



Public Health
Prevent. Promote. Protect.

SIDNEY-SHELBY COUNTY HEALTH DEPARTMENT EMERGENCY RESPONSE BASIC PLAN -COVERS SHELBY COUNTY

Version 2020-1.0

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Date of Last Revision (s): May 20, 2019; June 15, 2020

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INTRODUCTION

APPROVAL AND IMPLEMENTATION

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

EXECUTIVE SUMMARY

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

The plan assigns roles and responsibilities to SSCHD program areas and specific response teams housed within these programs for responding to emergencies and events. The basic plan of the ERP is not intended as a standalone document but rather establishes the basis for more detailed planning by the staff of the Sidney Shelby County Health Department in partnership with internal and external subject matter experts and community stakeholders. The ERP Basic Plan is intended to be used in conjunction with both the more detailed annexes and attachments included as part of this document or with the standalone plans held by the department.


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

STATEMENT OF PROMULGATION

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

All SSCHD program areas are directed to implement training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities of the agency. SSCHD will maintain this plan, reviewing it and reauthorizing it at least annually; findings from its utilization in exercises or real incidents will inform updates.

This ERP is hereby adopted, and all SSCHD program areas are directed to implement it. All previous versions of the SSCHD ERP are hereby rescinded.



Steven Tostrick, MPH, REHS, RS,
Health Commissioner

6-17-2020

Date



RECORD OF CHANGES

The Sidney Shelby County Health Department's first Emergency Response Plan was adopted June 22, 2004. It was revised: June 8, 2005, September 12, 2007, November 12, 2008, April 20, 2011, June 21, 2013, February 28, 2014, December 9, 2014, January 14, 2015, September 23, 2015, December 17, 2015, and June 29, 2016. This plan, adopted June 20, 2018, is a complete re-right of the previous plan.

The Health Commissioner authorizes all changes to the **Sidney-Shelby County Health Department Emergency Response Plan** (SSCHD ERP). Change notifications are sent to all those listed in the Record of Distribution section of this document. To annotate changes:

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

Change Number	Date of Change	Print Name & Signature	Title
1	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2019-1	Added language as to when and how the Board of Health is contacted.		
Change Number	Date of Change	Print Name & Signature	Title
2	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2019-1	Added language on how SSCHD recovers the costs of funds and resources expended during emergency operations.		
Change Number	Date of Change	Print Name & Signature	Title
3	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator

Version Number: 2019-1	Added list of MOU's – Attachment XVIII		
Change Number	Date of Change	Print Name & Signature	Title
4	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2019-1	Added CMIST Partner Contact List- Appendix 19		
Change Number	Date of Change	Print Name & Signature	Title
5	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2019-1	Added language describing SSCHD's policy on using volunteers in a response		
Change Number	Date of Change	Print Name & Signature	Title
6	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2019-1	Added language describing the process by which the agency provides resources to an IMAC/ EMAC request		
Change Number	Date of Change	Print Name & Signature	Title
7	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2019-1	Added Attachment XIX Shelby County Floodplain Map		

Change Number	Date of Change	Print Name & Signature	Title
8	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2019-1	Added table with Social Vulnerability Index Scores to Appendix 3 Shelby County CMIST Profile		
Change Number	Date of Change	Print Name & Signature	Title
9	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2019-1	Added definition of psychological first aid, how it will be made available to personnel during/ after incident, and situations it may be required.		
Change Number	Date of Change	Print Name & Signature	Title
10	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2019-1	Added language regarding accepting, allocating, and spending Federal/ State/ Local funds.		
Change Number	Date of Change	Print Name & Signature	Title
11	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2019-1	Added language in Appendix 8-EEI Requirements to describe the process for establishing EEIs with ODH and the ODH conference call.		
Change Number	Date of Change	Print Name & Signature	Title
12	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator

Version Number: 2019-1	Added language to the EOP and Attachment II- the Operations Guide to describe the interface between ESF-8 and the Healthcare Coalition partners at the local and regional levels		
Change Number	Date of Change	Print Name & Signature	Title
13	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2019-1	Added language to describe SSCHD roles and responsibilities that support HCC members during response and recovery		
Change Number	Date of Change	Print Name & Signature	Title
14	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2019-1	Updated the CMIST profile in Appendix 3 Shelby County CMIST Profile		
Change Number	Date of Change	Print Name & Signature	Title
15	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2019-1	Added Appendix 18-National Incident Management System Refresh (NIMS) 2017 Refresh		
Change Number	Date of Change	Print Name & Signature	Title
16	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2019-1	<p>In Appendix 1-Plan Activation Form-</p> <p>Changed Annex I-Communication Plan to Annex Q-Communication Plan</p> <p>Changed Annex Q-Ebola & Special Pathogens Plans to Annex I-Ebola & Special Pathogen Plan</p>		

Change Number	Date of Change	Print Name & Signature	Title
17	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2019-1	Added SSCHD logo to Attachments and Appendices and updated dates to reflect current version, updated Table of Contents to include additional Attachments, Appendices, page numbers		
Change Number	Date of Change	Print Name & Signature	Title
18	5/20/19	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2019-1	Attachment VI-DOC Activation Standard Operating Procedure- added language to include Logistics Section Chief to order activation of the DOC upon notification by the Health Commissioner or designee		
Change Number	Date of Change	Print Name & Signature	Title
19	6/17/20	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2020-1	A table of organization showing the organization structure at each activation level along with a description of how the table of organization expands or collapses was added.		
Change Number	Date of Change	Print Name & Signature	Title
20	6/17/20	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2020-1	Added Appendix 20-Contact List ICS positions which is a roster of primary and backup individuals qualified to serve in response positions.		

Change Number	Date of Change	Print Name & Signature	Title
21	6/17/20	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2020-1	Added a reference to the COOP Plan for primary and backup physical space and the necessary equipment that support public health operations.		
Change Number	Date of Change	Print Name & Signature	Title
22	6/17/20	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2020-1	Added description for sharing of incident action plans and SitReps.		
Change Number	Date of Change	Print Name & Signature	Title
23	6/17/20	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2020-1	Updated record of changes.		
Change Number	Date of Change	Print Name & Signature	Title
24	6/17/20	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2020-1	Updated CMIST Profile.		

Change Number	Date of Change	Print Name & Signature	Title
25	6/17/20	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2020-1	Added Appendix 21-Public Health Emergency Response Job Actions Sheets/ Position Check lists and added reference to this document in Attachment II: Public Health Operations Guide as content was moved from Attachment II to Appendix 21.		
Change Number	Date of Change	Print Name & Signature	Title
26	6/17/20	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2020-1	Included description of process personnel are selected, badged, and assigned positions during incident response.		
Change Number	Date of Change	Print Name & Signature	Title
27	6/17/20	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2020-1	Updated contact lists: Appendix 4 & Appendix 19 to include current information, and all document with current date and version number.		
Change Number	Date of Change	Print Name & Signature	Title
28	6/17/20	Roberta Mangen	Emergency Preparedness Coordinator
Version Number: 2020-1	Updated Attachment IX - Development of an After Action Report/Improvement Plan and Completion of Corrective Actions removing outdated template and including information on the location of the most current template.		

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RECORD OF DISTRIBUTION

A single hard copy of this **Sidney-Shelby County Health Department Emergency Response Plan** (SSCHD ERP) is kept within the Sidney-Shelby County Emergency Preparedness Coordinator's office for employee review. A single hard copy is also kept at the Shelby County Emergency Management Agency.

All department heads and the Emergency Preparedness Coordinator in the Health Department will receive a copy of this plan on a Flash Drive to be kept in their personal Go Kit.

The plan is kept electronically in the Sidney-Shelby County Health Department Shared G-drive, this copy is saved in 3 areas electronically off site for safety. Upon adoption/ revision all health department employees are notified of the location of the electronic copy on the Shared G-drive and the hard copy within the Emergency Preparedness Coordinator's office via e-mail so that they can easily access it.

Electronic copies will also be distributed to our County Partners, such as the EMA, Red Cross, the fire departments, law enforcement, schools and Wilson Health, and the Ohio Department of Health.

