#13**	**#14**	**#15**
Northern Miami Valley Red Cross					S	**P**	S	S	S					S	S
Sidney Municipal Airport	S				S		S								
Shelby County Auditor					S		S					S		S	
Shelby County Commissioners	**P**				S		S		S		S	S		S	S
Shelby Co. Coroner					S			S							S
Shelby Co. EMA	S	S	S	S	**P**	S	**P**	S	S	S	**P**	**P**	S	**P**	**P**
Shelby County Engineer	S	S	**P**		S							S		S	S
SSCHD			S		S	S		**P**		S	S			S	S
Wilson Memorial Hospital					S			S						S	S
Shelby Co. Prosecutor	S		S		S			S					S	S	S
Shelby Co. Sheriff/ Police	S	**P**	S	S	S	S	S	S	S	**P**			**P**	S	S

Shelby County Treasurer					S		S					S		S	S
Shelby County Children Services					S	S								S	S
Community Action Agencies					S	S								S	S
Ohio State Extension-Shelby Co. office					S						S			S	S
County Historical Society					S									S	S
County Sanitation Dept.			S		S			S				S		S	S
County School Superintendent					S	S		S						S	S
Electric Utility	S	S	S		S									S	S
Shelby Co. EMS Agencies					S	S		S	S						S
Shelby Co. Fire Depts.	S			P	S			S	S	S				S	S
Shelby Co. Job & Family Services					S	S								S	S
Mayors	S				S		S					S		S	S

Tri County Board of Recovery & Mental Health Services					S	S		S						S	S
Municipal Sanitation Depts.	S		S		S									S	S
Natural Gas Utility					S							S		S	S
Newspapers					S									S	S
Park & Rec. Depts.					S									S	S
Police Agencies	S	S	S	S	S	S	S	S	S	S			S	S	S
Radio Amateurs (RACES)		S			S									S	S
Radio Stations					S				S					S	S
Regional EPA			S		S			S			S			S	S
Salvation Army	S				S	S	S							S	S

Search & Rescue Teams					S				**P**						S
Street Departments	S		S		S									S	S
Telephone Companies		S	S		S									S	S
Television Stations					S									S	S
Township Trustees	S		S		S									S	S
Water Departments			S		S									S	S
Animal Shelter					S	S								S	S
Shelby Co. Board of Developmental Disabilities					S	S		S						S	S
Building Department					S				S					S	S
Solid Waste District			S		S		S			S				S	S
Shelby Public Transit	S				S	S								S	S
Soil & Water Conservation District				S	S					S	S			S	S
Shelby County Farm Services Agency					S						S			S	S
WCO Regional Medical Response					S	S		S							S

System (RMRS)															
WCO Regional Public Health					S	S		S						S	S
GDAHA					S	S		S						S	S

Function Key			
#1	Transportation	#9	Search & Rescue
#2	Communication & information technology	#10	Hazardous Materials
#3	Engineering & Utilities including debris management	#11	Agriculture & Natural Resources
#4	Firefighting	#12	Energy
#5	Information & Planning	#13	Law Enforcement
#6	Mass Care	#14	Recovery & Mitigation
#7	Logistics Management & Resource Support	#15	Emergency Public Information & External Affair
#8	Health & Medical		

APPENDIX 3 – SHELBY COUNTY CMIST PROFILE

Public Health
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Sidney-Shelby County
Health Department

DOCUMENT DESCRIPTION

This appendix includes the Shelby County CMIST Profile.

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1.0 COUNTY CMIST PROFILE

SSCHD recognizes a population may have diverse needs, especially during an emergency. As such, SSCHD ensures the inclusion of all Shelby County residents by utilizing the CMIST framework to address access and functional needs. The CMIST framework defines the components of access and functional needs: Communication, Maintaining Health, Independence (the goal), Services and Support, and Transportation.

The CMIST components are further defined below:

- **C**ommunication – Refers to limitations in both receiving and providing information [e.g., only speaking a language other than English, not being able to read or write (well), or being unable to speak].
- **M**aintaining Health – Refers to needs associated with managing health conditions that require observation or ongoing treatment (e.g., requiring dialysis or administered oxygen, needing IV therapy or tube feeding, relying on power-dependent equipment to sustain life, or needing medication to maintain optimal levels of health).
- **I**ndependence –Maintaining independence is the goal of CMIST.
- **S**afety and Support – Addresses individuals who may have lost the support of assistants, attendants, family, or friends; or may be unable to cope in new or strange environments (i.e., people with Alzheimer's or individuals who experience stressors beyond their ability to cope, people who function adequately in a familiar environment but become disoriented in an unfamiliar environment, children who are unaccompanied, or people who are incarcerated).
- **T**ransportation – Refers to needs related to travel (e.g., not having a vehicle or driver's license, needing specialized transportation, or being unable to navigate existing transportation options).

Individuals with access and functional needs may:

- Have a disability
- Require medical care
- Have a temporary medical condition, like pregnancy or an injury
- Live in institutional settings
- Use prescription drugs to maintain health
- Be children
- Have limited English proficiency
- Not have access to transportation

2.0 SUMMARY TABLE OF SHELBY COUNTY'S ACCESS AND FUNCTIONAL NEEDS INDICATORS

Shelby County		
Category	**Data Element**	**Value**
General	Jurisdiction population	48,797
	Total housing units	20,421
	Persons per household	2.4
	Median household income	$61,042
	Number of hospitals	1
	Number of federally qualified health centers	0
	Number of pharmacy services	7
	Number of dialysis units	1
	Number of nursing homes (certified & licensed)	4
	Number of residential care facilities	2
Disability	Total estimated population with a disability	6,211
	Estimated percentage of population with a disability	12.8%
	Estimated percent of persons with a hearing difficulty[C]	2.1%
	Estimated percent of persons with a vision difficulty[CST]	1.6%
	Estimated percent of persons with a cognitive difficulty[CMS]	5.3%
	Estimated percent of persons with an ambulatory difficulty[ST]	8.5%
	Estimated percent of persons with a self-care difficulty[S]	2.6%
	Estimated percent of persons with an independent living difficulty[S]	13.2%
Communication	Estimated percent of persons aged 16+ lacking basic prose literacy skills	9.0%
	Ten languages with the largest number of speakers who speak English less than "very well," in descending order by number of such speakers	Number of Speakers
	Spanish or Spanish Creole	157
	African languages	93
	Japanese	55
	Chinese	37
	Hindi	19
	German	17
	Tagalog	8
	Arabic	4
	Other Pacific Island Languages	4

Maintaining Health	Women of reproductive age (15 - 50)	10,409
	Estimated number of pregnant women	673
	Percentage of individuals who depend on electricity to maintain health	1.1%
	Estimated number of individuals who have had at least one prescription in the last 30 days	24,520
	Estimated number of individuals who have had at least three prescriptions in the last 30 days	11,994
	Estimated number of individuals who have had at least five prescriptions in the last 30 days	6,244
	Percentage of jurisdiction population who are over 65 years	15.5%
	Prescription opioid doses per patient	223.8
	Estimated percent of population with diabetes	13.2%
Safety and Support	Percentage of jurisdiction population who are less than 18 years of age	25.3%
	Estimate of persons below the poverty level	4,384
	Estimate of the percent of population below the poverty level	9.1%
	Total number of facilities where people are incarcerated	1
	Average number of people who are incarcerated	165
	Total number of licensed day care centers and homes	17
	Number of public schools	21
	Number of nonpublic schools	3
Health Insurance	Percent of persons without health insurance under 19 years of age	0.1%
	Percent of persons without health insurance who have a disability	0.0%
	Estimated number of women of child-bearing age without health insurance	1,051
Transportation	Number of households with no vehicle available	977
	Percentage of households with no vehicle available	5.2%
	Estimated population living in rural areas	9,803

By understanding the prevalent demographics of the county, SSCHD may better assess and recommend measures to ensure health security for all County residents. Together with local, state, federal and non-profit partners, SSCHD has planned to respond to the whole community during an incident by identifying the services and the modes of coordination necessary to serve all Shelby County before, during and after an event.

3.0 SHELBY COUNTY SOCIAL VULNERABILITY INDEX SCORES

FIPS	LOCATION	Socio-economic Score	Housing Composition and Disability Score	Minority Status and Language Score	Housing and Transportation Score	Overall SVI Score
39149971400	Census Tract 9714, Shelby County, Ohio	0.2329	0.1654	0.0442	0.199	0.0899
39149971500	Census Tract 9715, Shelby County, Ohio	0.1614	0.1905	0.3888	0.4974	0.2346
39149971600	Census Tract 9716, Shelby County, Ohio	0.2312	0.2021	0.0024	0.3358	0.1229
39149971700	Census Tract 9717, Shelby County, Ohio	0.1597	0.4712	0.0204	0.9476	0.3936
39149971800	Census Tract 9718, Shelby County, Ohio	0.6044	0.9524	0.7184	0.9384	0.8859
39149971900	Census Tract 9719, Shelby County, Ohio	0.3875	0.7363	0.7153	0.1851	0.4443
39149972000	Census Tract 9720,	0.8069	0.7523	0.7507	0.9292	0.921

	Shelby County, Ohio					
39149972100	Census Tract 9721, Shelby County, Ohio	0.3725	0.6176	0.2146	0.6131	0.4341
39149972200	Census Tract 9722, Shelby County, Ohio	0.474	0.3542	0.349	0.7727	0.5213
39149972300	Census Tract 9723, Shelby County, Ohio	0.3112	0.2831	0.0146	0.4597	0.2084

APPENDIX 4 – CONTACT LIST

Public Health
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Sidney-Shelby County
Health Department

DOCUMENT DESCRIPTION

This appendix includes the Shelby County Contact List used for Emergency Responses.

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CONTACT LIST

Services	Emergency Support Function	Name & Title	Primary Agency/ Affiliation	Phone Number	E-mails
Transportation	ESF #1	**County Commissioners** Julie Ehemann Bob Guillozet Tony Bornhorst	Shelby County Commissioners' Office	937-498-7226	shelbycountycommissioners@shelbyco.net
Communications	ESF #2	**Sheriff:** John Lenhart	Shelby County Sheriff's Office	937-498-1111	info@shelbycountysheriff.com john.lenhart@shelbycountysheriff.com
Engineering & Public Works	ESF #3	**Engineer** Robert Geuy	Shelby County Engineer's Office	937-492-8411	rbg@sceoshe.com
Firefighting	ESF #4	**Chief** Brad Jones	Sidney Fire Department	937-498-2346	bjones@sidneyoh.com
Information & Planning	ESF #5	**Director** Cheri Drinkwine	Shelby County EMA	937-492-5635	shelbycountyema@shelbyco.net

Mass Care	ESF #6	Marc Cantrell	Northern Miami Valley Red Cross	937-332-1414	marc.cantrell@redcross.org
Logistics & Resource Support	ESF #7	**Director** Cheri Drinkwine	Shelby County EMA	937-492-5635	shelbycountyema@shelbyco.net
Public Health & Medical Services	ESF #8	**Health Commissioner** Steven Tostrick	SSCHD	937-498-7249	Steven.tostrick@shelbycountyhealthdept.org
Hospital	ESF #8	**EMS Coordinator/ WH Transport Services Supervisor** Rich Morrett	Wilson Memorial Hospital	(937) 498-2311	rmorrett@wilsonhealth.org
Search & Rescue	ESF #9	**Chief** Brad Jones	Sidney Fire Department	937-498-2346	bjones@sidneyoh.com
Search & Rescue	ESF #9	**Chief** Tim Bender	Anna Fire Department	(937) 394-2116 (Non Emergency) call 911 (emergency)	fire@villageofannaoh.com afdchief150@gmail.com
Search & Rescue	ESF #9	**Chief** Josh Rogers	Botkins Fire Department	(937) 639-3314 (Non Emergency) call 911 (emergency)	botkinsfiredepartment@botkinsohio.com 937-538-6888 (cell)

Search & Rescue	ESF #9	**Chief** Brad Schulze	Fort Loramie Community Fire Company	(937) 295-2004 (Non Emergency) call 911 (emergency)	Village Email: administrator@fortloramie.com brad.schulze@emerson.com
Search & Rescue	ESF #9	**Chief** Jeff Poeppelman	Houston Fire Department	(937) 295-3598 (Non Emergency) call 911 (emergency)	Jeffrey.poeppelman@2012@gmail.com
Search & Rescue	ESF #9	**Chief** Jerry Davis	Jackson Center Fire Department	(937) 596-6314 (Non Emergency) call 911 (emergency)	jd515jcfd@gmail.com
Search & Rescue	ESF #9	**Chief** Jim Cain	Kettlersville-Van Buren Township Fire Department	Non-listed (Non Emergency) call 911 (emergency)	Chief@kvbfd.com
Search & Rescue	ESF #9	**Chief** Jon Adams	Lockington Fire Department	(937) 773-5341 (Non Emergency) call 911 (emergency)	jon.adams@att.net

Search & Rescue	ESF #9	**Chief** Jeff Noll	Maplewood Fire Department	(937) 596-6645 (Non Emergency) call 911 (emergency)	JeffNoah@sunriseco-op.com
Search & Rescue	ESF #9	**Chief** Thomas Fitchpatrick	Port Jefferson Community Fire Department	(937) 498-1960 (Non Emergency) call 911 (emergency)	tfitchpatrick@amtrim.com
Search & Rescue	ESF #9	**Chief** Tom Phlipot	Russia Community Fire Company	(937) 526-4436 (Non-emergency Village office) call 911 (emergency) 937-498-1111	Village e-mail: administrator@russiaoh.com russiafirechief1050@gmail.com
Hazardous Materials	ESF #10	William Lohner	Environmental Protection Agency	937-723-0952	William.Lohner@epa.ohio.gov
Agriculture	ESF #11	**Director** Cheri Drinkwine	Shelby County EMA	937-492-5635	shelbycountyema@shelbyco.net
Energy	ESF #12	**Director** Cheri Drinkwine	Shelby County EMA	937-492-5635	shelbycountyema@shelbyco.

					net
Law Enforcement	ESF #13	**Sheriff** John Lenhart	Shelby County Sheriff Office	937-498-1111	info@shelbycountysheriff.com John.Lenhart@shelbycountysheriff.com
		Sidney **Police Chief** William Balling	Sidney Police	937-498-2351	wballing@sidneyoh.com
		Anna **Police Chief** Scott Evans	Anna Police Department	Non-Emergency Phone: 937-394-8381 Emergency call 911	police@villageofannaoh.com
		Botkins **Police Chief** Wayne T. Glass Jr.	Botkins Police Department	Non-Emergency Phone: (937) 693-4341 Emergency call 911	botkinspolicedepartment.com chief.glass@botkinspd.com
		Fort Loramie **Police Chief** Nathan L. Brown	Fort Loramie Police Department	Non-Emergency Phone: (937)295-4042 Emergency call 911	NBrown@fortloramie.com
		Jackson Center **Police Chief**	Jackson Center Police Department	Non-Emergency Phone: 937-596-6140	cwirick@jacksoncenter.com

		Charles Wirick		Emergency call 911	
		Port Jefferson Police Chief Mark Bell	Port Jefferson Police Department	Non-Emergency Phone: 937-492-9652 Emergency call 911	portjeffersonpolice@gmail.com chief.bell@portjeffersonpd.com
Legal	ESF #13	**Prosecutor** Timothy Sell	**Shelby County Prosecutor**	(937) 498-2101	tsell@shelbycountyprosecutor.com
Recovery & Mitigation	ESF #14	**Director** Cheri Drinkwine	Shelby County EMA	937-492-5635	shelbycountyema@shelbyco.net
Emergency Public Information & External Affairs	ESF #15	**Director** Cheri Drinkwine	Shelby County EMA	937-492-5635	shelbycountyema@shelbyco.net
The most up to date contact information can be obtained by contacting the Shelby County EMA.					