SECTION I

1.0 PURPOSE

The Sidney-Shelby County Health Department (SSCHD) has developed this **Emergency Response Plan – Basic Plan (ERP)** in order to support SSCHD’s mission to protect and improve the health of all Shelby County residents at all times, even during emergencies. This plan was developed to operationalize the execution of SSCHD’s mission in emergencies by providing the direction to plan for and respond to natural, technological and man-made incidents with a health impact so that negative health impacts are prevented, reversed or minimized through response.

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

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

2.0 SCOPE AND APPLICABILITY

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

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

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

This plan does not address issues related to continuity of operations (COOP) planning at SSCHD. All continuity issues are addressed through the **Sidney Shelby County Health Department Continuity of Operations Plan**.

Additionally, the coordination of communications is not directed by this plan. Coordinated communications is directed by the **Sidney Shelby County Health Department Comprehensive Communications Plan**.

3.0 SITUATION

Shelby County is located in West Central Ohio, and lies just north of the Dayton Metropolitan Statistical Area. According to the [U.S. Census Bureau](#), the county has a total area of 411 square miles (1,060 km²), of which 408 square miles (1,060 km²) is land and 3.0 square miles (7.8 km²) (0.7%) is water. Nearly three-fourths of the County's land is cropland, another 15% is considered forest, and 8% is pastureland, with 3.4% of land used by residential, commercial, industrial, or transportation uses. In short, Shelby County is rural. The County has one major city, the City of Sidney, which represents over 40% of the County's population.

According to the US Bureau of the Census, there were 49,423 people living in Shelby County in 2010, with 6.9% of the population under 5 years of age, 26.9% under 18 years of age and 13.2% age 65 and over. Compared to the State of Ohio, Shelby County has a higher proportion of children (26.9% versus 23.3%) and a smaller proportion of persons 65 and over (13.2% versus 14.3%).

Adjacent Counties to Shelby County include:

- Auglaize County (north)
- Logan County (east)
- Champaign County (southeast)
- Miami County (south)
- Darke County (west)
- Mercer County (northwest)

There are no military installations within its borders; however, Wright Patterson Air force Base is located within the region and is approximately 50 miles away.

3.1 POTENTIAL HAZARDS WITH PUBLIC HEALTH IMPLICATIONS

The Shelby County Emergency Operation Plan (EOP) and The Sidney-Shelby County Health Department (SSCHD) have identified the following potential hazards. These are listed in order of likely occurrence:

3.1.1 ENERGY EMERGENCIES

The following facilities provide power and services to the homes and businesses in Shelby County: Dayton Power & Light Company, Pioneer Rural Electric, CenturyLink Telephone services, and city/village owned water treatment and sewage treatment facilities. A temporary shutdown of these facilities would cause a loss of power and services that could affect the lives and property of county residents.

a. Public Health Hazards: Access and functional needs population (those on oxygen electrically dependent, and physical or mental conditions that limit their ability to function on their own) will be affected. Shelby County plans include shelters that can assist those with access and functional needs. The American Red Cross keeps an updated list of shelters. Public health will provide information on food safety, heating and cooling safety information. Public health nursing and environmental health services will be provided if general public shelters (Red Cross) are open, either through staff or volunteers. Inspections for food services that lost power will be provided by public health.

3.1.2 WINTER STORMS

Winter Storms could affect the entire county at the same time. This type of emergency poses a most difficult response effort because of road conditions which impede or prohibit vehicle movement.

a. Public Health Hazards: Access and functional needs population (those on oxygen electrically dependent, and physical or mental conditions that limit their ability to function on their own) will be effected. Shelby County plans include shelters that can assist those with access and functional needs. The American Red Cross keeps an updated list of shelters. Public health will provide information on food safety, heating safety and winter preparedness information. Public health nursing and environmental health services will be provided if general public shelters (Red Cross) are open, either through staff or volunteers. Inspections for food services that lost power will be provided by public health.

3.1.3 TORNADOS/ SEVERE STORMS

Tornados/Severe Storms can occur anywhere in the county. Damage and loss of life could be severe and overwhelm the ability of local responders to address the emergency.

a. Public Health Hazards: Access and functional needs population (those on oxygen electrically dependent, and physical or mental conditions that limit their ability to function on their own) will be affected. Shelby County plans include shelters that can assist those with access and functional needs. The American Red Cross keeps an updated list of shelters. Public health will provide information on food safety, heating and cooling safety information. Public health nursing and environmental health services will be provided if general public shelters (Red Cross) are open, either through staff or volunteers. Inspections for food services that lost power will be provided by public health. Manufactured Home Parks, Pools, compromised private water systems (wells) and household/public sewage treatment systems may need to be inspected by the health department for safety. Any individual who has a deep wound injury during storm clean-up will need to have a Td vaccine provided by public health. No prophylactic use of Td vaccine is necessary. Information will be provided to the public by public health on food salvage, if possible, disposal of water, damaged solid waste including animals, water damage, and mold remediation. Additional health and safety information will be provided to effected households and businesses.

3.1.4 FLOODS

Five political subdivisions in Shelby County are in the flood plains. Flood plains are located: along the Great Miami River and its tributaries running through Port Jefferson and Sidney; along Loramie Creek and its tributaries in McLean and Van Buren Townships; near the Lake Loramie area, including Lehmkuhl's Landing, Hegemann's Landing, Filburn's Island and Shorts Island; at the Lockington Reserve as declared by the Department of Natural Resources. The floodplain map for Shelby County can be found in **Attachment XIX-Shelby County Floodplain Map**. Historically, flooding is preceded by a period of prolonged rain and heavy downpours. Some homes and business have had water in basements & lower levels. Crops have been damaged or destroyed with no life threatening situations. Mitigation projects are ongoing and include improved drainage, retention basins, and cleaning and re-enforcing waterways.

a. Public Health Hazards: For the Access and functional needs population (those on oxygen electrically dependent, and physical or mental conditions that limit their ability to function on their own) that may be effected, Shelby

County plans include shelters that can assist those with access and functional needs. The American Red Cross keeps an updated list of shelters. Public health will provide information on food safety, heating and cooling safety information. Public health nursing and environmental health services will be provided if general public shelters (Red Cross) are open, through staff and volunteers. Inspections for food services that lost power will be provided by public health. Manufactured home parks, pools, compromised private water systems (wells) and household/public sewage treatment systems may need to be inspected by the health department for safety after floodwaters recede. Any individual who has a deep wound injury during storm clean-up will need to have a Td vaccine provided by public health. No prophylactic use of Td vaccine is necessary. Public information will be provided by public health on food salvage (if possible), proper disposal of contaminated food and solid waste, including dead animals, and water damage and mold remediation. Additional health and safety information will be provided to effected households and businesses.

3.1.5 DROUGHT/ HIGH HEAT

Drought/ High heat would affect the entire county and could result in water shortages and agricultural damage and loss. Drought results from extremely unusual weather conditions over an extended period of time.

a. Public Health Hazards: With weather conditions consistent with drought and high heat conditions, people may experience dehydration, heat exhaustion, or heat stroke. Public health will provide information on dehydration, heat stroke signs and symptoms. The issuance of emergency well permits and inspection on these wells will be done.

3.1.6 WATER SHORTAGES

Water Shortages could occur, but would possibly not be countywide. Although water shortages may occur as a result of a drought, shortages may also occur as a result of contamination and inadequate system of delivery.

a. Public Health Hazards: If needed, public health will work with the water purveyor/ responsible entity, Ohio EPA, and Shelby County EMA to ensure a supply of water that meets drinking water standards. Public health will provide information on dehydration signs and symptoms. The issuance of emergency well permits and inspection on these wells will occur. The Health Department will work with affected food service operations.

3.1.7 CIVIL DISORDERS

Civil Disorders could affect the county, but would probably be limited to the more populated cities and could occur at any time. The greatest numbers of incidents emerge from labor strikes.

- a. Public Health Hazards: Civil disorders could occur during pandemic flu outbreaks or any type of infectious disease outbreak, and water or food shortages. Public information in a timely manner will help prevent some civil unrest. SSCHD will partner with law enforcement and county agencies pre-event to educate and prepare for such events. The Sidney-Shelby County Health Department has secure storage areas for vaccine with an emergency backup plan.