APPENDIX 5 – THE PLANNING PROCESS

Public Health
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Sidney-Shelby County Health Department

DOCUMENT DESCRIPTION

This appendix includes a graphical representation of the Planning Process used for Emergency Response Planning.

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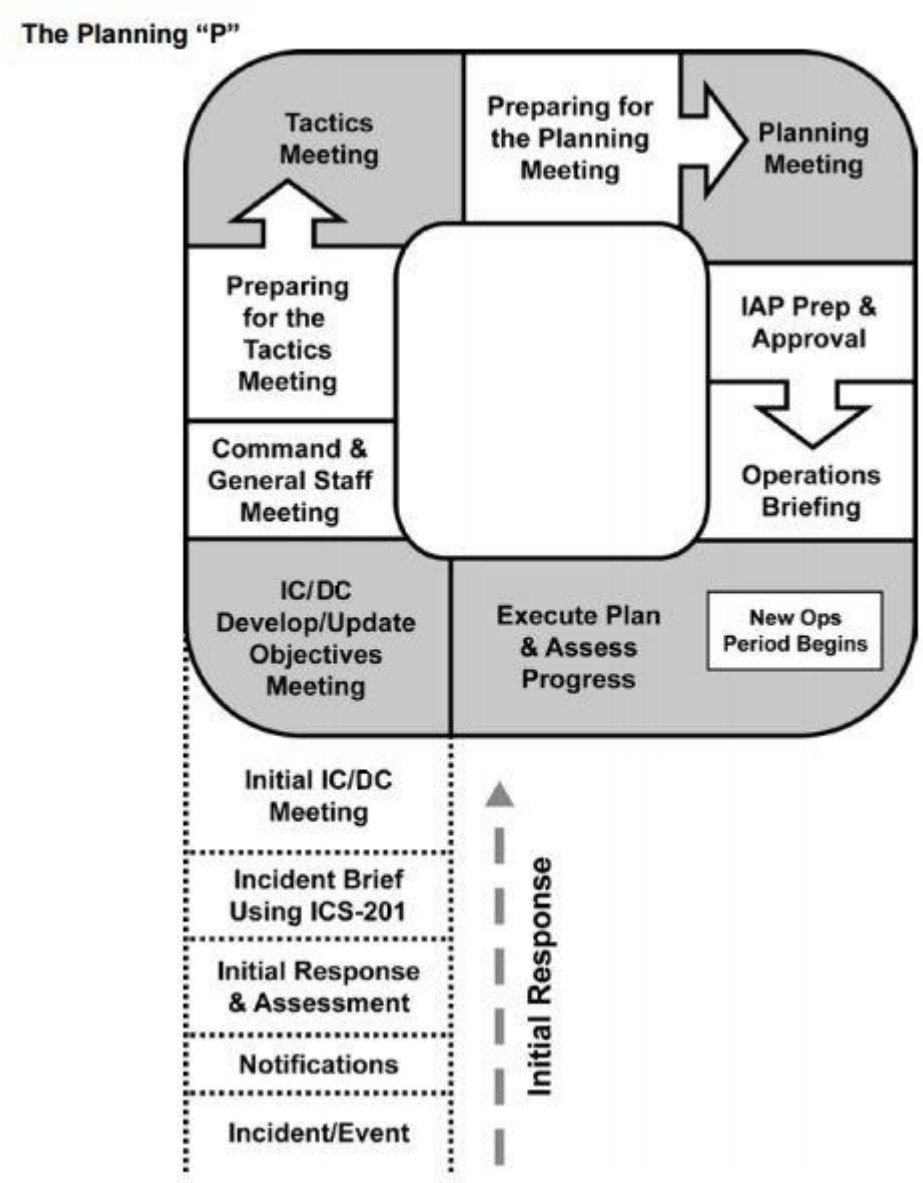
1.0 THE PLANNING PROCESS



The Planning "P" is a guide to the process and steps involved in planning for an incident. The leg of the "P" describes the initial response period: Once the incident/event begins, the steps are Notifications, Initial Response & Assessment, Incident Briefing Using ICS 201, and Initial Incident Command (IC)/Unified Command (UC) Meeting.

- At the top of the leg of the "P" is the beginning of the first operational planning period cycle. In this circular sequence, the steps are IC/UC Develop/Update Objectives Meeting, Command and General Staff Meeting, Preparing for the Tactics Meeting, Tactics Meeting, Preparing for the

Planning Meeting, Planning Meeting, IAP Prep & Approval, and Operations Briefing.

- At this point a new operational period begins. The next step is Execute Plan & Assess Progress, after which the cycle begins again.

APPENDIX 6 – COMMUNICATING WITH AND ABOUT INDIVIDUALS WITH ACCESS AND FUNCTIONAL NEEDS

Public Health
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Sidney-Shelby County
Health Department

DOCUMENT DESCRIPTION

This appendix includes provides guidelines for communicating with and about individuals with access and functional needs.

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COMMUNICATION WITH AND ABOUT INDIVIDUALS WITH ACCESS AND FUNCTIONAL NEEDS

Using People-First Language in Plans

People-first language is the practice of literally putting "people" ahead of their needs. When communicating in plans about a person/people with access and functional needs:

1. Begin with a word that affirms human dignity, e.g. person, individual, population, etc.;
2. Follow with a brief statement that respectfully captures the access and functional need (CMIST[1]).
    a. Current terms for selected access and functional needs are listed in the "**SAY THIS…**" column; they are contrasted with terms that are no longer recommended for use in plans.

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

[1] CMIST: Communication, Maintaining Health, Independence, Support/Services/Self-Determination, and Transportation

[2] The developmental disability definition requires substantial functional limitations in three or more areas of major life activity. The intellectual disability definition requires significant limitations in one area of adaptive behavior. Definitions of cognitive disability vary but are generally broad and include difficulties with mental tasks or processing.

Person who has a communication disorder, is unable/unwilling to speak, or uses a device to speak	Mute, Dumb
Person with limited English fluency/comprehension	Non(native)-English speaker
Person with limited/low literacy	Illiterate person, The illiterate
Person experiencing homelessness	Homeless person, The homeless
Person living in poverty	Poor person, The poor
Person with a drug addiction	Drug addict
Person who is incarcerated	Prisoner
Person with [DISEASE/CONDITION]	Afflicted by [DISEASE], Victim of [CONDITION], Adjective based on [DISEASE/CONDITION], e.g. Autistic
Person who is successful, productive	Has overcome his/her disability, is courageous

References

- *Access and Functional Needs: Guidance on Integrating People with Access and Functional Needs into Disaster Preparedness Planning for States and Local Governments*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. Last revised on July 31, 2014. Accessed on March 26, 2015. http://www.phe.gov/Preparedness/planning/abc/Pages/afn-guidance.aspx
- *Cognitive Disability*. National Center on Accessible Instructional Materials. Accessed on March 26, 2015. http://aim.cast.org/learn/disabilityspecific/cognitive#.VRQge_nF_Tq
- *Communicating with and about People with Disabilities*. Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities. Accessed March 26, 2015. http://www.cdc.gov/ncbddd/disabilityandhealth/pdf/disabilityposter_photos.pdf
- *Introduction to Intellectual Disabilities*. The Arc. Last revised March 1, 2011. Accessed on March 26, 2015. http://www.thearc.org/what-we-do/resources/fact-sheets/introduction-to-intellectual-disabilities
- *Moving Beyond "Special Needs:" A Function-Based Framework for Emergency Management and Planning*. Kailes, J.I. & Enders, A. Journal of Disability Policy Studies Vol. 17/No. 4/2007/Pp. 230–237. http://www.jik.com/KailesEndersbeyond.pdf
- *What is People First Language?* The Arc. Accessed on March 26, 2015. http://www.thearc.org/who-we-are/media-center/people-first-language

APPENDIX 7- INTERPRETATION SERVICES

Public Health
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Sidney-Shelby County
Health Department

DOCUMENT DESCRIPTION

This appendix serves as a guide for interpretation services.

TABLE OF CONTENTS

FROM SSCHD CRISIS COMMUNICATION PLAN

Interpreter Services:

Vocalink language services 855-898-0394
For over the phone interpreting **Access Code - 2229**
vocalink.net

See Below:

APPENDIX 8 – EEI REQUIREMENTS

Public Health
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Sidney-Shelby County Health Department

DOCUMENT DESCRIPTION

This appendix includes a list of Essential Elements of Information (EEI's) which may be used during the response cycle along with information of the Ohio Department of Health Conference Call.

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EEI REQUIREMENTS

1.0 STATUS: INITIAL RESPONSE (IMMEDIATE)

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

2.0 STATUS: ONGOING RESPONSE

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

3.0 STATUS: RECOVERY

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

4.0 ODH CONFERENCE CALL

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

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

APPENDIX 9 – EXTERNAL POINTS OF CONTACT

Public Health
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Health Department

DOCUMENT DESCRIPTION

This appendix includes a list of External Points of Contact (POCs) that can provide SSCHD with incident external points of contact (poc) specific information or situational awareness.

TABLE OF CONTENTS

Topic	Emergency Support Function	Name	Primary Agency	Phone Number	E-mails
Transportation	ESF #1	Julie Ehemann Bob Guillozet Tony Bornhorst	Shelby County Commissioners ' Office	937-498-7226	shelbycountycommissioners@shelbyco.net
Communications	ESF #2	John Lenhart	Shelby County Sheriff's Office	937-498-1111	info@shelbycountysheriff.com
Engineering & Public Works	ESF #3	Robert Geuy	Shelby County Engineer's Office	937-492-8411	rbg@sceoshe.com
Firefighting	ESF #4	Chief Brad Jones	Sidney Fire Department	937-498-2346	bjones@sidneyoh.com
Information & Planning	ESF #5	Cheri Drinkwine	Shelby County EMA	937-492-5635	shelbycountyema@shelbyco.net
Mass Care	ESF #6	Marc Cantrell	Northern Miami Valley Red Cross	937-332-1414	marc.cantrell@redcross.org
Logistics & Resource Support	ESF #7	Cheri Drinkwine	Shelby County EMA	937-492-5635	shelbycountyema@shelbyco.net

Public Health & Medical Services	ESF #8	Steven Tostrick	SSCHD	937-498-7249	Steven.tostrick@shelbycountyhealthdept.org
Search & Rescue	ESF #9	Chief Brad Jones	Sidney Fire Department	937-498-2346	bjones@sidneyoh.com
Hazardous Materials	ESF #10	Dale Farmer	Environmental Protection Agency	937-285-6037	dale.farmer@epa.ohio.gov
Agriculture	ESF #11	Cheri Drinkwine	Shelby County EMA	937-492-5635	shelbycountyema@shelbyco.net
Energy	ESF #12	Cheri Drinkwine	Shelby County EMA	937-492-5635	shelbycountyema@shelbyco.net
Law Enforcement	ESF #13	John Lenhart	Shelby County Sheriff Office	937-498-1111	info@shelbycountysheriff.com
		William Balling	Sidney Police	937-498-2351	wballing@sidneyoh.com
Recovery & Mitigation	ESF #14	Cheri Drinkwine	Shelby County EMA	937-492-5635	shelbycountyema@shelbyco.net
Emergency Public Information & External Affairs	ESF #15	Cheri Drinkwine	Shelby County EMA	937-492-5635	shelbycountyema@shelbyco.net

APPENDIX 10 – INTERNAL SSCHD DEPARTMENT, DIVISION, AND PROGRAM POINTS OF CONTACT (POC) WHICH CAN PROVIDE INCIDENT SPECIFIC INFORMATION AND SUBJECT MATTER EXPERTISE.

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INTERNAL SSCHD DEPARTMENT, DIVISION, AND PROGRAM POINTS OF CONTACT (POC) WHICH CAN PROVIDE INCIDENT SPECIFIC INFORMATION AND SUBJECT MATTER EXPERTISE.

Note: "P" indicated the Primary POC, "S" indicates the Secondary POC

Topic	Department	Program / Unit	Point of Contact
Medical Guidance	Medical Director	Medical Director	Paul Weber, MD
Vaccine-Preventable Disease & Distribution	Nursing Division	Immunization Program	P = Erica Lentz S = Public Health Nurses
Infectious Diseases / Bioterrorism	Nursing Division	Infectious Disease Nurse/ Emergency Preparedness Coordinator	P = Teri Greve S = Roberta Mangen
Detects & Tracks Health Events such as Pandemic Influenza, Bioterrorism, Disease Outbreaks, Seasonal Illness	Nursing Division	Infectious Disease, Informatics, & Vaccine-preventable Epidemiology (IDIVE)	P = Teri Greve S = Scott Wilford

Diseases from Animals to Humans	Nursing Division	Infectious Disease Program	P = Teri Greve S = Erica Lentz
Food Safety	Environmental Division	Food Safety Program	P= Kent Topp S= Public Health Sanitarians
Health Information to Prevent Harmful Exposures & Disease related to Toxic Substances	Environmental Division	Environmental	P= Kent Topp S= Public Health Sanitarians
Lead Abatement, Detection, Case Investigation & Analytical Services	Environmental Division & Nursing Division	Lead Poisoning Prevention Program	P = Kathy Cavinder S = Kent Topp
Private Water Systems	Environmental Division	Private Water Systems Program	P = Kent Topp S = Public Health Sanitarians
Response to Radiological Incidents	Environmental Division	Environmental	P = Kent Topp S = Public Health Sanitarians
Agricultural Labor Camps	Environmental Division	Recreational Program	P = Kent Topp S = Public Health

			Sanitarians
Harmful Algal Blooms	Environmental Division	Both Recreational Water Program and Drinking Water (private/public)	P = Kent Topp S = Public Health Sanitarians
WIC Participants in the affected area including: Number of Women (Pregnant, Breastfeeding, Postpartum), Number of Infants, & Number of Children	WIC Program	Women, Infants & Children (WIC) Program	P = Tia Toner S = Shannon Nagel
Emergency Response	Emergency Preparedness	Emergency Response Unit	P= Steven Tostrick S= Roberta Mangen
Hospitals	Emergency Preparedness	Emergency Response Unit	P= Steven Tostrick S= Roberta Mangen
Medical Countermeasures / Resources / Communications	Emergency Preparedness	Emergency Response Unit	P= Erica Lentz S= Roberta Mangen
Impacted Populations	Nursing Division	Health Equity	P = Erica Lentz S = Nursing Staff
Birth / Death Records	Vital Statistics (VS)	Vital Statistics	P = Jenni St. Myers S = Mary Hormann

APPENDIX 11 – EMERGENCY PROCUREMENT PROCESS

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DOCUMENT DESCRIPTION

This appendix includes the Emergency Procurement Process for the Sidney-Shelby County Health Department

CONTENTS

EMERGENCY PROCUREMENT PROCESS

During an emergency, an agency may need to make purchases that are outside the normal authority of the agency. When the Health Commissioner has determined there is an emergency need, and when the agency is acting within the requirements of State code, the SSCHD may use a credit card if immediate payment is required.

1.0 THE SSCHD CREDIT CARD POLICY IS AS FOLLOWS:

1.1 AUTHORIZED USERS:

Administrative Assistant

Account Clerk

Director of nursing

Director of Environmental Health

Health Commissioner

Project Director

1.2 GUIDELINE FOR ALLOWABLE USE:

1. Identify a need for a specific item to be purchased with credit card.
2. Various documents (grant and/ or department policies) will be reviewed to determine if the item is allowable/ unallowable

1.3 PROCEDURE FOR USE OF THE CREDIT CARD:

1. Division Director and the Health Commissioner must give prior authorization of the purchase based on guidelines for allowable use.
2. An authorization staff user makes the purchase and returns the sales receipt and credit card to the Account Clerk for processing payment. The authorized user of the charge card will sign, date and identify the specific amount to be charged against on the sales receipt prior to submitting to the Account Clerk.

1.4 CREDIT CARDS CURRENTLY USED BY THE HEALTH DEPARTMENT

Walmart	Lowes
Kroger	Staples

Any future credit cards must be authorized by the Board of Health.

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APPENDIX 12- SSCHD PLAN STYLE GUIDE

SSCHD PLAN STYLE GUIDE

- Verdana 26pt for Title
- Verdana 11pt for Body text
- Verdana 12pt for Headers
- Verdana 8pt for footnotes
- 6pt before and 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:
    - Version number; aligned left.
    - 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"
    - Adoption date; aligned right.
- Footer will include the following:
    - Page number; aligned right.

APPENDIX 13 – DEFINITIONS AND ACRONYMS

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CONTENTS

EMERGENCY RESPONSE PLAN DEFINITIONS

Agency: An agency is a division of government with a specific function, or a nongovernmental organization (e.g., private contractor, business, etc.) that offers a particular kind of assistance. In ICS, agencies are defined as jurisdictional (having statutory responsibility for incident mitigation) or assisting and/or cooperating (providing resources and/or assistance).

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

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

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

- In a plan, annexes guide a specific function or type of response.
- Annexes are included immediately after the appendices of the primary document to which they are added and are designated by capital letters.
- When referenced, annexes are designated with bold, underlined font.
- When considered independently from the basic plan, annexes are, themselves, primary documents and may include attachments and appendices, but never their own annexes.
    - Attachments to annexes are designated by Roman numerals preceded by the letter of the annex and a dash, e.g., "A-I."
    - Appendices to annexes are designated by numbers preceded by the letter of the annex and a dash, e.g., "A-1."
- Though developed independently from the primary document, an annex must be activated as part of the plan and cannot be activated apart from it.

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

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

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

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

Check-In: The process whereby resources first report to an incident. Check-in locations include: Incident Command Post, Incident Base, Camps, Staging Areas, Helibases, and Supervisors (for direct line assignments).

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

Coordination: The process of systematically analyzing a situation, developing relevant information, and informing appropriate command authority of viable alternatives for selection of the most effective combination of available resources to meet specific objectives. The coordination process (which can be either intra- or interagency) does not involve dispatch actions. However, personnel responsible for coordination may perform command or dispatch functions within the limits established by specific agency delegations, procedures, legal authority, etc.

Delegation of Authority: A statement provided to the Incident Commander by the Agency Executive delegating authority and assigning responsibility. The Delegation of Authority can include objectives, priorities, expectations, constraints, and other considerations or guidelines as needed. Many agencies require written Delegation of Authority to be given to Incident Coordinator(s) prior to their assuming command on larger incidents.

Disaster: Any imminent threat or actual occurrence of widespread or severe damage to or loss of property, personal hardship or injury, or loss of life that results from any natural phenomenon or act of a human.

DOC Manager: Staff member responsible for management of the ODH DOC and DOC support staff.

Emergency: Any incident, human-caused or natural, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

Emergency Management Assistance Compact (EMAC): The Emergency Management Assistance Compact (EMAC) is the first national disaster-relief compact since the Civil Defense and Disaster Compact of 1950 to be ratified by Congress. Since ratification and signing into law in 1996 (Public Law 104-321), 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands have enacted legislation to become EMAC members. EMAC offers assistance during governor-declared states of emergency through a mutual aid framework that allows states to send personnel and equipment to help disaster relief efforts in other states. EMAC establishes a firm legal

foundation for interstate mutual aid deployments. Once the conditions for providing assistance to a requesting state have been set, the terms constitute a legally binding contractual agreement that makes affected states responsible for reimbursement. The EMAC legislation solves the problems of liability and responsibilities of cost and allows for credentials, licenses, and certifications to be honored across state lines.

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

Emergency Operations Plan (EOP): The plan that each jurisdiction has and maintains for responding to appropriate hazards.

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

Federal: Of or pertaining to the Federal Government of the United States of America.

Finance/Administration Section: The Section responsible for all incident costs and financial considerations. Includes the Time Unit, Procurement Unit, Compensation/Claims Unit, and Cost Unit.

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.

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

Incident Commander/Department Commander (IC/DC): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC/DC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations.

Incident Action Plan (IAP): An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.

Incident Command System (ICS): A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents,

without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations. Incident Communications Center: The location of the Communications Unit and the Message Center.

Incident Objectives: Statements of guidance and direction necessary for the selection of appropriate strategy(ies), and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow for strategic and tactical alternatives.

Intrastate Mutual Aid Compact (IMAC): The Ohio Intrastate Mutual Aid Compact (IMAC), Ohio Revised Code Section 5502.41, was updated on July 3, 2012. 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.

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

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

Jurisdiction: A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., city, county, tribal, State, or Federal boundary lines) or functional (e.g., law enforcement, public health).

Local Government: A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under State law), regional or interstate government entity, or agency or instrumentality of a local government; an Indian tribe or authorized tribal organization, or in Alaska a Native village or Alaska Regional Native Corporation; a rural community, unincorporated town or village, or other public entity.

Logistics Section: The Section responsible for providing facilities, services, and materials for the incident.

Military Installation: A base, camp, post, station, yard, center, or other activity under the jurisdiction of the Secretary of a Military Department or, in the case of an activity in a foreign country, under the operational control of the Secretary of a Military Department or the Secretary of Defense.

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

Mobilization: The process and procedures used by all organizations (Federal, State, and local) for activating, assembling, and transporting all resources that have been requested to respond to or support an incident.

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

National Incident Management System (NIMS): A system mandated by HSPD-5 that provides a consistent nationwide approach for Federal, State, local, and tribal governments; the private sector; and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among Federal, State, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. Homeland Security Presidential Directive-5 identifies these as the ICS; multiagency coordination systems; training; identification and management of resources (including systems for classifying types of resources); qualification and certification; and the collection, tracking, and reporting of incident information and incident resources.

Operational Period: The period of time scheduled for execution of a given set of operation actions as specified in the Incident Action Plan. Operational Periods can be of various lengths, although usually not over 24 hours.

Operations Section: The Section responsible for all tactical operations at the incident, includes; Includes Branches, Divisions and/or Groups, Task Forces, Strike Teams, Single Resources, and Staging Areas.

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.***

Planning Meeting: A meeting held (as needed throughout the duration of an incident), to select specific strategies and tactics for incident control operations, and for service and support planning. On larger incidents, the Planning Meeting is a major element in the development of the Incident Action Plan (IAP).

Planning Section: Responsible for the collection, evaluation, dissemination of information related to the incident, in addition to the preparation and documentation of Incident Action Plans. The Section also maintains information on the current and forecasted situation, and on the status of resources assigned to the incident; which includes the Situation, Resources, Documentation, and Demobilization, as well as Technical Specialists.

Preparedness: The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process. Preparedness involves efforts at all levels of government and between government and private-sector and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources. Within the NIMS, preparedness is operationally focused on establishing guidelines, protocols, and standards for planning, training and exercises, personnel qualification and certification, equipment certification, and publication management.

Prevention: Actions to avoid an incident or to intervene to stop an incident from occurring. Prevention involves actions to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.

Reporting Locations: Location, or facilities, where incoming resources can check-in at the incident. (See Check-In.)

Resources: Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.

Recovery: The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public-assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration;

evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

Resource Management: Efficient incident management requires a system for identifying available resources at all jurisdictional levels to enable timely and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the NIMS includes mutual-aid agreements; the use of special Federal, State, local, and tribal teams; and resource mobilization protocols.

Response: Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.

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

Staging Area: Location established where resources can be placed while awaiting a tactical assignment. The Operations Section manages Staging Areas.

Standard Operating Procedure (SOP): Complete reference document or an operations manual that provides the purpose, authorities, duration, and details for the preferred method of performing a single function or a number of interrelated functions in a uniform manner.

State: When capitalized, refers to any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any possession of the United States.

Strategy: The general direction selected to accomplish incident objectives set by the Incident Coordinator.

Strategic: Strategic elements of incident management are characterized by continuous long-term, high level planning by organizations headed by elected or other senior officials. These elements involve the adoption of long-range goals and objectives, the setting of priorities, the establishment of budgets and other fiscal decisions, policy development, and the application of measures of performance or effectiveness.

Tactics: Deploying and directing resources on an incident to accomplish incident strategy and objectives.

Threat: An indication of possible violence, harm, or danger.

Unified Command: An application of ICS used when there is more than one agency with incident jurisdiction, or when incidents cross political jurisdictions. Agencies work together through the designated members of the Unified Command, often the senior person from agencies and/or disciplines participating in the Unified Command, to establish a common set of objectives and strategies and a single Incident Action Plan.

Vital Records: The essential agency records that are needed to meet operational responsibilities under national security emergencies or other emergency or disaster conditions (emergency operating records), or to protect the legal and financial rights of the government and those affected by government activities (legal and financial rights records).

EMERGENCY RESPONSE PLAN ACRONYMS

ACRONYM	DESCRIPTION
AAR	After-Action Report
AAR/IP	After-Action Report / Improvement Plan
ADA	Americans with Disabilities Act
ARC	American Red Cross
BEHRP	ODH, Bureau of Environmental Health & Radiation Protection
BID	ODH, Bureau of Infectious Diseases
CAP	Ohio Wing, Civil Air Patrol
CBRNE	Chemical, Biological, Radiological, Nuclear, & Explosive
CDC	Centers for Disease Control & Prevention
CFLOP	Command, Finance/Administration, Logistics, Operations, & Planning
CFR	Code of Federal Regulations
CMIST	Communication, Medical, Independence, Supervision, & Transportation services
COOP	ODH, Continuity of Operations Plan
CRI	Cities Readiness Initiative
DAS	Ohio Department of Administrative Services
DC	Department Coordinator
DM	DOC Manager
DOC	Department Operations Center
DODD	Ohio Department of Developmental Disabilities
DOE	U.S. Department of Energy

DOE	U.S. Department of Energy
EEI	Essential Elements of Information
EMA	Emergency Management Agency
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ERP	Emergency Response Plan - Basic
ERU	Emergency Response Unit
ESF	Emergency Support Function
ESF-8	Emergency Support Function #8 (Public Health and Medical Services)
FEMA	Federal Emergency Management Agency
GETS	Governmental Emergency Telecommunication Service
HHS	U.S. Department of Health & Human Services
HIPAA	Health Insurance Portability & Accountability Act of 1996
HIRA	State of Ohio Hazard Identification & Risk Assessment
HPP	Hospital Preparedness Program
HR	Office of Human Resources
HSPD-5	Homeland Security Presidential Directive #5
HSPD-8	Homeland Security Presidential Directive #8
IAP	Incident Action Plan
IC/DC	Incident Commander / Department Commander
ICS	Incident Command System
IMAC	Intrastate Mutual Aid Compact
IMATS	Inventory Management and Tracking System
IP	Improvement Plan
IRMS	Inventory Resource Management System
LHD	Local Health Department/District
LNO	Liaison Officer
LOA	Letter of Agreement
LTU	Logistics & Technology Unit
MAA	Mutual Aid Agreements
MACC	Multi-agency Coordination Center