3.1.8 BIOLOGICAL EVENT

A disease outbreak, such as an influenza pandemic, meningococcal outbreak, measles outbreak or the outbreak of any Class A1 Reportable Disease is a possible hazard to the general public's health. Also, a biological agent could be used as a weapon. This type of emergency could involve only a small group or the entire county. It could be short term or continue for months. This type of event could easily overwhelm all resources.

- a. Public Health Hazards: Public health would be the lead agency in this scenario. According to what biological agent/disease is involved our SSCHD Emergency Response Plan will be followed. This includes public information, isolation and quarantine, and Point of Dispensing (POD) clinics for vaccine or medication distribution.

3.1.9 EARTHQUAKES

Earthquakes could affect the entire county. A fault line has been identified which centers around the village of Anna, often referred to as "the earthquake capital of Ohio". During the last 100 years, the Anna area has experienced more than 30 earthquakes with the decade of the 1930s seismically the most active period. During this time, 23 earthquakes were recorded, including the most severe shock on March 9, 1937. This earthquake was felt over an area of 150,000 square miles and had a reported intensity of VIII on the modified Mercalli scale. A shock of VII intensity proceeded on March 2. Considerable damage was done to the large buildings in Anna and nearby communities. Since the 1930s, several minor earthquakes have centered in the Anna area. The precise cause of earthquakes in Ohio is poorly understood. No earthquake of sufficient magnitude has occurred in Ohio since an adequate distribution of

standardized seismographs became available in the 1960s. Should an earthquake of VII or greater occur, damage could be significant in Shelby County. The county has a dam, pipelines, chemical use facilities and large structures which should be greatly affected. A hazard specific appendix should be a future consideration.

A. Public Health Hazard: For the Access and functional needs population (those on oxygen electrically dependent, and physical or mental conditions that limit their ability to function on their own) that may be effected, Shelby County plans include shelters that can assist those with access and functional needs. The American Red Cross keeps an updated list of shelters. Public health will provide information on food safety, heating and cooling safety. Public health nursing and environmental health services will be provided if general public shelters (Red Cross) are open, either through staff or volunteers. Inspections for food services that lost power or were damaged will be provided by public health. Manufactured home parks, pools, compromised private water systems (wells) and household/public sewage treatment systems may need to be inspected by the health department for safety after the earthquake. Any individual who has a deep wound injury during clean-up will need to have a Td vaccine provided by public health. No prophylactic use of Td vaccine is necessary. Information will be provided to the public by public health on food salvage (if possible), disposal of solid waste including dead animals, and water damage and mold remediation. Additional health and safety information will be provided to effected households and businesses.

Surrounding counties may also experience these same potential hazards (energy emergencies, winter storms, tornadoes/ severe storms, floods, drought/ high heat, water shortages, civil disorders, biological events, and earthquakes that have impact on public health. With multiple counties potentially affected at the same time, assistance may need to be sought from outside of the region. In addition to these hazards, the **Shelby County Natural Hazards Mitigation Plan** (November 2016) outlines information regarding watersheds and aquifers within the county.

3.2 RE-OCCURRING EVENTS IN THE JURISDICTION THAT MAY IMPACT PUBLIC HEALTH:

The Sidney-Shelby County Health Department (SSCHD) has identified the following re-occurring events within Shelby County that may have an impact on public health. These are listed in order by calendar year with a description of each:

Event	Location	Time of year
Sidney Mayfest Classic Bensar	Sidney	May
Alumapalooza	Jackson Center	May-June
Jackson Center Community Days	Jackson Center	June
Botkins Carousel Days	Botkins	June
Ft. Loramie Liberty Days	Ft. Loramie	June
Shelby County Fair	Sidney	July
Hickory Hill Lakes – Country Concert	Fort Loramie	July
White Oak Jamboree	Fort Loramie	August
Lake Loramie Fall Harvest Festival	Lake Loramie State Park	September
Fort Loramie German Heritage Days	Ft. Loramie	September
Russia Homecoming	Russia	September
Sidney Civil War Days	Sidney	September

Potential events can also be found by visiting:

<http://www.visitsidneyshelby.com/calendar/>

In addition, there are re-occurring events in neighboring jurisdictions that could impact Shelby County as many residents from Shelby County also visit festivals and events in surrounding counties such as The Troy Strawberry Festival (Miami County); Minster Oktoberfest, Lake Festival, and Maria Stein Country Fest in Mercer County; Eldora Speedway Races, The Great Darke County Fair, and Versailles Poultry Days in Darke County Ohio; and events at Indian Lake in Logan County.

SSCHD leadership personnel refer daily to the State Homeland Security (SHS)/Strategic Analysis Information Center (SAIC) State Daily Briefing for a list of events occurring within the State. Events and festivals occurring in the State can also be found on the "State. Find it Here." website at <http://www.state.org/interests/festivals-events>.

3.3 COORDINATION WITH OTHER AGENCIES

SSCHD will coordinate and or support the following:

3.3.1 COMMUNITY PREPAREDNESS

The SSCHD plans and meets at least quarterly with several community groups. (Local Emergency Planning Committee [LEPC], Regional MRC coordinators, Hospital Infection Prevention Committee, Healthcare Preparedness and Planning, Regional Infectious Disease nurses and Epidemiologist's) These groups include the following community sectors; business, community leadership, cultural/faith-based groups, emergency management, healthcare, Long Term Care, social services, housing and sheltering, media, mental/behavioral health, office of aging, education, and childcare. The purpose of the meetings and planning is to have these organizations participate in public health medical and/or mental/behavioral health-related emergency preparedness.

3.3.2 MASS CARE AND SHELTERING EFFORTS

SSCHD will partner with Red Cross or other General Welfare Service agencies to maintain a local plan that includes the following: The use of assessment screening tools for individuals entering shelters; assessment forms for shelter inspections; current status of scalable, congregate locations staffing models; transferring individuals from general shelters to specialized shelters or medical facilities; shelter population monitoring and possible decontamination in radiation emergencies; and shelter population health surveillance. (See Shelby County Emergency Operations Plan, Mass Care Plan and the West Central Ohio-Regional Radiological Plan also.)

3.3.3 HEALTH ALERTS

Health Alerts to the community that will be released containing the following; Time Sensitivity, Relevance to Public Health; Target Audience, and Security Level/Sensitivity. This information will be on the SSCHD Local HAN Template.

3.3.4 MEDICAL SURGE

Medical Surge – Identify essential situational awareness information for federal, state, local and non-governmental agencies, private sector agencies and other ESF#8 partners. Through this process the following elements will be included; a. Identify essential information b. Defining required information c. Establishing requirements d. Determining common operational picture elements e. Identifying data owners. f. Validating data with stakeholders

3.3.5 COMMUNICATIONS

Communications- The Incident Commander of an emergency and the Shelby County Emergency Management Agency in order to identify health hazards and determine what special instructions concerning public health need to be released to the public.

Other agency Public Information Officers in a Joint Information Center (JIC) in the Shelby County Emergency Operations Center (SCEOC) concerning releases of information to the general public.

3.3.6 WITH THE OHIO DEPARTMENT OF HEALTH

With Ohio Department of Health (ODH) and The Center for Disease Control and Prevention (CDC) for resources and personnel supporting a public health emergency.

3.3.7 BURIAL PERMITS

Burial Permits: Decisions and recommendations regarding burial sites that have been unearthed or destroyed due to an emergency. These sites may need to be recovered and replaced either through contract by the elected heads of affected jurisdictions and/or with state and federal assistance. A review of death certificates will be used to confirm identification.

3.3.8 IDENTIFYING HAZARDS

Identifying Hazards-In determining the identity of the biological/hazardous material and establish the type and degree of the hazard involved.

- By providing assistance or advice on actions required.
- By working with Ohio Environmental Protection Agency in determining the proper method for neutralizing, containing or removing the biological/hazardous material.

3.4 SSCHD WILL COORDINATE WITH THE LOCAL HOSPITAL PLAN

- Will participate in the development and execution of the GDAHA Healthcare Coalition plans to address the functional needs of at-risk individuals. Plans will include a written list of healthcare organizations and community providers that are able to address the functional needs for at-risk individuals and a process to communicate with healthcare organizations and community providers to maintain a current list of available services that support the functional needs of at-risk individuals.
- Coordinate with the hospital public relations office and release to the public any information needed in the case of a confirmed bio-terrorism agent or epidemic. This also includes conveying any needed psychological messages to help reduce panic.
- Provide mass vaccination/prophylaxis in a confirmed bio-terrorism incident or pandemic.
- Inform the hospital of any known confirmed bio-terrorism agents they may encounter in a timely manner, if not already done by other local agencies.
- Act as liaison between the hospital and ODH and CDC.
- Assist in any needed surveillance of known bio-terrorism survivors, such as investigative duties, in-place quarantine and post release follow-up.
- Consult with state and federal agencies on need for decontamination and procedures to follow.
- Assist in assuring proper chain of custody is maintained in packaging and transporting of specimens. This is done in conjunction with the FBI.

- Assist in obtaining Botulinum antitoxin, Vaccinia Immunoglobulin, or any other biological antidote, if needed, through the CDC.

3.5 SSCHD WILL COORDINATE WITH THE STATE

In an effort to foster preparedness planning and coordination in the state, the State Health Department established eight (8) regions within the state by which planning is conducted. These planning regions are derived from the State Homeland Security Regions. Each of the State's eight (8) public health regions has a regional healthcare coalition that is an integral part of emergency preparedness planning and emergency response activities. The health care coalition communities' work together to prepare for, respond to and recover from disasters. The SSCHD is a participant in the healthcare coalition that was established for the West Central Region and attends or listens to the meetings that are held monthly at the Greater Dayton Area Hospital Association.

The state currently has a total of 245 hospitals. Nine (9) hospitals across the state are Children's hospitals, and eight (8) hospitals have burn surge capabilities. Following the 2014 Ebola virus epidemic in West Africa, the State was granted federal funds to establish one (1) Ebola Treatment Center (ETCs) and seven (7) Ebola Assessment Hospitals.

For an in-depth list of the above hospitals with special capabilities, please refer to **Appendix 15 - State Hospitals with Special Capabilities.**

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

Delineation of responsibilities at the state level can be found in:

Tab A of the **State EOP Base Plan** details Primary and Support Agencies by ESF, Annex and Other on the State EMA website at:

http://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/PRIMARY_AND_SUPPORT_AGENCIES.pdf Tab A- Primary and Support Agencies by ESFs and Annexes

Delineation of responsibilities at the federal level can be found in **Appendix 16 – Roles of Federal Agencies in Emergency Support Functions**. This information can also be accessed at https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency_support_function_annexes_introduction_2008_.pdf.

3.6 SSCHD WILL COORDINATE LOCALLY

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

In general, SSCHD coordinates primarily with the surrounding public health departments on public health matters, with support from other healthcare organizations for medical service provision and response. SSCHD may partner with the following local agencies during response:

- American Red Cross of Northern Miami Valley
- Area Agencies on Aging
- Tri-County Board of Recovery and Mental Health Services
- Shelby Public Transit
- Jurisdictional law enforcement agencies
- Wilson Memorial Hospital
- Other non-governmental organizations in a supporting response role
- Shelby County Coroner's Office, Shelby County Developmental Disabilities Board
- Shelby County Emergency Management Agency
- County or City Engineer's Office
- local fire departments
- local EMS providers

Delineation of responsibilities at the local level can be found in **Appendix 2 - Shelby County Primary and Support ESF Matrix**

Access and functional needs include anything that may make it more difficult—or even impossible—to access, without accommodations, the resources, support and interventions available during an emergency. The access and functional needs identified in the county have been detailed in **Appendix 3 – Shelby County CMIST Profile**. Potential impacts from an incident may require SSCHD to respond by initiating or supporting the following activities to address an incident:

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

As the Shelby County's leading health agency, SSCHD works with partners to ensure that all such efforts, as well as any others to mitigate, plan for, respond to and assist in the recovery from hazards, adequately serve individuals with access and functional needs. (See section 5.3.8 for additional details.)

4.0 ASSUMPTIONS

- Shelby County is vulnerable to hazards, which may lead to emergencies or disasters anywhere in Shelby County.
- A Shelby County Health Department response may be necessary to support any local jurisdiction affected by a variety of hazards and incidents.
- An incident may occur with little or no warning.
- To ensure appropriate public health response, SSCHD must be prepared to respond to any incident with the ability to impact health of Shelby County residents.
- Incidents may occur across county, State, and jurisdictional lines and may require collaboration or coordination between all levels of government and non-governmental agencies.
- Every communicable-disease incident globally has the potential to impact the state and Shelby County.
- SSCHD may have to make provisions to continue response operations for an extended period of time as dictated by the incident.
- All response agencies will operate under in accordance with NIMS and respond as necessary to the extent of their available resources.
- Incidents are distinct, but they all have common elements that can be effectively managed through plans.
- Plans are the best means of managing the common elements of incidents.
- In addition to SSCHD, resources from local, regional, State, and Federal governments and from private or volunteer organizations may also be engaged during an incident.
- The Shelby County Health Department may have to utilize Mutual Aid Agreements currently in place with the WCO region.
- Additional assistance may be available in a declared disaster or emergency.
- Most incidents to which SSCHD responds will not result in a declaration.
- Incidents can affect SSCHD responders, staff, volunteers, vendors, partners, and the families of each group, impacting the Agency's ability to respond.
- SSCHD may have incomplete information, as it must rely on federal, state and local partners to provide some critical details during response.
- SSCHD may receive competing requests for support beyond its available resources.
- The resources needed for an effective response (e.g., vaccine or personal protective equipment) may be unavailable or in limited supply.
- Incidents may require more or different resources than what SSCHD has readily available.

- Although great care has been taken to provide direction for SSCHD response activities, it is impossible to account for all contingencies, and the leadership in the response organization must rely on their best judgment when the plan does not directly address a particular issue. As such, response leadership must have the training and tools to direct effective incident response activities.
- Every component of the SSCHD ERP will work effectively during response, unless testing or implementation proves otherwise.

SECTION II

5.0 CONCEPT OF OPERATIONS

5.1 ORGANIZATION AND RESPONSIBILITIES

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

5.1.1 HEALTH COMMISSIONER'S OFFICE

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

- Inform the State Health Department of actual or potential health emergencies.
- Set policy and guidance for SSCHD and countywide health response.
- Support and authorize the Incident Commander (IC)/Department Coordinator (DC) to lead agency response.
- Monitor the response progress through briefings and updates on the situation.
- Provide additional guidance and direction to SSCHD response staff, as needed.
- Represent SSCHD in the Executive Group at the County EOC, as necessary.
- Engage local health commissioners, as appropriate.
- Engage the Shelby County EMA to request public health and medical resources support on behalf of the county.
- Engage the Shelby County Board of Health and notify them when the SSCHD Emergency Response Plan is activated or for any incident which may adversely affect public health but not rise to the level of necessitating ERP activation when deemed appropriate.

5.1.2 MEDICAL DIRECTOR'S OFFICE

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

- Provide medical consultation to the Health Commissioner's Office, Department Directors, and response personnel.
- Inform medical policy and guidance for SSCHD and countywide health response.

- Engage county partners regarding medical decisions and guidance.
- Represent SSCHD in the Executive Group at the County EOC, as necessary.
- Engage local health commissioners, as appropriate.
- Engage the state government on matters that require their consultation or clarification of existing guidance.

5.1.3 EMERGENCY PREPAREDNESS

The Emergency Preparedness Coordinator has the primary responsibility for coordinating emergency preparedness and response for the Sidney-Shelby County Health Department. The Health Commissioner has the primary responsibility for facilitating the activation of the ERP and the department operations center (DOC). If the Health Commissioner is unavailable or chooses to delegate the responsibility, activation may be successively facilitated by the Environmental Director or their designee, the Director of Nursing or their designee, or the Emergency Preparedness Coordinator.

To facilitate a consistent application of the ERP in all incidents, Shelby County Health Department staff will utilize **Attachment II - Public Health Operations Guide (PHOG)**. Engaged Shelby County Health Department staff will begin utilizing the PHOG as soon as they are notified of an incident.

5.1.4 COMMON RESPONSIBILITIES FOR SSCHD

All organizational units of the department support response and may provide response personnel for an incident.