MARCS	Multi-Agency Radio Communications
MCM	Medical Countermeasures
MOU	Memoranda of Understanding
MSA	Metropolitan Statistical Areas
NIMS	National Incident Management System
NRC	Nuclear Regulatory Commission
NRF	National Response Framework
OAC	Ohio Administrative Code
OAKS	Ohio Administrative Knowledge System
OAKS AM	OAKS Asset Management
ODA	Ohio Department of Agriculture
ODE	Ohio Department of Education
ODH	Ohio Department of Health
ODJFS	Ohio Dept. of Job & Family Services
ODNR	Ohio Department of Natural Resources
ODOT	Ohio Department of Transportation
OEMS	Ohio Department of Emergency Medical Services
OEPA	Ohio Environmental Protection Agency
OFA	ODH, Office of Financial Affairs
OGC	ODH, Office of General Counsel
OHA	Ohio Hospital Association
OHAL	ODH, Office of Health Assurance and Licensing
Ohio EMA	Ohio Emergency Management Agency
Ohio EOP	State of Ohio Emergency Operations Plan
OHMP	State of Ohio Hazard Mitigation Plan
OHP	ODH, Office of Health Preparedness
OHR	ODH, Office of Human Resources
OHS	Ohio Homeland Security
OM	ODH, Operations Management Unit
OMHAS	Ohio Department of Mental Health & Addiction Services
OMIS	ODH, Office of Management Information Systems
ONG	Ohio National Guard / Adjutant General
OPHCS	Ohio Public Health Communications System

OPU	ODH, OHP Operational Planning Unit
ORBIT	ODH, BID, Outbreak Response & Bioterrorism Investigation Team
ORC	Ohio Revised Code
OSHP	Ohio State Highway Patrol
OSU	The Ohio State University
PAHPA	Pandemic & All-Hazards Preparedness Act of 2006
PHE	Public Health Emergency
PHEP	Public Health Emergency Preparedness
PHI	Protected Health Information
PHS	Public Health Service Act of 1944
PIO	Public Information Officer
POC	Points of Contact
POD	Points of Dispensing
PPD-8	Presidential Policy Directive #8
PSC	Planning Section Chief
PUCO	Public Utilities Commission of Ohio
RHC	Regional Healthcare Coordinator
RPHC	Regional Public Health Coordinator
RSOI	Reception, Staging, Onward movement & Integration
RSS	Receipt, Stage, and Store
SA	Situational Awareness
SAIC	Strategic Analysis Information Center
SCEOC	Shelby County Emergency Operations Center
SEOP	State of Ohio Emergency Operations Plan
SFM	Ohio Division of State Fire Marshal
SITREP	Situation Report
SME	Subject Matter Expertise
SNS	Strategic National Stockpile
SSCHD	Sidney-Shelby County Health Department
State EOC	State of Ohio Emergency Operations Center
THIRA	Threat and Hazard Identification & Risk Assessment
U.S.	United States
UC	Unified Command

USACE	U.S. Army Corps of Engineers
USCG	U.S. Coast Guard
USDA	U.S. Department of Agriculture
VOAD	Voluntary Organizations Active in Disasters
VoIP	Voice over Internet Protocol
VS	Vital Statistics
WIC	Women, Infants and Children
WCO	West Central Ohio
WISE	Workflow Integrated System Enterprise
WPS	Wireless Priority Service

APPENDIX 14 – ODH AUTHORITIES

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DOCUMENT DESCRIPTION

This appendix includes a list of Essential Elements of Information (EEI's) which may be used during the response cycle along with information of the Ohio Department of Health Conference Call.

TABLE OF CONTENTS

OHIO DEPARTMENT OF HEALTH DEPARTMENT (ODH) AUTHORITIES

1.0 INFECTIOUS DISEASE CONTROL/EMERGENCIES

- 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:
        - 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.
- 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.

1.1 MANAGEMENT OF PEOPLE

- 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).

- 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).
- 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.
- 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).
- 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.

1.2 MONETARY

- The Director may enter into agreements to sell the Department's services to:
  - Local boards of health;
  - Other departments, agencies and institutions of Ohio;
  - Other states; or
  - The United States government. ORC 3701.04(C).

1.3 LICENSE AND REGULATORY AUTHORITY

The Director of Health has the authority to license and regulate by rule or order in the following areas:

- Radiation Protection. ORC Chapter 3748.
  - Ohio has an agreement with the U.S. Nuclear Regulatory Agency to regulate all radioactive material below critical mass. ORC 3748.03.
  - ODH is Ohio's radiation control agency. ORC 3748.02(A)
- Nursing Homes; Residential Care Facilities. ORC Chapter 3721.
- Maternity and Newborn Care Facilities. ORC Chapter 3711.

- Hospice Care. ORC Chapter 3712.
- Adult Care Facilities. ORC Chapter 3722.
- Asbestos. ORC Chapter 3710.
- Lead Abatement. ORC Chapter 3742.
    - The Director (or delegated board of health) shall investigate childhood lead poisoning and issue orders to control identified lead hazards in residential units, schools and child care facilities. (ORC 3742.30 et. seq.)
- Radon. ORC Chapter 3723.
- Hospital Care Assurance Program ORC 3702.11.
    - The Director is adopt rules establishing safety standards and quality-of-care standards for each of the following:
        - Solid organ and bone marrow transplantation;
        - Stem cell harvesting and reinfusion;
        - Cardiac catheterization;
        - Open-heart surgery;
        - Pediatric intensive care;
        - Operation of linear accelerators;
        - Operation of cobalt radiation therapy units;
        - Operation of gamma knives.
- Certificate of Need. ORC 3702.51
    - Certificate of Need also includes the relocation of Medicaid-certified beds. ORC 5165.29
- Ambulatory surgical facilities; licensing of health care facilities. ORC Chapter 3702.30.
    - Health care facilities include:
        - Ambulatory surgical facilities;
        - Freestanding dialysis centers;
        - Freestanding inpatient rehabilitation facilities;
        - Freestanding birthing centers;
        - Freestanding radiation therapy centers;
        - Freestanding or mobile diagnostic imaging centers.

The ODH promulgates rules but does not directly license or regulate in the following areas:

- Recreational Vehicle Parks, Recreation Camps, Combined and Temporary Park-Camps. ORC Chapter 3729 (see also, ORC Chapter 4781.).
- Sewage Treatment Systems. ORC Chapter 3718.
- Retail Food Establishments – Food Service Operations. ORC Chapter 3717.
    - Administrative rules must be jointly filed with the Ohio Department of Agriculture. 3717/01(O)(2).
- Tattooing or Body Piercing Services. ORC Chapter 3730.
- Manufactured Home Parks; Recreational Vehicle Parks; Recreational Camps; Park-Camps; Marinas; Agricultural Labor Camps. ORC Chapter 4781 (see also ORC Chapter 3729.)
- Public Swimming Pools and Public Bathing Areas. ORC 3749.02.
- Child Fatality Review. ORC 3701.045
- Choose Life Fund. ORC 3701.65
- Grants for Women's Health Services. ORC 3701.046.
- Do Not Resuscitate. ORC 2133.25
- Universal Newborn Hearing Screening. ORC 3701.503 et seq.
- The Copy Cost of Medical Records. ORC 3701.74 – 3701.742.

1.4 SUPPORT SERVICES

The Director of Health has authority to expend state and federal funds in the following program areas:

- Children with Medical Handicaps. ORC 3701.023
- Adults with Cystic Fibrous. ORC 3701.023
- Adults with Hemophilia ORC 3701.029
- Help Me Grow. ORC 3701.61
- Individuals with HIV/AIDS. ORC 3701.241(D)
- School-Based Fluoride Mouth Rinse program. ORC 3701.136
- Save Our Sight Fund. ORC 3701.21
- Second Chance Trust Fund. ORC 2108.34.

  - The Fund is made of donations by Ohioans through the Ohio Bureau of Motor Vehicles and is to promote organ donation.
- Physician Loan Repayment Program. ORC 3702.71 through 3702.82.
- State Dental Loan Repayment Program. ORC 3702.85 through 3702.94.
- Vital Statistics and Vital Records. ORC Chapter 3705.
  - Maintains a system of records related to birth, death, marriage, and adoptions.
- Women, Infants, and Children (WIC). ORC 3701.132.
  - The Department of Health is designated as the state agency to administer the federal Special Supplemental Nutrition Program for WIC.

1.5 REGISTRIES

- Birth Defects. ORC 3705.30 et seq.
- Cancer. ORC 3701.261 et seq.
- Pregnancy Loss Registry. ORC 3701.031
  - To monitor the incidence of various types of pregnancy losses occurring in Ohio.
- Diethylstilbestrol or other Nonsteroidal Synthetic Estrogens. ORC 3701.76.
  - The director shall maintain a registry of hospitals, clinics, physicians, or other health care providers to whom the Director shall refer persons who make inquiries to the Department of Health.
- State Nurse Aides. ORC 3721.32.

1.6 GENERAL CONFIDENTIALITY – ORC 3701.17: AN OUTLINE ON THE PUBLIC HEALTH USE OF IDENTIFIED AND DE-IDENTIFIED DATA

A. During the course of an infectious disease investigation and intervention, public health consistently manages three (3) types of data or information.

1. Identified, individual level data or information is data where the individual who is the subject of the information is clearly discernable from the information

presented. For purposes of public health confidentiality, this information is defined by ORC 3701.17(A)(2)(a) as "protected health information."

2. De-identified, individual-level data or information is data where the specific identity of the subject of the information is not readily discernable, but the information is linked in such a manner that the data or information clearly refers to a specific individual.

For example, disclosing the disease, age, gender, and county of residence of a confirmed case of influenza.

Compare the treatment of a Limited Data Set in Health Insurance Portability and Accountability Act (HIPAA) of 1996. 45 Code of Federal Regulations (CFR) 164.514(e); see, generally, 45 CFR 164.514.

3. Summary, statistical, or aggregate data or information is when data or information is presented in such a manner as to blur any distinction between and among the individuals represented in the information so no one individual is discernable from the information.

B. ORC 149.43 sets forth that in general government records are open records; available to the public, unless an exception applies. ORC 149.43 is generally referred to as Ohio's Public Records Act.

1. ORC 149.43 contains a number of exceptions (for example records generated and maintained in the process of medical treatment – ORC 149.43(A)(1)(a) and 149.43(A)(3)).

2. Other federal and state laws can also create exceptions. ORC 149.43(A)(1)(v).

3. ORC 3701.17 is an exception created in another state law.

C. ORC 3701.17 is the general confidentiality statute for ODH.

1. This general provision applies to ODH across the board, including infectious disease surveillance, investigations and interventions; unless there is other state or federal confidentiality law that applies to the specified ODH operation.

2. ORC 3701.17 applies to Protected Health Information (PHI) regardless of the reason why ODH is in possession of the data or information.

D. However, "Information that does not identify an individual is not PHI and may be released in summary, statistical, or aggregate form." ORC 3701.17(C)

1. "Information that does not identify an individual…" is de-identified information. That is, this part of the sentence describes the data or information contemplated. See *supra* Section A.2.

a. The latter part of the sentence refers to manner in which the de-identified data or information may be released.

b. In short, if de-identified data is to be released, it may be done so in summary, statistical, or aggregate data.

2. ORC 3701.17(C) also outlines when a record would be public.

a. The second sentence of paragraph (C) clearly makes summary, statistical, or aggregate information that does not identify an individual a public record.

b. However, this is a two-part test and a record must be both:

(i) Summary, statistical, or aggregate; and

(ii) Not identify a person

(iii) If one of the two elements is missing, then the record is not a "public record" subject to mandatory disclosure pursuant to ORC 149.43.

3. If the information is de-identified, but not in summary, statistical or aggregate form, it does not have to be disclosed pursuant to ORC 149.43 until the information is transferred into a summary, statistical or aggregate form.

4. If the information remains in a de-identified, individual-level then the information is not "confidential" pursuant to ORC 3701.17(B), but it is not yet a public record for ORC 149.43 purposes until it is summarized or put into a statistical or aggregate form.

E. ORC 3701.17(B) (4) allows the Director of Health to disclose information necessary to avert or mitigate a clear threat to the public's health.

1. Summary, statistical, or aggregate data that does identify an individual is a public record and the Director of Health would not have an option but to disclose the information in this form.

2. However, information that is not in summary, statistical or aggregate form is not subject to mandatory release and thus, any release of the information would be permissive to avert or mitigate a clear threat.

3. Accordingly, individual-level data, whether identified or de-identified, is permissively disclosable when necessary to avert or mitigate a clear threat to an individual or to the public's health.

F. Other exceptions to the general confidentiality expectation.

1. Confidentiality can be waived by the subject of the information or appropriate representative (e.g., a parent). ORC 3701.17(B).

2. ODH can disclose PHI in two circumstances so long as the recipient of the PHI had signed an agreement to abide by ORC 3701.17. ORC 3701.17(B)(1) and (B)(2).

a. For treatment of the subject of the data; or

b. To ensure the accuracy of the information.

3. Finally, PHI must be released in response to a criminal subpoena. ORC 3701.17(B)(3) (Note: A civil subpoena is not sufficient).

APPENDIX 15 – STATE HOSPITALS WITH SPECIAL CAPABILITIES

Public Health
Prevent. Promote. Protect.

Sidney-Shelby County Health Department

DOCUMENT DESCRIPTION

There is currently no specialty capability hospital located within Shelby County. This appendix depicts the specialty capability hospitals within the State. The State currently has 245 Hospitals.