All response personnel are expected to do the following:

- Maintain appropriate timekeeping records/documents.
- Follow any organizational procedures set by the individual leading the response.
- Support execution of the County EOP;

5.2 INCIDENT DETECTION, ASSESSMENT AND ACTIVATION

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

- The Health Commissioner personally authorizes activation of the ERP upon determination that an incident requires implementation of one or more of the strategies or plans included herein. If the ERP is activated in this way, response will begin with incident assessment, which is required to establish the activation level and define the incident response needs, but the need for activation will not be reevaluated.
- Response personnel employ the entire process described in this section of this plan and present their recommendation for activation to the Health Commissioner. Barring deactivation by the Health Commissioner, response

personnel then complete identified response actions.

Activation of the ERP marks the beginning of the response. The Emergency Response Plan Activation Process is outlined in **Attachment VII: The Emergency Response Plan Activation Process**.

5.2.1 INCIDENT DETECTION

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

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

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

5.2.2 INCIDENT ASSESSMENT

Supervisors will immediately inform the Health Commissioners Office of any incident that they believe is likely to require activation of the ERP. Following this notification, they will contact the Emergency Preparedness Coordinator, which is the first step in the Procedure section of **Attachment III - Initial Incident Assessment Standard Operating Procedure**. This notification will trigger the Initial Incident Assessment Meeting, which must take place via phone or face-to-face within 1 hour of the initial detection of the threat.

5.2.3 ACTIVATION

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

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

Activation Level	Description	Minimum Command Function & Staffing Recommendations
Routine Operations	Routine incidents to which SSCHD responds on a daily basis and for which day-to-day SOPs and programmatic resources are sufficient	Normal, Day-to-Day Staff DOC not activated
Situation Awareness & Monitoring	<ul style="list-style-type: none"> • An emergency with limited severity, size, or actual/potential impact on health or welfare but that cannot be handled at the programmatic level • Requires a minimal amount of coordination and agency engagement to conduct response; situational awareness and limited coordination are the primary activities. • Examples: Power outage in a nursing home; water disruption requiring limited county support, natural hazard event such as tornado or flood. 	<ul style="list-style-type: none"> • Response Lead -1 IC/ DC • Public Information -1 PIO • Situation Awareness -1 BIO DEPUTY OR EH DEPUTY <p>Consider activation of the DOC</p> <p>County EOC unlikely to be activated</p>
Partial Activation	<ul style="list-style-type: none"> • An emergency with moderate-to-high severity, size, or actual/potential impact on health or welfare • Requires significant coordination and agency engagement to conduct response, likely with significant engagement from other county partners; County EOC may be activated • Examples: disease outbreak requiring significant local support; water disruption requiring substantial county support and guidance; natural hazard event such as tornado or flood requiring substantial county support and guidance. 	<ul style="list-style-type: none"> • Response Lead -1 IC/ DC • Public Information -1 PIO • Partner engagement -1 LIASON • Situational Awareness -1 BIO DEPUTY & 1 EH DEPUTY • Planning Support -1 PLANNING CHIEF • Operational Coordination -1 OPERATIONS CHIEF • Resources Support - 1 LOGISTICS CHIEF • Staffing Support -1 FINANCE CHIEF <p>DOC activation required</p> <p>County EOC may be activated</p>
Full Activation	<ul style="list-style-type: none"> • An incident with extensive severity, size, or actual/potential impact on health or welfare; may be of such magnitude that the available assets that were put in place for the response are completely overwhelmed • Requires an extreme amount of coordination and agency engagement to conduct response; almost certain engagement of multiple county partners; State most likely contacted for assistance. • Examples: Pandemic influenza; mass casualty incident from chemical plume; bioterrorism attack; initiate the COOP 	<p>FULL STAFFING:</p> <ul style="list-style-type: none"> • Response Lead 2 IC & DC • All Section/Function Leads and key support staff. • All other functions and positions, as identified by activated plans <p>DOC activation required</p> <p>County EOC activated</p>

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

The Sidney-Shelby County Board of Health (BOH) will be engaged and notified whenever the SSCHD ERP is activated. The SSCHD may also be engaged and notified for situational awareness at the SSCHD Health Commissioner discretion for any incident which may adversely affect public health but not rise to the level of necessitating ERP activation. The SSCHD Board of Health will be notified by phone or e-mail. Unless delegated, this outreach is made by the Health Commissioner. At a minimum, the Board of Health President will be contacted to inform the Board of the incident and response operation initiation.

5.3 COMMAND, CONTROL, AND COORDINATION

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

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

5.3.1 INCIDENT COMMAND AND MULTIAGENCY COORDINATION

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

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

5.3.2 INCIDENT COMMANDER/DEPARTMENT COORDINATOR

SSCHD response activities are managed by a single individual ("Response Lead"), who serves in the command function of the response organization.

The position title is different depending on whether SSCHD is leading incident response or providing incident support. When leading the incident, SSCHD uses the ICS title Incident Commander (IC); when supporting the response, SSCHD uses the title Department Coordinator (DC). A Response Lead has the same authorities, regardless of the title.

5.3.3 BASIC AUTHORITIES FOR RESPONSE

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

- The IC/DC may utilize and execute any approved component (i.e., attachment, appendix or annex) of the ERP;
- IC/DC may direct all resources identified within any component of the ERP in accordance with agency policies;
- IC/DC may set response objectives and develop/approve an incident action plan (IAP), as applicable, in accordance with overall priorities established by the agency administrator or policy group;
- IC/DC may engage the minimum requirements for staffing as outlined in the activation levels of the plan;
- The IC/DC may authorize incident-related in-county travel for response personnel;
- IC/DC may authorize exempt staff to work a schedule other than their normal schedule, as needed;
- IC/DC may approve incident expenditures in accordance with Health Department procedures.

LIMITATIONS OF AUTHORITIES

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

- The IC/DC must engage the Health Commissioner when staffing levels begin to approach any level that is beyond those pre-approved within this plan. The Health Commissioner must authorize engagement of staff beyond those pre-approved levels;
- The IC/DC must adhere to the policies of SSCHD regarding overtime/comp-time and should clarification on these policies or exemption be required, the IC/DC must engage the Health Commissioner.
- The IC/DC must seek approval from the Health Commissioner for all incident expenditures.

5.3.4 INCIDENTS WITH SSCHD AS THE LEAD AGENCY

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

As the lead agency, SSCHD supplies the IC who is responsible for (a) protection of life and health, (b) incident stabilization, (c) property protection, and (d) environmental conservation. The IC will engage partners and the County EOC as needed. Resources and support provided to SSCHD for incident response will

ultimately be directed by the SSCHD IC, in accordance with the priorities and guidance established by the Health Commissioner and the parameters established by the supplying entities.

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

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

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

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

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

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

5.3.6 INCIDENTS WITH SSCHD IN A SUPPORTING ROLE AS A MEMBER OF A MULTI-AGENCY COORDINATION CENTER

For incidents in which SSCHD is a support agency as a member of a Multi-Agency Coordination Center, the Incident Commander is supplied by another agency. For these incidents, SSCHD assigns a DC who coordinates the agency's support of the incident. Support activities include the following:

- Support incident management policies and priorities through the provision of guidance or resources.
- Facilitate logistical support and resource tracking.
- Inform resource allocation decisions using incident management priorities.
- Coordinate incident-related information.

- Coordinate and resolve interagency and intergovernmental issues regarding incident management policies, priorities, and strategies.

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

5.3.7 LEGAL COUNSEL ENGAGEMENT

During any activation of the emergency response plan, SSCHD legal counsel is always engaged, regardless of the incident type. The specific topics that require targeted engagement of legal counsel include the following:

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

SSCHD legal counsel are integrated at the outset through the activation notification. There are no formal internal approvals required to engage the SSCHD legal counsel; the IC/DC, their designee or any program staff who normally engage legal may reach out. Contact information for SSCHD legal counsel can be found in **Appendix 4 - Contact List**.

5.3.8 INCIDENT ACTION PLANNING

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

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

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

For additional information on the planning process, see **Appendix 5 - The Planning Process**

5.3.9 ACCESS AND FUNCTIONAL NEEDS

SSCHD coordinates response actions to ensure that access and functional needs are appropriately addressed during response. The support available includes the following:

- Evaluation of market research data to identify access and functional needs in the impact area;
- Review of incident details to ensure all access and functional needs have been accounted for;
- Outreach to partner organizations that serve access and functional needs;
- Assistance with development of the IAP, to include points of contact for individuals and organizations who serve individuals with access and functional needs;
- Provision of just-in-time training to response personnel regarding serving individuals with access and functional needs.

The Director of Nursing at the Sidney-Shelby County Health Department has primary responsibility for provision of these services.

In all communications during incident response, SSCHD will utilize person-first language as described in **Appendix 6 - Communicating with and about Individuals with Access and Functional Needs**.

SSCHD has access to translation and interpretation services through Vocal Link Language Services. The process for securing language support is detailed in **Appendix 7 – Interpretation Services**.

The SSCHD works with the Shelby County Emergency Management Agency and other community partners in the development of the functional needs plan for the county. The current **Functional Needs Plan** is included in **Annex R** of this plan.

The SSCHD along with the Shelby County Emergency Management Agency coordinates the Healthcare Preparedness Coalition quarterly meetings. The Coalition membership includes many organizations that serve those with access and functional needs. The SSCHD Emergency Preparedness Coordinator keeps up to date contact lists of these organizations. See **Appendix 19-CMIST Partner Contact List**. MOU's are in place with many of the members to assist each other in the event of a public health emergency.

Additionally, SSCHD works with a number of county partners who support access and functional needs. These include the following:

- Department of Aging
- Department of Medicaid
- Department of Mental Health and Addiction Services
- Department of Administrative Services
- Shelby County Emergency Management Agency

5.3.10 DEMOBILIZATION

Demobilization planning establishes the process by which resources and functions are released from the incident. Planning for demobilization begins as soon as the

incident begins and is informed by the targeted end state, which is the response goal that defines when the incident response may conclude.

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

Demobilization is led by the Demobilization Unit, which has three primary functions:

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

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

5.3.11 AFTER ACTION REPORT/IMPROVEMENT PLAN(S)

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

5.3.12 PLAN INTEGRATION

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

At the local level, the SSCHD ERP interfaces with response plans for medical organization such as long-term care facilities, Wilson Memorial Hospital, and the Shelby County Emergency Management Agency. The SSCHD provides specificity for how the agency will complete the actions assigned to SSCHD in the County EOP.

The plans that currently support the ESF-8 and Shelby County HCC interface include:

- SSCHD Emergency Response Plan
- Shelby County Emergency Operations Plan (County EOP)
- Emergency Management Plan for Ohio Living
- Emergency Operations Plan Shelby Hills Early Childhood
- Wilson Health Emergency Operations Plan

At the regional level, SSCHD interfaces with the West Central Ohio Region, which is a collection of public health agencies in State Region III and with the WCO Regional Healthcare Preparedness Coalition. The plans produced by the West Central Region are designed to work in concert with the plans of the member organizations and define how the agencies collaborate during responses that affect one or more of their jurisdictions.

The plans that currently support the ESF-8 and the Regional HCC interface include:

- GDAHA Regional Health Care Coalition Preparedness Plan
- Biological Plan of West Central Ohio (WCO)
- WCO Emergency Infectious Disease Ebola/ Special Pathogen Plan
- WCO RMRS Dayton MMRS Region 3 Plan for Response to a Radiological Emergency with Health Consequences
- WCO Regional Epidemiological Response Plan
- WCO Volunteer Management Plan

At the state level, the SSCHD ERP interfaces with plans developed by the Ohio Department of Health. The Ohio Department of Health recognizes that all responses are local and will activate the State Health Department ERP to support the actions directed by local response plans.

At the federal level, SSCHD interfaces with CDC and ASPR to support public health and medical response, respectively. Although SSCHD does not review response plans from our federal partners, SSCHD plans are designed to identify, access and integrate with federal plans for support and resources made available to the county through the State of Ohio. Examples of such resources include the Strategic National Stockpile (SNS), CDC Emergency Response Teams (CERTs), and medical consultation through ATSDR. These resources and how to access them are included in each of the annexes they support.

5.3.13 SITUATION REPORTS

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

SITREPs will be sent electronically to the SSCHD Health Commissioner and Department Supervisors for their situational awareness. In addition, SITREPs will be sent electronically to all operational staff. Hardcopies of SITREPs will also be available in the SSCHD DOC, if the DOC is active. At the discretion of the SSCHD Department Commander, any SITREP may be forwarded electronically to the

Shelby County EMA, RHCs, other LHDs, or other federal, state or local partners for their situational awareness and to foster a common operating picture. Additional SITREP recipients will be based on a per-incident basis, based upon their informational needs and to maintain effective and efficient response coordination among partner responding agencies. These additional recipients will be identified by the staff responsible for disseminating the SITREPs, through discussion with Public Information, the IC/DC, and operational staff.

SITREPs frequency is detailed in the table below.

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

See **Attachment X - Situation Report Template** for a situation report template.

5.3.14 STAFF SCHEDULE (BATTLE RHYTHM)

SSCHD staffing unit will maintain staff scheduling and communicate the schedule to assigned staff utilizing **Attachment XI – Operational Schedule Form**. The completed staff schedule form will be distributed via email or by hard copy.

The battle rhythm will also detail essential command staff meetings, established reporting timelines and other necessary coordination requirements. The battle rhythm for each operational period will be created by the Planning (Support) Section Chief using **Attachment XII – Battle Rhythm Template** and distributed to all response staff at the beginning of their shift.

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

5.4 INFORMATION COLLECTION, ANALYSIS AND DISSEMINATION

5.4.1 INFORMATION TRACKING

WebEOC is a mission tasking and tracking system, as well as a portal for information sharing. It is the primary source for distributing documentation to response partners across State and local levels and documenting response actions. The SSCHD will utilize WebEOC through the Shelby County Emergency

Management Agency when necessary. The SSCHD also has other inventory lists that are managed through Shelby County that can be utilized. SSCHD will also track all agency objectives to ensure that they remain on track for completion. Any incidents that are off-track will immediately be identified to the IC/DC.

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

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

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

5.4.2 ESSENTIAL ELEMENTS OF INFORMATION

Essential Elements of Information (EEIs) address situational awareness information that is critical to the command and control decisions. EEIs will be defined and addressed as soon as the response begins, using **Appendix 8 - EEI Requirements**.

SSCHD will include a list of the current EEIs with the completed ICS 201 form and with each IAP. This list will be reviewed during IAP development and refined for each operational period. At a minimum, the IC/DC, PIO, Planning lead, and Operations lead will contribute to this refinement.

To identify sources of information for EEIs, consult **Appendix 9 - External POCs** and **Appendix 10 - Internal SSCHD -division-program topic POCs**.

5.4.3 INFORMATION SHARING

To ensure that SSCHD maintains a common operating picture across all the locations response personnel are engaged, SSCHD will execute the following procedure:

When activated, the EOC holds will hold briefings in accordance with their procedures. The SSCHD DOC will provide a report to the County EOC at the time of their briefings. If the Health District feels the event necessitates earlier briefings, the SSCHD will work with the EOC to schedule these briefings.

The SSCHD DOC will interface directly with the County EOC through the Sidney-Shelby County Department representative located at the County EOC or via telephone if a representative cannot be located at the County EOC to the Shelby County Emergency Management Director to give situation updates.

The SSCHD DOC will provide updates by sharing the developed SSCHD SITREPs and/ or Incident Action Plans. These plans will be distributed to public health personnel, volunteers and partners including ODH as necessitated by the event. They may be distributed in paper form at the DOC or the EOC, or via e-mail or other web based platform as dictated by the event. Additionally, SSSCHD may provide 213s and 213RRs, and any other ICS forms utilized as necessary. These may be included as attachments to the SITREPs or provided as stand-alone documents.

6.0 COMMUNICATIONS

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

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

- Applicable SSCHD employees
- Sidney-Shelby County Board of Health (all members as needed)
- State EOC, as applicable
- County EOC, as applicable
- SSCHD DOC, as applicable
- Local Health Departments
- Regional Public Health Coordinators
- Regional Healthcare Coordinators
- City, county, state and federal officials
- Non-governmental partners
- Other support systems, agencies, and/or organizations involved in the incident response

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

- phone lines
- cell phones
- email
- fax machines
- Web-based applications, including the Operational Public Health Communication System (OPHCS).