TABLE OF CONTENTS

SPECIALTY HOSPITALS WITHIN STATE

Burn Surge (8)	
Hospital Name	**City, County**
Akron Children's Hospital	Akron, Summit
Metro Health Medical Center	Cleveland, Cuyahoga
Miami Valley Hospital Regional Burn Center	Dayton, Montgomery
Nationwide Children's Hospital	Columbus, Franklin
Ohio State University Wexner Medical Center	Columbus, Franklin
Shriners Hospital for Children- Cincinnati	Cincinnati, Hamilton
St. Vincent Hospital Burn Center - Toledo	Toledo, Lucas
University of Cincinnati Medical Center	Cincinnati, Montgomery
Children's Hospitals (9)	
Hospital Name	**City, County**
Akron Children's Hospital	Akron, Summit
Cincinnati Children's Hospital Medical Center	Cincinnati, Hamilton
Cleveland Clinic Children's	Cincinnati, Hamilton
Cleveland Clinic Children's Hospital for Rehabilitation	Cleveland, Cuyahoga
Dayton Children's Hospital	Dayton, Montgomery
Nationwide Children's Hospital	Columbus, Franklin
ProMedica Toledo Children's Hospital	Toledo, Lucas
Shriners Hospitals for Children- Cincinnati	Cincinnati, Hamilton
UH Rainbow Babies and Children's	Cleveland, Cuyahoga

Hospital	
Ebola Assessment Centers (7)	
Hospital Name	**City, County**
St. Rita's Medical Center	Lima, Allen
Nationwide Children's Hospital	Columbus, Franklin
Ohio State University Wexner Medical Center	Columbus, Franklin
The Christ Hospital	Cincinnati, Hamilton
Cincinnati Children's Hospital Medical Center	Cincinnati, Hamilton
Good Samaritan Medical Center	Cincinnati, Hamilton
Ebola Treatment Centers (1)	
Hospital Name	**City, County**
MetroHealth Medical Center	Cleveland, Cuyahoga

EMERGENCY SUPPORT FUNCTION ANNEXES: INTRODUCTION

Purpose

This section provides an overview of the Emergency Support Function (ESF) structure, common elements of each of the ESFs, and the basic content contained in each of the ESF Annexes. The following section includes a series of annexes describing the roles and responsibilities of Federal departments and agencies as ESF coordinators, primary agencies, or support agencies.

Background

The ESFs provide the structure for coordinating Federal interagency support for a Federal response to an incident. They are mechanisms for grouping functions most frequently used to provide Federal support to States and Federal-to-Federal support, both for declared disasters and emergencies under the Stafford Act and for non-Stafford Act incidents (see Table 1).

The Incident Command System provides for the flexibility to assign ESF and other stakeholder resources according to their capabilities, taskings, and requirements to augment and support the other sections of the Joint Field Office (JFO)/Regional Response Coordination Center (RRCC) or National Response Coordination Center (NRCC) in order to respond to incidents in a more collaborative and cross-cutting manner.

While ESFs are typically assigned to a specific section at the NRCC or in the JFO/RRCC for management purposes, resources may be assigned anywhere within the Unified Coordination structure. Regardless of the section in which an ESF may reside, that entity works in conjunction with other JFO sections to ensure that appropriate planning and execution of missions occur.

Table 1. Roles and Responsibilities of the ESFs

ESF	Scope
ESF #1 – Transportation	Aviation/airspace management and control Transportation safety Restoration/recovery of transportation infrastructure Movement restrictions Damage and impact assessment
ESF #2 – Communications	Coordination with telecommunications and information technology industries Restoration and repair of telecommunications infrastructure Protection, restoration, and sustainment of national cyber and information technology resources Oversight of communications within the Federal incident management and response structures
ESF #3 – Public Works and Engineering	Infrastructure protection and emergency repair Infrastructure restoration Engineering services and construction management Emergency contracting support for life-saving and life-sustaining services
ESF #4 – Firefighting	Coordination of Federal firefighting activities Support to wildland, rural, and urban firefighting operations

ESF	Scope
ESF #5 – Emergency Management	Coordination of incident management and response efforts Issuance of mission assignments Resource and human capital Incident action planning Financial management
ESF #6 – Mass Care, Emergency Assistance, Housing, and Human Services	Mass care Emergency assistance Disaster housing Human services
ESF #7 – Logistics Management and Resource Support	Comprehensive, national incident logistics planning, management, and sustainment capability Resource support (facility space, office equipment and supplies, contracting services, etc.)
ESF #8 – Public Health and Medical Services	Public health Medical Mental health services Mass fatality management
ESF #9 – Search and Rescue	Life-saving assistance Search and rescue operations
ESF #10 – Oil and Hazardous Materials Response	Oil and hazardous materials (chemical, biological, radiological, etc.) response Environmental short- and long-term cleanup
ESF #11 – Agriculture and Natural Resources	Nutrition assistance Animal and plant disease and pest response Food safety and security Natural and cultural resources and historic properties protection and restoration Safety and well-being of household pets
ESF #12 – Energy	Energy infrastructure assessment, repair, and restoration Energy industry utilities coordination Energy forecast
ESF #13 – Public Safety and Security	Facility and resource security Security planning and technical resource assistance Public safety and security support Support to access, traffic, and crowd control
ESF #14 – Long-Term Community Recovery	Social and economic community impact assessment Long-term community recovery assistance to States, local governments, and the private sector Analysis and review of mitigation program implementation
ESF #15 – External Affairs	Emergency public information and protective action guidance Media and community relations Congressional and international affairs Tribal and insular affairs

ESF Notification and Activation

The NRCC, a component of the National Operations Center (NOC), develops and issues operations orders to activate individual ESFs based on the scope and magnitude of the threat or incident.

ESF primary agencies are notified of the operations orders and time to report to the NRCC by the Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA) Operations Center. At the regional level, ESFs are notified by the RRCC per established protocols.

ESF primary agencies notify and activate support agencies as required for the threat or incident, to include support to specialized teams. Each ESF is required to develop standard operating procedures (SOPs) and notification protocols and to maintain current rosters and contact information.

ESF Member Roles and Responsibilities

Each ESF Annex identifies the coordinator and the primary and support agencies pertinent to the ESF. Several ESFs incorporate multiple components, with primary agencies designated for each component to ensure seamless integration of and transition between preparedness, response, and recovery activities. ESFs with multiple primary agencies designate an ESF coordinator for the purposes of preincident planning and coordination of primary and supporting agency efforts throughout the incident. Following is a discussion of the roles and responsibilities of the ESF coordinator and the primary and support agencies.

ESF Coordinator

The ESF coordinator is the entity with management oversight for that particular ESF. The coordinator has ongoing responsibilities throughout the preparedness, response, and recovery phases of incident management. The role of the ESF coordinator is carried out through a "unified command" approach as agreed upon collectively by the designated primary agencies and, as appropriate, support agencies. Responsibilities of the ESF coordinator include:

- Coordination before, during, and after an incident, including preincident planning and coordination.
- Maintaining ongoing contact with ESF primary and support agencies.
- Conducting periodic ESF meetings and conference calls.
- Coordinating efforts with corresponding private-sector organizations.
- Coordinating ESF activities relating to catastrophic incident planning and critical infrastructure preparedness, as appropriate.

Primary Agencies

An ESF primary agency is a Federal agency with significant authorities, roles, resources, or capabilities for a particular function within an ESF. ESFs may have multiple primary agencies, and the specific responsibilities of those agencies are articulated within the relevant ESF Annex. A Federal agency designated as an ESF primary agency serves as a Federal executive agent under the Federal Coordinating Officer (or Federal Resource Coordinator for non-Stafford Act incidents) to accomplish the ESF mission. When an ESF is activated in response to an incident, the primary agency is responsible for:

- Supporting the ESF coordinator and coordinating closely with the other primary and support agencies.
- Orchestrating Federal support within their functional area for an affected State.

- Providing staff for the operations functions at fixed and field facilities.
- Notifying and requesting assistance from support agencies.
- Managing mission assignments and coordinating with support agencies, as well as appropriate State officials, operations centers, and agencies.
- Working with appropriate private-sector organizations to maximize use of all available resources.
- Supporting and keeping other ESFs and organizational elements informed of ESF operational priorities and activities.
- Conducting situational and periodic readiness assessments.
- Executing contracts and procuring goods and services as needed.
- Ensuring financial and property accountability for ESF activities.
- Planning for short- and long-term incident management and recovery operations.
- Maintaining trained personnel to support interagency emergency response and support teams.
- Identifying new equipment or capabilities required to prevent or respond to new or emerging threats and hazards, or to improve the ability to address existing threats.

Support Agencies

Support agencies are those entities with specific capabilities or resources that support the primary agency in executing the mission of the ESF. When an ESF is activated, support agencies are responsible for:

- Conducting operations, when requested by DHS or the designated ESF primary agency, consistent with their own authority and resources, except as directed otherwise pursuant to sections 402, 403, and 502 of the Stafford Act.
- Participating in planning for short- and long-term incident management and recovery operations and the development of supporting operational plans, SOPs, checklists, or other job aids, in concert with existing first-responder standards.
- Assisting in the conduct of situational assessments.
- Furnishing available personnel, equipment, or other resource support as requested by DHS or the ESF primary agency.
- Providing input to periodic readiness assessments.
- Maintaining trained personnel to support interagency emergency response and support teams.
- Identifying new equipment or capabilities required to prevent or respond to new or emerging threats and hazards, or to improve the ability to address existing threats.

When requested, and upon approval of the Secretary of Defense, the Department of Defense (DOD) provides Defense Support of Civil Authorities (DSCA) during domestic incidents. Accordingly, DOD is considered a support agency to all ESFs.

Table 2. Designation of ESF Coordinator and Primary and Support Agencies

Agency	Emergency Support Functions														
	#1 - Transportation	#2 - Communications	#3 - Public Works and Engineering	#4 - Firefighting	#5 - Emergency Management	#6 - Mass Care, Emergency Assistance, Housing, and Human Services	#7 - Logistics Management and Resource Support	#8 - Public Health and Medical Services	#9 - Search and Rescue	#10 - Oil and Hazardous Materials Response	#11 - Agriculture and Natural Resources	#12 - Energy	#13 - Public Safety and Security	#14 - Long-Term Community Recovery	#15 - External Affairs
USDA			S		S	S	S	S		S	C/P/S	S		P	S
USDA/FS	S	S	S	C/P		S	S	S	S	S			S		
DOC	S	S	S	S	S		S	S	S	S	S	S	S	S	S
DOD	S	S	S	S	S	S	S	S	P	S	S	S	S	S	S
DOD/USACE	S		C/P	S		S	S	S	S	S	S	S	S	S	
ED					S										S
DOE	S		S		S		S	S		S	S	C/P	S	S	S
HHS			S		S	S	S	C/P	S	S	S			S	S
DHS	S	S	S		S		S	S	S	S	S	S	S	P	C
DHS/FEMA	S	P	P	S	C/P	C/P/S	C/P	S	C/P	S	S			C/P	P
DHS/NCS		C/P					S					S			
DHS/USCG	S		S	S				S	P	P			S		
HUD					S	S								P	S
DOI	S	S	S	S	S	S	S	S	P	S	P/S	S	S	S	S
DOJ	S				S	S		S	S	S	S		C/P		S
DOL			S		S	S	S	S	S	S	S	S		S	S
DOS	S		S	S	S			S		S	S	S			S

TABLE CONTINUED ON THE NEXT PAGE

C = ESF coordinator P = Primary agency S = Support agency

Note: Components or offices within a department or agency are not listed on this chart unless they are the ESF coordinator or a primary agency. Refer to the ESF Annexes for details.

Agency	Emergency Support Functions														
	#1 - Transportation	#2 - Communications	#3 - Public Works and Engineering	#4 - Firefighting	#5 - Emergency Management	#6 - Mass Care, Emergency Assistance, Housing, and Human Services	#7 – Logistics Management and Resource Support	#8 - Public Health and Medical Services	#9 - Search and Rescue	#10 - Oil and Hazardous Materials Response	#11 - Agriculture and Natural Resources	#12 - Energy	#13 - Public Safety and Security	#14 - Long-Term Community Recovery	#15 - External Affairs
DOT	C/P		S		S	S	S	S		S	S	S		S	S
TREAS					S	S							S	S	S
VA			S		S	S	S	S					S		S
EPA			S	S	S			S		C/P	S	S	S	S	S
FCC		S			S										S
GSA	S	S	S		S	S	C/P	S		S	S				S
NASA					S		S		S				S		S
NRC			S		S					S		S			S
OPM					S		S								S
SBA					S	S								P	S
SSA						S							S		S
TVA			S		S							S			S
USAID								S	S						S
USPS	S				S	S		S			S		S		S
ACHP											S				
ARC			S		S	S		S			S			S	
CNCS			S			S								S	
DRA														S	
HENTF											S				
NARA											S				
NVOAD						S								S	

C = ESF coordinator P = Primary agency S = Support agency

Note: Components or offices within a department or agency are not listed on this chart unless they are the ESF coordinator or a primary agency. Refer to the ESF Annexes for details.

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APPENDIX 17 – SIDNEY-SHELBY COUNTY HEALTH DEPARTMENT (SSCHD) AUTHORITIES

Public Health
Prevent. Promote. Protect.

Sidney-Shelby County
Health Department

CONTENTS

INFECTIOUS DISEASE CONTROL/EMERGENCIES

The Sidney Shelby County Health Department authorities are granted under Chapter 3707 of the Ohio Revised Code. Some of these authorities include:

3707.04 QUARANTINE REGULATIONS.

In time of epidemic or threatened epidemic, or when a dangerous communicable disease is unusually prevalent, the board of health of a city or general health district, after a personal investigation by its members or executive officer to establish the facts in the case, and not otherwise, may impose a quarantine on vessels, railroads, or other public or private vehicles conveying persons, baggage, or freight, or used for such purpose. The board may make and enforce such rules and regulations as are wise and necessary for the protection of the health of the people of the community or state, but the running of any train or car on any steam or electric railroad, or of steamboats, vessels, or other public conveyances shall not be prohibited.

A true copy of such quarantine rules and regulations shall be immediately furnished by such board to the department of health, and thereafter no change shall be made except by the order of the department or the board to meet a new and sudden emergency.

Cite as R.C. § 3707.04

Effective Date: 10-01-1953.

3707.06 NOTICE TO BE GIVEN OF PREVALENCE OF INFECTIOUS DISEASES.

(A) Each physician or other person called to attend a person suffering from cholera, plague, yellow fever, typhus fever, diphtheria, typhoid fever, or any other disease dangerous to the public health, or required by the department of health to be reported, shall report to the health commissioner within whose jurisdiction the sick person is found the name, age, sex, and color of the patient, and the house and place in which the sick person may be found. In like manner, the owner or agent of the owner of a building in which a person resides who has any of the listed diseases, or in which are the remains of a person having died of any of the listed diseases, and the head of the family, immediately after becoming aware of the fact, shall give notice thereof to the health commissioner.