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

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

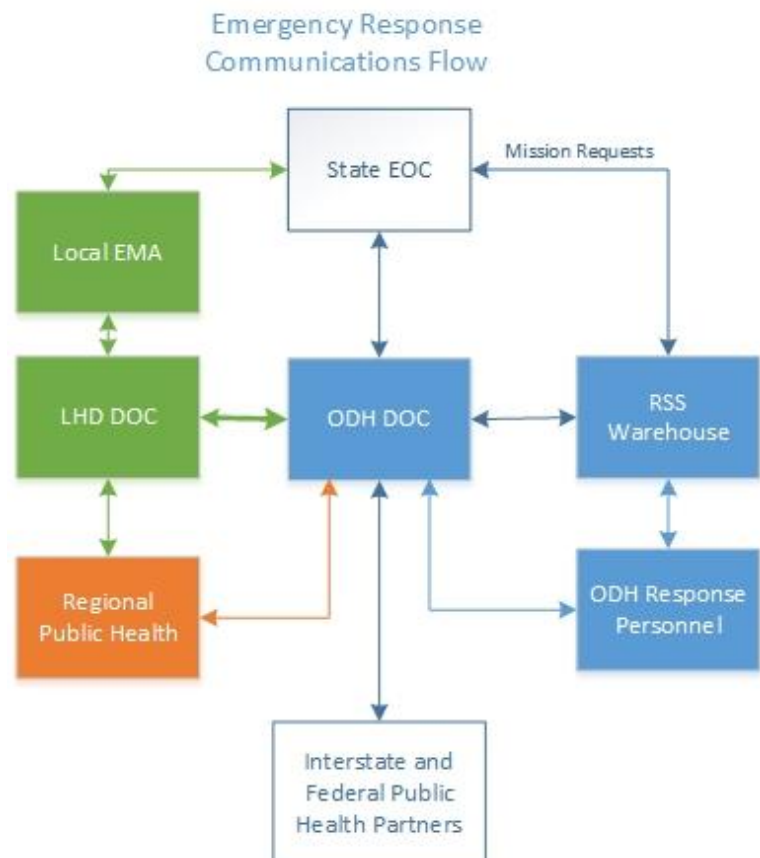
Incident staff who receives alerts will be expected to take the prescribed actions within the timeframe prescribed.

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

- Messages
- Alerts

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

In the event that SSCHD communication resources become overburdened or destroyed, redundant or



back-up communication equipment include:

- MARCS Radios
- Two way radios
- Reverse 911

SSCHD maintains Multi-Agency Radio Communications (MARCS). SSCHD currently has two MARC's radios that can be deployed to response staff should SSCHD experience power failure or the inability to reach partners. SSCHD conducts monthly MARCS radio checks with the Ohio Department of Health to verify distributed MARCS radios are operational for emergency use. MARCS radios are maintained and managed by OHPs Logistics and Technology Unit and should be requested through appropriate resource request mechanisms.

SSCHD may engage primary and redundant methods of communication both at the programmatic, DOC and county level.

For a list partner point of contacts, please refer to **Appendix 4- Contact List**.

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

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

6.1 PUBLIC COMMUNICATIONS

SSCHD maintains a Public Information Officer (PIO) to plan and review public communications and messaging activities are outlined in the **SSCHD Comprehensive Communications Plan**. This plan will be active during all response activities of SSCHD and describes protocols by which Public Information will interface with the SSCHD response organization.

7.0 ADMINISTRATION AND FINANCE

7.1 GENERAL

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

- a) In an SSCHD-led ICS response, finance and administration duties may be delegated by the IC to the Finance and Administration Section Chief.
- b) When SSCHD is engaged in coordination, these duties may be delegated by the DC to the Staff Support Section Chief.

7.2 COST RECOVERY

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

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

- **Staffing/Labor:** Actual wages and benefits and wages for overtime.
- **Vehicles/Equipment:** for ownership and operation of equipment, including depreciation, overhead, all maintenance, field repairs, fuel, lubricants, tires, and other costs incidental to operation. Standby vehicle/equipment costs may not be eligible. The equipment normally should be in actual operation performing eligible work in order for reimbursement to be eligible.
- **Mileage:** Mileage may be applicable during the incident for the vehicles directly involved with the incident resolution.
- **Supplies:** These may include items that are used exclusively for incidents that cannot or should not be reused. Some examples would be syringes, personal protective equipment, gloves, pH paper, and chemical classifiers.
- **Operational charges:** Operational charges are costs to support the response. Some examples would be fuel, water, food.
- **Equipment replacement:** This includes material used during normal operations that must be replaced due to contamination or breakage during the incident response.

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

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

- **State Disaster Relief Program (SDRP)** – Administered by the Ohio Emergency Management Agency (Ohio EMA), Disaster Recovery Branch. The SDRP is designed to provide financial assistance to local governments and eligible non-profit organizations impacted by disasters. These funds are intended to SUPPLEMENT NOT SUPPLANT an applicant's resources and therefore, applicants must demonstrate the disaster has overwhelmed local

resources and that other avenues of financial assistance have been exhausted prior to requesting assistance through the SDRP.

The SDRP is implemented at the governor's discretion, when federal assistance is not available. Local governments and eligible non-profit organizations must apply, through a written letter of intent, to the program within 14 days of the Program being made available. The supplemental assistance is cost shared between Ohio EMA and the applicant.

- FEMA Public Assistance (PA) Program – administered through a coordinated effort between the FEMA, Ohio EMA, and the applicants. While all entities must work together to meet the overall objective of quick, efficient, effective program delivery, each has a different role. FEMA's primary responsibilities are to determine the amount of funding, participate in educating the applicant on specific program issues and procedures, assist the applicant with the development of projects, and review the projects for compliance.

The FEMA PA Program provides supplemental Federal disaster grant assistance for debris removal, emergency protective measures, and the repair, replacement, or restoration of disaster-damaged, publicly owned facilities. The PA Program also encourages protection of these damaged facilities from future events by providing assistance for hazard mitigation measures during the recovery process. The Federal share of assistance is not less than 75% of the eligible cost for emergency measures and permanent restoration from major disasters or emergencies declared by the President.

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

Eligible costs/work may include:

- Labor costs – All labor hours (use of your own employees) should be documented. Depending on the funding source, only overtime/comp time may be reimbursed.
- Equipment costs – For FEMA dollars, reimbursement will be based on most current FEMA schedule of equipment rates. Requirements for other funding sources will be provided at the time the dollars are made available.
- Material costs – Costs of materials and supplies used for response/repair (from stock or purchased for purposes of completed project).
- Rented equipment – Include invoices and proof of payment for any rented equipment.

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

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

These efforts are led by the SSCHD Fiscal Chief, in coordination with personnel assigned to fiscal roles during the incident response.

7.3 LEGAL SUPPORT

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

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

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

Depending on the severity and scope of the incident, the Shelby County Prosecutor's Office may attend daily operational planning and briefing sessions for their situational awareness and to provide their opinions to ensure the applicable administrative law statutes are recognized and being adhered to.

The Prosecutor's Office will also support the execution of Memorandums of Understanding (MOUs), Mutual Aid Agreements (MAAs) and requests for resources through Intrastate Mutual Aid Compact (IMAC) and the Emergency Management Assistance Compact (EMAC).

7.4 INCIDENT DOCUMENTATION

Documentation is critical to response, review and recovery activities. Documentation supports (a) cost recovery, (b) resolution of legal matters, (c) evaluation of incident strategies, both during the incident and afterwards, (d) development of the IAPs, and (e) development of the AAR/IP. All forms completed or prepared for response will be collected at the end of each

operational period. Staff will be required to turn in all required documentation before the end of their shifts.

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

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

7.5 EXPEDITED ADMINISTRATIVE AND FINANCIAL ACTIONS

Expedited actions can occur in the forms of approvals for personnel actions and procurement of resources. All expedited actions will be initially approved by the Finance & Administration Section Chief/Staff Support Section (FASSS) Chief and provided to the IC/DC for approval. Any approvals beyond the basic authority of the IC/DC must engage the process detailed below.

- Expedited Personnel and Staffing Actions: All requests for expedited personnel actions, e.g. personnel staffing increases or overtime approval, require consultation with the Health Commissioner.
- Expedited Financial Actions: All expedited financial actions will be coordinated by the FASSS Chief in consultation with the Health Commissioner. No funding will be obligated or committed without the consent of the Health Commissioner.
- Expedited Procurement Actions. SSCHD will follow the SSCHD Emergency Procurement Process. See **Appendix 11- Emergency Procurement Process** for further details.