(B) No person shall fail to comply with the reporting requirements of division (A) of this section.

(C) Information reported under this section that is protected health information pursuant to section 3701.17 of the Revised Code shall be released only in accordance with that section. Information that does not identify an individual may be released in summary, statistical, or aggregate form.

Cite as R.C. § 3707.06
Effective Date: 02-12-2004.

3707.07 COMPLAINT CONCERNING PREVALENCE OF DISEASE - INSPECTION BY HEALTH COMMISSIONER.

When complaint is made or a reasonable belief exists that an infectious or contagious disease prevails in a house or other locality which has not been reported as provided in section 3707.06 of the Revised Code, the board of health of a city or general health district shall cause such house or locality to be inspected by its health commissioner, and on discovering that such disease exists, the board may send the person diseased to a hospital or other place provided for such person, or may restrain him and others exposed within such house or locality from intercourse with other persons, and prohibit ingress and egress to or from such premises.

Cite as R.C. § 3707.07
Effective Date: 10-01-1953.

3707.08 ISOLATION OF PERSONS EXPOSED TO COMMUNICABLE DISEASE - PLACARDING OF PREMISES.

When a person known to have been exposed to a communicable disease declared quarantinable by the board of health of a city or general health district or the department of health is reported within its jurisdiction, the board shall at once restrict such person to his place of residence or other suitable place, prohibit entrance to or exit from such place without the board's written permission in such manner as to prevent effective contact with individuals not so exposed, and enforce such restrictive measures as are prescribed by the department.

When a person has, or is suspected of having, a communicable disease for which isolation is required by the board or the department, the board shall at once cause such person to be separated from susceptible persons in such places and under such circumstances as will prevent the conveyance of the infectious agents to susceptible persons, prohibit entrance to or exit from such places without the board's written permission, and enforce such restrictive measures as are prescribed by the department.

When persons have, or are exposed to, a communicable disease for which placarding of premises is required by the board or the department the board shall at once place in a conspicuous position on the premises where such a person is isolated or quarantined a placard having printed on it, in large letters, the name of the disease. No person shall remove, mar, deface, or destroy such placard, which shall remain in place until after the persons restricted have been released from isolation or quarantine.

Physicians attending a person affected with a communicable disease shall use such precautionary measures to prevent its spread as are required by the board or the department.

No person isolated or quarantined by a board shall leave the premises to which he has been restricted without the written permission of such board until released from isolation or quarantine by it in accordance with the rules and regulations of the department.

Cite as R.C. § 3707.08
Effective Date: 10-01-1953.

3707.09 BOARD MAY EMPLOY QUARANTINE GUARDS.

The board of health of a city or general health district may employ as many persons as are necessary to execute its orders and properly guard any house or place containing any person affected with or exposed to a communicable disease declared quarantinable by the board or the department of health. The persons employed shall be sworn in as quarantine guards, shall have police powers, and may use all necessary means to enforce sections 3707.01 to 3707.53, inclusive, of the Revised Code, for the prevention of contagious or infectious disease, or the orders of any board made in pursuance thereof.

Cite as R.C. § 3707.09
Effective Date: 10-01-1953.

3707.10 DISINFECTION OF HOUSE IN WHICH THERE HAS BEEN A CONTAGIOUS DISEASE.

When a person affected with yellow fever, typhus fever, or diphtheria has recovered and is no longer liable to communicate the disease to others, or has died, the attending physician shall furnish a certificate of the recovery or death to the board of health of the city or general health district. As soon thereafter as the board considers it advisable, its health commissioner shall thoroughly disinfect and purify the house and contents of the house in which the affected person has been ill or has died, in accordance with the rules adopted by the department of health.

Cite as R.C. § 3707.10
Effective Date: 04-09-1981.

3707.12 DESTRUCTION OF INFECTED PROPERTY.

The board of health of a city or general health district may destroy any infected clothing, bedding, or other article that cannot be made safe by disinfection, and shall furnish to the owner of the articles a receipt, of which the board shall keep a complete and accurate copy, for articles so destroyed. The receipt shall show the number, character, condition, and estimated value of the articles destroyed. When a building, hut, or other structure has become infected with a dangerous communicable disease, and cannot, in the opinion of the board, be made safe by disinfection, the board may have the building, hut, or other structure appraised and destroyed.

Cite as R.C. § 3707.12
Effective Date: 04-09-1981.

3707.13 COMPENSATION FOR PROPERTY DESTROYED.

The legislative authority of the municipal corporation, upon the presentation of the original receipt or written statement of the appraisers for articles or houses destroyed pursuant to section 3707.12 of the Revised Code, shall pay to the owner thereof, or other person authorized by him to receive such payment, the estimated value of such destroyed articles, or such sum as the legislative authority deems just compensation therefor. If the owner is not satisfied with the amount so allowed he may sue for the value of such destroyed articles.

Cite as R.C. § 3707.13
Effective Date: 10-01-1953.

3707.14 MAINTENANCE OF PERSONS CONFINED IN QUARANTINED HOUSE.

When a house or other place is quarantined because of contagious diseases, the board of health of the city or general health district shall provide, for all persons confined in such house or place, food, fuel, and all other necessaries of life, including medical attendance, medicine, and nurses when necessary. The expenses so incurred, except those for disinfection, quarantine, or other measures strictly for the protection of the public health, when properly certified by the president and clerk of the board, or health commissioner if there is no board, shall be paid by the persons quarantined, when able to make such payment, and when not, by the municipal corporation or township in which quarantined.

Cite as R.C. § 3707.14
Effective Date: 10-01-1953.

3707.15 EMPLOYER OF ILLEGAL ALIEN WITH CONTAGIOUS OR INFECTIOUS DISEASE TO PAY EXPENSE CAUSED BY DISEASE.

As used in this section, "alien" means an individual who is not a citizen of the United States.

Any person that employs an alien who is not legally present in the United States and has a contagious or infectious disease contracted before or during employment shall pay to the municipal corporation, township, or county in which the alien is employed any expense caused by the contagious or infectious disease. An employer is not subject to this section if the employer demonstrates that the alien was employed in compliance with the requirements of section 101(a) of the "Immigration Reform and Control Act of 1986," 100 Stat. 3360, 8 U.S.C.A. 1324a, as amended, unless there is evidence that the employer complied with the act knowing that the alien is not legally present in the United States.

Cite as R.C. § 3707.15
Effective Date: 06-17-1999.

3707.16 ATTENDANCE AT GATHERINGS BY QUARANTINED PERSON PROHIBITED.

No person isolated or quarantined for a communicable disease declared by the board of health of a city or general health district or the department of health to require isolation or quarantine shall attend any public, private, or parochial school or college, Sunday school, church, or any other public gathering, until released from isolation or quarantine by the board. All school principals, Sunday school superintendents, or other persons in charge of such schools or other gatherings shall exclude any such person until he presents a written permit of the board to attend.

Cite as R.C. § 3707.16
Effective Date: 10-01-1953.

3707.17 QUARANTINE IN PLACE OTHER THAN THAT OF LEGAL SETTLEMENT.

When a person with a contagious disease, quarantined in a county by a city or general health district, has a legal settlement in a municipal corporation or township within the same county but other than that in which quarantined, or has a legal settlement in another county of the state, and such person is unable to pay the expenses of the service provided under section 3707.14 of

the Revised Code, the city or general health district rendering such service shall notify in writing the proper officials of the municipal corporation or township of legal settlement or the board of county commissioners of the county of legal settlement if such legal settlement is in another county that such services are being rendered. Such notice shall be sent within three days if the fact of nonresidence is disclosed upon the beginning of such service or admission to a hospital or other institution of quarantine, or within three days after the discovery of such fact if it is not so disclosed. Within twenty days after the discharge of such quarantined person, the health commissioner of the city or general health district shall send a notice of such discharge and a sworn statement of the expenses, either actual or at the established rate of the hospital or other institution of quarantine, to the proper officials of the municipal corporation or township of legal settlement or the board of county commissioners of the county of legal settlement if such legal settlement is in another county. Thereupon the municipal corporation or township of legal settlement or county of legal settlement if such legal settlement is in another county shall be liable to the city or general health district rendering such service, and shall pay for it within thirty days after date of the sworn statement of expenses. If the notice of the rendering of such service, required to be sent by the health commissioner, is not sent within three days after the disclosure by the person quarantined or the discovery of such nonresidence, the municipal corporation or township of legal settlement or the county of legal settlement if such legal settlement is in another county shall be liable only after receipt of such notice.

This section does not prevent the removal of such quarantined person by the municipal corporation, township, or county of legal settlement, at its expense, but such removal shall not relieve the municipal corporation, township, or county of legal settlement for the expenses previously incurred by the city or general health district in which such person has been quarantined. Any such person who does not, upon discharge, pay the expenses of such quarantine shall be deemed indigent insofar as the city or general health district is concerned. The municipal corporation, township, or county of legal settlement is hereby subrogated to all the rights of the city or general health district in which such service was rendered.

Cite as R.C. § 3707.17
Effective Date: 10-01-1953.

3707.18 EXPENSE OF QUARANTINING COUNTY PUBLIC INSTITUTION.

The expenses for quarantining a county home or other county public institution shall be paid by the county when properly certified by the president and clerk of the board of health, or health commissioner where there is no board, of the city or general health district in which such institution is located.

Cite as R.C. § 3707.18
Effective Date: 10-01-1953.

3707.19 DISPOSAL OF BODY OF PERSON WHO DIED OF COMMUNICABLE DISEASE.

The body of a person who has died of a communicable disease declared by the department of health to require immediate disposal for the protection of others shall be buried or cremated within twenty-four hours after death. No public or church funeral shall be held in connection with the burial of such person, and the body shall not be taken into any church, chapel, or other public place. Only adult members of the immediate family of the deceased and such other persons as are actually necessary may be present at the burial or cremation.

Cite as R.C. § 3707.19
Effective Date: 10-01-1953.

3707.23 EXAMINATION OF COMMON CARRIERS BY BOARD DURING QUARANTINE.

When a quarantine is declared, all railroads, steamboats, or other common carriers, and the owners, consignees, or assignees of any railroad, steamboat, or other vehicle used for the transportation of passengers, baggage, or freight, shall submit to any rules or regulations imposed and any examination required by a board of health of a city or general health district or health commissioner. They shall submit to any examination required by the health authorities respecting any circumstances or event touching the health of the crew, operatives, or passengers and the sanitary condition of the baggage and freight.

Cite as R.C. § 3707.23
Effective Date: 10-01-1953.

3707.24 PROHIBITION AGAINST UNFOUNDED STATEMENTS IN EXAMINATION.

No owner, consignee, assignee, or other person interested in any manner set forth in section 3707.23 of the Revised Code shall make an unfounded statement or declaration respecting the points under the examination provided by such section.

Cite as R.C. § 3707.24
Effective Date: 10-01-1953.

3707.25 APPLICATION OF QUARANTINE RULES TO PERSONS AND GOODS ON VEHICLES OF TRANSPORTATION.

Rules and regulations passed by a board of health of a city or general health district or health commissioner shall apply to all persons, goods, or effects arriving by railroad, steamboat, or other vehicle of transportation, after quarantine is declared.

Cite as R.C. § 3707.25
Effective Date: 10-01-1953.

3707.26 BOARD SHALL INSPECT SCHOOLS AND MAY CLOSE THEM.

Semiannually, and more often, if in its judgment necessary, the board of health of a city or general health district shall inspect the sanitary condition of all schools and school buildings within its jurisdiction, and may disinfect any school building. During an epidemic or threatened epidemic, or when a dangerous communicable disease is unusually prevalent, the board may close any school and prohibit public gatherings for such time as is necessary.

Cite as R.C. § 3707.26
Amended by 128th General AssemblyFile No.9, HB 1, §101.01, eff. 10/16/2009.
Effective Date: 10-01-1953; 03-21-2006

3707.34 QUARANTINE AND ISOLATION POLICIES.

(A) The health commissioner appointed by a board of health of a general or city health district may act on behalf of the board in administering the provision of sections 3707.04 to 3707.32 of the Revised Code regarding quarantine and isolation if the commissioner acts pursuant to a policy the board adopts as described in division (B) of this section and either of the following applies:

(1) Circumstances render a meeting of the board impractical or impossible.

(2) Delaying action until a meeting of the board compromises the public health.

(B) Each board of health shall adopt a policy, subject to the approval of the district advisory council or city council for city health districts not governed

by an advisory council, specifying the actions that a health commissioner may take pursuant to this section. Any action a health commissioner takes in accordance with the board's policy is deemed an action taken by the board unless the board votes to nullify the commissioner's action.

Cite as R.C. § 3707.34
Effective Date: 02-12-2004.

LICENSE AND REGULATORY AUTHORITY

The Director of Health has the authority to license and regulate by rule or order in the following areas:

- Recreational Vehicle Parks, Recreation Camps, Combined and Temporary Park-Camps. ORC Chapter 3729 (see also, ORC Chapter 4781.).
- Sewage Treatment Systems. ORC Chapter 3718.
- Retail Food Establishments – Food Service Operations. ORC Chapter 3717.
- Tattooing or Body Piercing Services. ORC Chapter 3730.
- Recreational Vehicle Parks; Recreational Camps; Park-Camps; Marinas; Agricultural Labor Camps. ORC Chapter 4781 (see also ORC Chapter 3729.)
- Public Swimming Pools and Public Bathing Areas. ORC 3749.02.
- Child Fatality Review. ORC 3701.045
- The Copy Cost of Medical Records. ORC 3701.74 – 3701.742.

SUPPORT SERVICES

The Director of Health has authority to expend state and federal funds in the following program areas:

- Children with Medical Handicaps. ORC 3701.023
- Adults with Cystic Fibrous. ORC 3701.023
- Adults with Hemophilia ORC 3701.029
- Help Me Grow. ORC 3701.61
- Individuals with HIV/AIDS. ORC 3701.241(D)
- Save Our Sight Fund. ORC 3701.21
- Vital Statistics and Vital Records. ORC Chapter 3705.
    - Maintains a system of records related to birth, death, marriage, and adoptions.

- Women, Infants, and Children (WIC). ORC 3701.132.
    - The Department of Health is designated as the state agency to administer the federal Special Supplemental Nutrition Program for WIC.

REGISTRIES

- Pregnancy Loss Registry. ORC 3701.031
    - To monitor the incidence of various types of pregnancy losses occurring in Ohio.

GENERAL CONFIDENTIALITY – ORC 3701.17:

An Outline on the Public Health Use of Identified and De-Identified Data

A. During the course of an infectious disease investigation and intervention, public health consistently manages three (3) types of data or information.

1. Identified, individual level data or information is data where the individual who is the subject of the information is clearly discernable from the information presented. For purposes of public health confidentiality, this information is defined by ORC 3701.17(A)(2)(a) as "protected health information."

2. De-identified, individual-level data or information is data where the specific identity of the subject of the information is not readily discernable, but the information is linked in such a manner that the data or information clearly refers to a specific individual.

For example, disclosing the disease, age, gender, and county of residence of a confirmed case of influenza.

Compare the treatment of a Limited Data Set in Health Insurance Portability and Accountability Act (HIPAA) of 1996. 45 Code of Federal Regulations (CFR) 164.514(e); see, generally, 45 CFR 164.514.

3. Summary, statistical, or aggregate data or information is when data or information is presented in such a manner as to blur any distinction between and among the individuals represented in the information so no one individual is discernable from the information.

B. ORC 149.43 sets forth that in general government records are open records; available to the public, unless an exception applies. ORC 149.43 is generally referred to as Ohio's Public Records Act.

1. ORC 149.43 contains a number of exceptions (for example records generated and maintained in the process of medical treatment – ORC 149.43(A)(1)(a) and 149.43(A)(3)).

2. Other federal and state laws can also create exceptions. ORC 149.43(A)(1)(v).

3. ORC 3701.17 is an exception created in another state law.

C. ORC 3701.17 is the general confidentiality statute for ODH.

1. This general provision applies to ODH across the board, including infectious disease surveillance, investigations and interventions; unless there is other state or federal confidentiality law that applies to the specified ODH operation.

2. ORC 3701.17 applies to Protected Health Information (PHI) regardless of the reason why ODH is in possession of the data or information.

D. However, "Information that does not identify an individual is not PHI and may be released in summary, statistical, or aggregate form." ORC 3701.17(C)

1. "Information that does not identify an individual…" is de-identified information. That is, this part of the sentence describes the data or information contemplated. See supra Section A.2.

a. The latter part of the sentence refers to manner in which the de-identified data or information may be released.

b. In short, if de-identified data is to be released, it may be done so in summary, statistical, or aggregate data.

2. ORC 3701.17(C) also outlines when a record would be public.

a. The second sentence of paragraph (C) clearly makes summary, statistical, or aggregate information that does not identify an individual a public record.

b. However, this is a two-part test and a record must be both:

(i) Summary, statistical, or aggregate; and

(ii) Not identify a person

(iii) If one of the two elements is missing, then the record is not a "public record" subject to mandatory disclosure pursuant to ORC 149.43.

3. If the information is de-identified, but not in summary, statistical or aggregate form, it does not have to be disclosed pursuant to ORC 149.43 until the information is transferred into a summary, statistical or aggregate form.

4. If the information remains in a de-identified, individual-level then the information is not "confidential" pursuant to ORC 3701.17(B), but it is not yet a public record for ORC 149.43 purposes until it is summarized or put into a statistical or aggregate form.

E. ORC 3701.17(B) (4) allows the Director of Health to disclose information necessary to avert or mitigate a clear threat to the public's health.

1. Summary, statistical, or aggregate data that does identify an individual is a public record and the Director of Health would not have an option but to disclose the information in this form.

2. However, information that is not in summary, statistical or aggregate form is not subject to mandatory release and thus, any release of the information would be permissive to avert or mitigate a clear threat.

3. Accordingly, individual-level data, whether identified or de-identified, is permissively disclosable when necessary to avert or mitigate a clear threat to an individual or to the public's health.

F. Other exceptions to the general confidentiality expectation.

1. Confidentiality can be waived by the subject of the information or appropriate representative (e.g., a parent). ORC 3701.17(B).

2. ODH can disclose PHI in two circumstances so long as the recipient of the PHI had signed an agreement to abide by ORC 3701.17. ORC 3701.17(B)(1) and (B)(2).

a. For treatment of the subject of the data; or

b. To ensure the accuracy of the information.

3. Finally, PHI must be released in response to a criminal subpoena. ORC 3701.17(B)(3) (Note: A civil subpoena is not sufficient).

APPENDIX 18 – NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) 2017 REFRESH

Public Health
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Sidney-Shelby County Health Department

DOCUMENT DESCRIPTION

This appendix includes a summary of changes made to the National Incident Management System (NIMS) when it was updated in 2017.

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1.0 PURPOSE

The purpose of this document is to provide a high-level summary of changes made to the NIMS as part of the 2017 refresh.

The 2017 update to the National Incident Management System (NIMS) clarified roles and responsibilities for tactical level responders as well as coordination and support personnel operating from Emergency Operations Centers (EOCs), Multiagency Coordination Groups (MAC Groups) and Joint Information Centers (JICs).

2.0 INTRODUCTION:

The 2017 NIMS refresh eliminates the preparedness component to avoid redundancy with the National Preparedness System and Goal. Fundamentals for the NIMS now include a component on unity of effort as a guiding principle. The addition of unity of effort emphasizes the importance of coordination among all responding organizations while maintaining specific jurisdictional responsibilities to support each other.

NIMS 2017 refresh defines three (3) components that are a consolidation of the 5 components that comprised the 2008 version (Figure1.).

Figure 1: NIMS component comparison

3.0 RESOURCE MANAGEMENT

Resource management is clarified in the refresh to include pre-incident guidance for resource management during an incident and illustrates how resources are managed in mutual aid scenarios.

The need for pre- incident, resource typing and credentialing of incident personnel, terms and definitions was addressed in the 2017 refresh to establish standardization.

These resource types include the following:

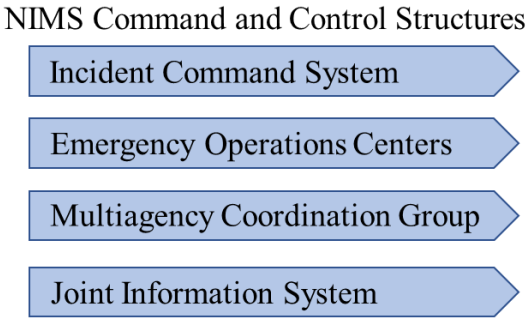
- **Capability**- the core capability for which the resource is most useful
- **Category**- the function for which a resource would most likely be used
- **Kind**- a broad classification such as personnel, teams, facilities equipment and supplies
- **Type**- a resource's level of minimum capability to perform its function based on size, power, capacity (for equipment) or experience and qualifications (for personnel or teams)

Credentialing has also been newly defined as the responsibility lead by the authority having jurisdiction.

4.0 COMMAND AND COORDINATION

Contrary to the 2008 version, the 2017 NIMS refresh defines the NIMS management characteristics and provides a description for the four (4) NIMS command and control structures (Figure 2.)

Figure 2: NIMS Command and Control Structures



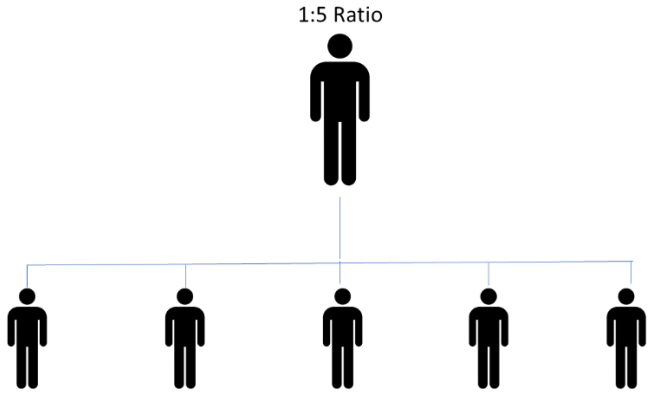
The NIMS refresh discusses the fourteen (14) NIMS Management Characteristics; these characteristics were formally known as ICS Management Characteristics (Table 1).

Table 1: NIMS Management Characteristics

NIMS Management Characteristics	
Common Terminology	Integrated Communications
Modular Organization	Establishment and Transfer of Command
Management by Objectives	Unified Command
Incident Action Planning	Chain of Command and Unity of Command
Manageable Span of Control	Accountability
Incident Facilities and Location	Dispatch/Deployment
Comprehensive Resource Management	Information and Intelligence Management

The NIMS refresh clarifies that the incident command system is used for on-scene management of incidents. Revisions to the incident command system which includes revised guidance on what a manageable span of control is. In 2008, NIMS doctrine described the idea of span of control to a range from 3 to 7 subordinates with 5 being the ideal number of subordinates. However, in the 2017 refresh, the recommended ratio of 1:5 (Figure 3) is established as a guideline for incident personnel with supervisors using their best judgment as to determine the best staffing for the incident or EOC activation.

Figure 3: Example of 1:5 Ratio



There is also clarification and use of the term Incident Management Team (IMT) as a reference to a team of pre-rostered emergency management professionals that may be assigned to an incident. Incident Management Assistance Teams (IMAT) provide emergency management personnel to support on scene or at the state, regional, and national level.

While the incident command system structure has not changed, additional functions have been added to incorporate the function of intelligence gathering for incidents that may require intelligence gathering or investigative activities. This function may exist within the planning, operations, command or general staff section or alternately be a combination of these locations.

Additionally, the revision to the ICS concepts includes the inclusion of legal counsel, medical advisors and an access and functional needs advisor as possible command advisors.

The term "resource team" has also been revised to replace the law enforcement term of "strike team."

Incident Action Planning also had revisions in the 2017 refresh, primarily; changes have been made to the planning "P." The planning "P" now includes an agency administrator briefing (if applicable) as well as a strategy meeting/command and general staff meeting (if necessary). Additionally, the understanding of the situation as an ongoing action is now at the center for the graphic (Figure 4).

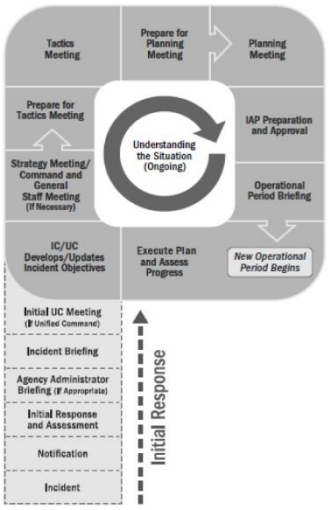


Figure 4: 2017 NIMS Refresh Planning "P"

The 2017 NIMS refresh provides guidance on EOC structures and activation levels. Standard EOC functions include information management, resource management and communication of policy decisions.

The role of the Emergency Operations Center (EOCs) has been clarified as an offsite support center for on-scene ICS operations.

EOC teams may comprise multiple agencies with staff of various disciplines who exchange information for decision making, coordination and communication. EOCs may activate for a variety of reasons to provide support to an incident. EOC activation levels allow for a scalable response and coordination. NIMS 2017 has defined EOC activation levels (Table 2).

Table 2: NIMS EOC Activation Levels

Level	Activation Level Title	Description
3	Normal Operations/ Steady-State	Activities that are normal for the center, when no incident or specific risk or hazard has been identified, are underway. This includes routine watch and warning activities if the center normally houses this function
2	Enhanced Steady State/Partial Activation	Certain EOC Team members/ organizations are activated to monitor a credible threat, risk or hazard and/or to support the response to a new and potentially evolving incident.
1	Full Activation	EOC team is activated, including personnel from all assisting agencies, to support the response to a major incident or credible threat.

Multiagency Coordination Groups (MAC Groups) comprise agency decision makers such as administrations or senior leaders, leaders from non-governmental organizations (NGOs) or designees. The update defines MACS as the overarching term for NIMS command and Coordination systems e.g., ICS, EOCs, MAC Groups/policy groups and JICs. This shift is overarching rather than defined as components of MACS which were understood to be as EOCS and MAC Groups.

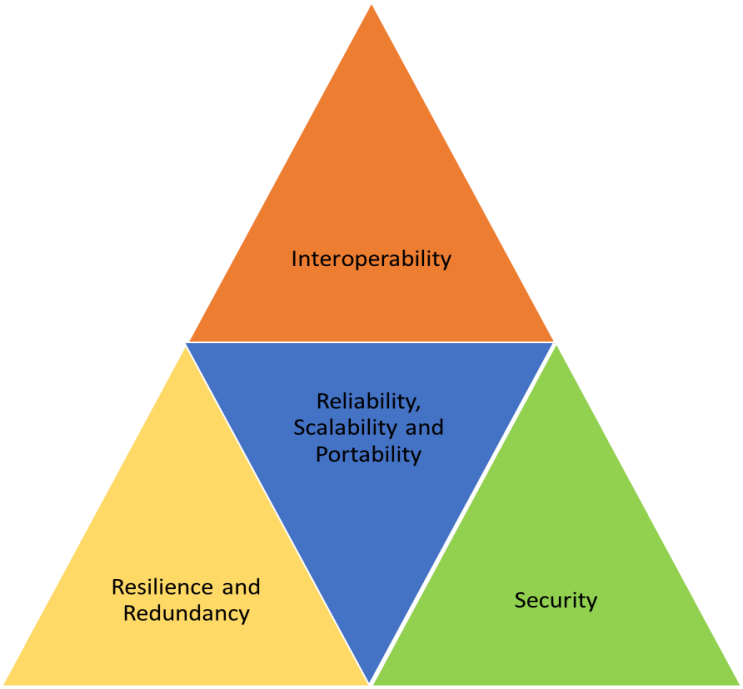
The MAC Group may be referred to as the "policy group." The purpose of a MAC Group is to provide strategic policy guidance to support the decision making of elected or appointed officials and determine scare resource allocation. MAC Group participants do not perform incident command functions.

5.0 COMMUNICATIONS AND INFORMATION MANAGEMENT

The refresh has restructured the concepts for communications and information management

Because of the vulnerability of personal, identifiable information and other sensitive material gathered and utilized during response, the 2017 refresh adds security as one of the four key principles of communications (Figure 5).

Figure 5: NIMS Communications Key Principles.



6.0 RESOURCES

Federal Emergency Management Agency (FEMA).(2017). National Incident System. Retrieved from https://www.fema.gov/media-library-data/1508151197225-ced8c60378c3936adb92c1a3ee6f6564/FINAL_NIMS_2017.pdf

FEMA.(2017). National Incident System (NIMS) 2017 Learning Materials. Retrieved from https://training.fema.gov/nims/docs/nims.2017.instructor%20student%20learning%20materials.pdf

APPENDIX 19 – CMIST PARTNER CONTACT LIST

Public Health
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Sidney-Shelby County
Health Department

DOCUMENT DESCRIPTION

This appendix includes the CMIST Partner Contact List

TABLE OF CONTENTS

CONTACT LIST

Partner Organization	Partner Type	POC First Name	POC Last Name	Primary Contact Method	Contact Information	Counties/Jurisdictions Served	Region(s) Served	Services Provided	Estimated # of People Served by the Organization	Available to Support Planning?
Capital Health Home Care-Dayton	Access to Care	Marie	Hughes	E-mail	marie.hughes@capitalhcn.com;	Butler County, Champaign County, Clark County Darke County, Greene County, Miami County, Montgomery County, Preble County Shelby County Warren County	SW WCO	Home health, SN, PT, MSW, HHA	178	Yes

Catholic Social Services of the Miami Valley	Access to Care	Katherine	Sell	E-mail	ksell@cssmv-sidney.org	Darke County, Miami County, Shelby County	WCO	Home health, assisted living, care coordination, adult day care, provide home medical equipment, medical transportation, and social work counseling, provide educational programs that address the emotional needs of children as they develop, professional counseling and mental health services, food source for individuals in need of staple foods, transportation resources (Ride Link)	200,000	Yes
Fair haven Services Shelby County Home	Access to Care	Anita	Miller	E-mail	asm3@fairhavenservices.com	Shelby County	WCO	Rehabilitation, Longterm care, memory loss	140	Yes
Fresenius Kidney Care - Sidney	Access to Care	Chris	Knasel-Chandler	E-mail	Chris.Knasel-Chandler@fmc-na.com	Auglaize County, Darke County, Logan County, Miami County, Shelby County	Central, Northwest, WCO	Dialysis, home & incenter dialysis for patients with kidney failure	50	Yes
Greater Dayton Area Hospital Assoiciation (GDAHA)	Access to Care	Mary	Porter	E-mail	mporter@gdaha.org	Champaign County, Clark County Darke County, Greene County, Miami County, Montgomery County, Preble County Shelby County	WCO	Provides service to hospitals and healthcare organizations to ensure access to care for patients.	29	Yes
Landings of Sidney	Access to Care	Joann	Elsner	E-mail	Lasy.dow@meridiansenior.com	Auglaize County, Mercer County, Miami County, Shelby County	Northwest, WCO	Resident care, medical tx, medication administration	100	Yes

Ohio Living	Access to Care	Jana	Ranly	E-mail	jranly@ohioliving.org	Shelby County	WCO	Long term care/ Rehabilitation/ Assisted Living/ Independent Living	300	Yes
Ohio Living	Access to Care	Kalee	Sheer	E-mail	kscheer@ohioliving.org	Shelby, Auglaize, Allen, Logan, Miami, Champaign, Clark, Greene, Montgomery and Darke	WCO	SN, PT, OT, ST, HHA, MSW	110	Yes
Shelby Public Transit	Access to Care	Ron	Schalow	E-mail	rschalow@sidneyoh.com	Shelby County	WCO	Provides transportation for individuals so they can get to their Dr. appointments	45,000	Yes
Sidney Care Center	Access to Care	Sarah	Maddix	E-mail	SMaddix@maria-joseph.net	Shelby County	WCO	Long term care/ skilled nursing	51	Yes
Shelby Skilled Nursing and Rehabilitation	Access to Care	Brii	King	Email	bking@shelbysnf.com	Shelby County	WCO	Long term care/ skilled nursing	50	Yes
West Central Ohio Health Departments	Access to Care	Bill	Burkhart	E-mail	WBurkhart@phdmc.org	Champaign County, Clark County Darke County, Greene County, Miami County, Montgomery County, Preble County Shelby County	WCO	Provides services to local public health departments to ensure access to care to patients	8	Yes
Wilson Health	Access to Care	Rich	Morrett	E-mail	rmorrett@wilsonhealth.org	Auglaize County, Champaign County, Darke County Miami County, Logan County, Shelby County	Central, Northwest, WCO	Hospital services	74	Yes

Wilson Health HomeCare & Hospice	Access to Care	Joann	Scott	E-mail	jscott@wilsonhealth.org	Auglaize County, Champaign County, Darke County Miami County, Logan County, Shelby County	Central, Northwest, WCO	Home care & Hospice, Nursing aids, therapists, social workers, chaplain	250	Yes

Partner Organization	Partner Type	POC First Name	POC Last Name	Primary Contact Method	Contact Information	Counties/Jurisdictions Served	Region(s) Served	Services Provided	Estimated # of People Served by the Organization	Available to Support Planning?
Fair haven Services Shelby County Home	Communication	Sandra	Staley	E-mail	sstaley@fairhavenservices.com	Shelby County	WCO	Rehabilitation, Longterm care, memory loss	140	Yes
Fresenius Kidney Care - Sidney	Communication	Chris	Knasel-Chandler	E-mail	Chris.Knasel-Chandler@fmc-na.com	Auglaize County, Darke County, Logan County, Miami County, Shelby County	Central, WCO	Dialysis, home & incenter dialysis for patients with kidney failure	50	Yes
Landings of Sidney	Communication	Joann	Elsner	E-mail	Lasy.dow@meridiansenior.com	Auglaize County, Mercer County, Miami County, Shelby County	Central, Northwest, WCO	Resident care, medical tx, medication administration	100	Yes
Ohio Living	Communication	Jana	Ranly	E-mail	jranly@ohioliving.org	Shelby County	WCO	Long term care/ Rehabilitation/ Assisted Living/ Independent Living	300	Yes
Ohio Living	Communication	Kalee	Sheer	E-mail	kscheer@ohioliving.org	Shelby, Auglaize, Allen, Logan, Miami, Champaign, Clark, Greene, Montgomery and Darke	WCO	SN, PT, OT, ST, HHA, MSW	110	Yes
Red Cross	Communication	Marc	Cantrell	E-mail	Marc.Cantrell@redcross.org	Champaign County, Clark County, Darke County, Logan County, Miami County, Shelby County	Central, WCO	Provide community disaster education, mitigation, and disaster planning in order to provide those who seek our assistance with quality services	422,122	Yes

Shelby County EMA	Communication	Cheri	Drinkwine	E-mail	shelbycountyema@gmail.com	Shelby County	WCO	Provides alerts to people during a disaster via hyper-reach	49,000	Yes

Partner Organization	Partner Type	POC First Name	POC Last Name	Primary Contact Method	Contact Information	Counties/Jurisdictions Served	Region(s) Served	Services Provided	Estimated # of People Served by the Organization	Available to Support Planning ?
Fair haven Services Shelby County Home	Disability	Sandra	Staley	E-mail	sstaley@fairhavenservices.com	Shelby County	WCO	Rehabilitation, Longterm care, memory loss	140	Yes
Fresenius Kidney Care - Sidney	Disability	Chris	Knasel-Chandler	E-mail	Chris.Knasel-Chandler@fmc-na.com	Auglaize County, Darke County, Logan County, Miami County, Shelby County	Central, Northwest WCO	Dialysis, home & incenter dialysis for patients with kidney failure	50	Yes
Landings of Sidney	Disability	Joann	Elsner	E-mail	Lasy.dow@meridiansenior.com	Auglaize County, Mercer County, Miami County, Shelby County	Northwest, WCO	Resident care, medical tx, medication administration	100	Yes
Ohio Living	Disability	Jana	Ranly	E-mail	jranly@ohioliving.org	Shelby County	WCO	Long term care/ Rehabilitation/ Assisted Living/ Independent Living	300	Yes
Ohio Living	Disability	Kalee	Sheer	E-mail	kscheer@ohioliving.org	Shelby, Auglaize, Allen, Logan, Miami, Champaign, Clark, Greene, Montgomery and Darke	WCO	SN, PT, OT, ST, HHA, MSW	110	Yes

Shelby County Board of Developmental Disabilities (DD)	Disability	Leigh Anne	Wenning	e-mail	lwenning@shelbydd.org	Shelby County	WCO	Service coordination, health and safety, crisis management, funding for residental and day services.	400	yes
Shelby Public Transit	Disability	Ron	Schalow	E-mail	rschalow@sidneyoh.com	Shelby County	WCO	Provides transportation for individuals with disabilities	45,000	Yes
The Pavilion	Disability	Brii	Slaughter	Email	pcadmin@pavilionnh.com	Shelby County	WCO	Long term care/ skilled nursing	50	Yes
Wilson Health HomeCare & Hospice	Disability	Joann	Scott	E-mail	jscott@wilsonhealth.org	Auglaize County, Champaign County, Darke County Miami County, Logan County, Shelby County	Central, Northwest, WCO	Home care & Hospice, Nursing aids, therapists, social workers, chaplain	250	Yes

Partner Organization	Partner Type	POC First Name	POC Last Name	Primary Contact Method	Contact Information	Counties/Jurisdictions Served	Region(s) Served	Services Provided	Estimated # of People Served by the Organization	Available to Support Planning?
Catholic Social Services of the Miami Valley	Electricity Dependency	Dianne	Pleiman	E-mail	ksell@cssmv-sidney.org	Darke, Miami, Shelby County	WCO	Home health, assisted living, care coordination, adult day care, provide home medical equipment, medical transportation, and social work counseling, provide educational programs that address the emotional needs of children as they develop, professional counseling and mental health services, food source for individuals in need of staple foods, transportation resources (Ride Link)	200,000	Yes
Fair haven Services Shelby County Home	Electricity Dependency	Sandra	Staley	E-mail	sstaley@fairhavenservices.com	Shelby County	WCO	Rehabilitation, Longterm care, memory loss	140	Yes
Fresenius Kidney Care - Sidney	Electricity Dependency	Chris	Knasel-Chandler	E-mail	Chris.Knasel-Chandler@fmc-na.com	Auglaize County, Darke County, Logan County, Miami County, Shelby County	Central, Northwest, WCO	Dialysis, home & incenter dialysis for patients with kidney failure	50	Yes

Landings of Sidney	Electricity Dependency	Joann	Elsner	E-mail	Lasy.dow@meridiansenior.com	Auglaize County, Mercer County, Miami County, Shelby County	Northwest, WCO	Resident care, medical tx, medication administration	100	Yes
Ohio Living	Electricity Dependency	Jana	Ranly	E-mail	jranly@ohioliving.org	Shelby County	WCO	Long term care/ Rehabilitation/ Assisted Living/ Independent Living	300	Yes
Ohio Living	Electricity Dependency	Kalee	Sheer	E-mail	kscheer@ohioliving.org	Shelby, Auglaize, Allen, Logan, Miami, Champaign, Clark, Greene, Montgomery and Darke	WCO	SN, PT, OT, ST, HHA, MSW	110	Yes
Shelby Public Transit	Electricity Dependency	Ron	Schalow	E-mail	rschalow@sidneyoh.com	Shelby County	WCO	Provides transportation for individuals in wheel chairs; they have a wheelchair lift in vehicles	45,000	Yes
The Pavilion	Electricity Dependency	Brii	Slaughter	Email	pcadmin@pavilionnh.com	Shelby County	WCO	Long term care/ skilled nursing	50	Yes
Wilson Health	Electricity Dependency	Rich	Morrett	E-mail	rmorrett@wilsonhealth.org	Auglaize County, Champaign County, Darke County Miami County, Logan County, Shelby County	Central, Northwest, WCO	Hospital services	74	Yes

Partner Organization	Partner Type	POC First Name	POC Last Name	Primary Contact Method	Contact Information	Counties/Jurisdictions Served	Region(s) Served	Services Provided	Estimated # of People Served by the Organization	Available to Support Planning?
Shelby County Board of Developmental Disabilities (DD)	Maternal, Child and Infant Care	Leigh Anne	Wenning	e-mail	lwenning@shelbydd.org	Shelby County	WCO	Service coordination, health and safety, crisis management, funding for residental and day services.	400	yes
Women, Infants, and Children (WIC)	Maternal, Child and Infant Care	Tia	Toner	Phone	937-498-1145	Shelby County	WCO	Women, infants, and child nutrition education and breastfeeding support.	170	Yes

Partner Organization	Partner Type	POC First Name	POC Last Name	Primary Contact Method	Contact Information	Counties/Jurisdictions Served	Region(s) Served	Services Provided	Estimated # of People Served by the Organization	Available to Support Planning ?
Catholic Social Services of the Miami Valley	Transportation	Dianne	Pleiman	E-mail	ksell@cssmv-sidney.org	Darke County, Miami County, Shelby County	WCO	Home health, assisted living, care coordination, adult day care, provide home medical equipment, medical transportation, and social work counseling, provide educational programs that address the emotional needs of children as they develop, professional counseling and mental health services, food source for individuals in need of staple foods, transportation resources (Ride Link)	200,000	Yes
Landings of Sidney	Transportation	Joann	Elsner	E-mail	Lasy.dow@meridiansenior.com	Auglaize County, Mercer County, Miami County, Shelby County	Northwest, WCO	Resident care, medical tx, medication administration	100	Yes
Ohio Living	Transportation	Jana	Ranly	E-mail	jranly@ohioliving.org	Shelby County	WCO	Long term care/ Rehabilitation/ Assisted Living/ Independent Living	300	Yes

Ohio Living	Transportation	Kalee	Sheer	E-mail	kscheer@ohioliving.org	Shelby, Auglaize, Allen, Logan, Miami, Champaign, Clark, Greene, Montgomery and Darke	WCO	SN, PT, OT, ST, HHA, MSW	110	Yes
Shelby Public Transit	Transportation	Ron	Schalow	E-mail	rschalow@sidneyoh.com	Shelby County	WCO	Provides transportation services	45,000	Yes
Sidney Fire & EMS Chief	Transportation	Brad	Jones	E-mail	BJones@sidneyoh.com	City of Sidney, Shelby County	WCO	Provides EMS Services	21,000	Yes