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

7.5.1 ACCEPTING FEDERAL / STATE/ LOCAL FUNDS

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

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

with signature from key personnel.

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

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

7.5.2 ALLOCATING FEDERAL/ STATE/ LOCAL FUNDS

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

7.5.3 SPENDING FEDERAL/ STATE/ LOCAL FUNDS

During emergencies, funds will be spent according to the normal procedures. In order to expedite critical spending during an emergency, the Health Commissioner may seek Board of Health approval during an emergency meeting to suspend normal procedures. Contracts will be handled on an as needed basis and communicated between the Board of Health President and the Health Commissioner. Hiring will remain under what the current SSCHD Personnel Policy has set in place.

For credit card usage: see also **Appendix 11: Emergency Procurement Process.**

8.0 LOGISTICS AND RESOURCE MANAGEMENT

8.1 GENERAL

SSCHD has a limited amount of materiel and personnel staffing resources available for incident response, and shortfalls are most likely in these commodities. The following seven (7) levels of sourcing have been identified to fill potential resource shortfalls and minimize any time delays in acquiring the asset:

- Source 1: SSCHD internal human resource/personnel and inventory management systems. All resources will be queried internally prior to engaging county partners or stakeholders. When all SSCHD requires resources that are not on-hand or have been exhausted the agency will pursue MRC Volunteers and County agency partners for resources.
- Source 2: County agency resources. When SSCHD resource avenues have

been exhausted, the acting logistics section chief will work through the County EMA to engage County Partners to secure a resource. County EMA may choose to activate the County Emergency Operations Center (County EOC) and Emergency Support Function (ESF) Partners to identify and secure a resource.

- Source 3: MOUs and MAAs. When a required resource is needed, the FASSS Chief will refer to existing MOUs or MAAs to fulfill resource shortfalls. Assistance will be sought from the Health Commissioner or Legal, as necessary.
- Source 4: Emergency Purchasing and Contracts. Special provisions have been described in **Appendix 11 - Emergency Procurement Process** that detail how emergency procurement and contracts can be executed.
- Source 5: Ohio Intrastate Mutual Aid Compact (IMAC). When a resource for SSCHD use is not available and cannot be found in the county, the SSCHD will work with the County EMA who will work with the State EOC to request intrastate resources using the IMAC Process.
- Source 6: Emergency Management Assistance Compact (EMAC). When a resource for SSCHD use is not available and cannot be found in state, the SSCHD will work with the County EMA who will work with the State EOC to request interstate resources using the EMAC Process.
- Source 7: Federal Assets. Specialized federal assets to include subject matter experts and material may be required to support state incident response. Federal agencies that support SSCHD responsibilities include but are not limited to the Centers for Disease Control (CDC), Department of Health and Human Services (HHS) and the Department of Energy (DOE). These assets range from requests from the CDC for Strategic National Stockpile (SNS) Medical Countermeasures (MCM) and the Department of Energy for radiation incidents.

8.2 SSCHD RESOURCES

SSCHD has identified the two resource priorities for fill during an incident: personnel and material/supplies.

8.2.1 PERSONNEL RESOURCES

The Planning/Planning Support Section chief will work with the Health Commissioner to fill the shortfalls. If there are insufficient SSCHD personnel staffing assets available internally, SSCHD will engage the staffing pools in section 9.3 of this plan.

8.2.2 MATERIEL RESOURCES

In an effort to fulfill materiel resource gaps the acting Logistics/Resources Support Section Chief will research for the asset internally within each SSCHD Department and the Inventory Management and Tracking System (IMATS), for the required asset or resource. If the resource is found, an **ICS Form 213RR SSCHD Adapted** form will be completed and provided to the manager

responsible for that resource. The SSCHD Operations Management (OM) Unit and the Resource Manager will be provided copies of the transaction for internal tracking purposes. If available, the resource will then be released and assigned to an equipment custodian for the duration of the incident. Request for medical countermeasures will follow the procedures set forth in the SSCHD Mass Dispensing & Vaccination Plan and the Dayton MMRS Medical Countermeasure Plan.

8.3 MANAGEMENT AND ACCOUNTABILITY OF RESOURCES

The Logistics/ Resources Support Section Chief will manage all internal and external resources as outlined below.

8.3.1 MANAGEMENT OF SSCHD INTERNAL RESOURCES

The management of SSCHD internal resources and assets used in support of an incident will be in compliance with the SSCHD Personnel Policy and Procedure Manual and other applicable protocols and plans established by the department. Assets and resources used to assist in the response will be tracked in excel for resources and assets used by the Operations unit, and IMATS for MCM.

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

- Asset tag number
- Serial number and model
- Equipment custodian name
- Description of asset/nomenclature
- Asset storage location
- Asset assigned location

8.3.2 MANAGEMENT OF EXTERNAL RESOURCES

Upon receipt of an external resource, the SSCHD IC/DC in collaboration with the SSCHD OM unit will accept responsibility of the asset, by entering in relevant information into the tracking system designated. For equipment, supplies or MCMs received by the RSS warehouse, IMATS will be used in providing receipt documentation and asset visibility.

The system(s) used will track the asset through its demobilization and transfer back to its owning organization.

An equipment custodian will be assigned to each external asset received. These assets will be managed in accordance with any instructions or agreements communicated by the owning organization.

8.3.3 RESPONSIBILITIES AND SYSTEMS IN PLACE FOR MANAGING RESOURCES

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

- 1) When an individual SSSCHD employee responds or deploys to an incident with an SSCHD asset, that employee becomes the equipment custodian and assumes responsibility for the asset throughout the response and demobilization phases.
- 2) During a response, an update of all resources deployed from SSCHD (internal and external) will be compiled at the beginning of and end of each operational period for the SSCHD incident lead or authorized designee throughout the response and demobilization phases.
- 3) The following Incident Command System (ICS) forms will be used to assist in resource accountability tracking and post incident cost recovery:

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

8.4 DEMOBILIZATION OF RESOURCES

Once the response has been scaled down, any remaining assets or equipment used during the incident will be returned to their place of origin. Upon

demobilization and recovery of the SSCHD asset or resource used in an incident, a full accountability of equipment returning to SSCHD will be done in collaboration with the OM unit, the IC/DC, and the equipment custodian. The asset will be inventoried and matched against the asset tag, and serial number, then inspected for damage, serviceability and cleanliness. If all equipment serviceability and cleanliness requirements are met, the assets or resource will be transferred to the Department and/or equipment custodian of origin and returned to normal service. This can be done using the ICS Form 221 Demobilization Check-Out Form.

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

8.5 AVAILABILITY OF RESOURCES

When it determined that additional resources are needed for Health Department response either within or outside Shelby County, the Incident Commander will contact the Logistics Section Chief to inquire with the appropriate staff members to determine if resources are available internally. If the resources are not available internally, the Logistics Section Chief must determine whether any MOUs and MAAs are applicable to the response activities.

For a Shelby County response, if there is no existing MOU or MAA or resources that can be acquired locally, the Incident Commander will contact the Health Commissioner to initiate an EMAC or IMAC request to the Shelby County Emergency Management Agency.

For outside Shelby County Response where resources being requested are found, the request will be forwarded to the Health Commissioner who in coordination with Department Heads will make the determination as to whether the request can be fulfilled.

Internal processing of IMAC/ EMAC requests is led by the Incident Commander. Please see below additional information on the EMAC, IMAC, and MOU processes.

8.6 EMERGENCY MANAGEMENT ASSISTANCE COMPACT (EMAC)

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

disaster, civil emergency aspects of resources shortages, community disorders, insurgency, or enemy attack.

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

The processes for both requesting resources through EMAC and for providing resources to another state in response to an EMAC request are detailed in State of Ohio Plans. If EMAC requests are made for public health, the SSCHD will work with the Shelby County EMA that will work with the State EMA. The Health Commissioner is the responsible person for working with the County EMA Director and for granting any Sidney Shelby County Agency approvals that are required to execute a request by the county.

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

SSCHD staff deployed through this mechanism will be paid, e.g. compensation, travel reimbursement, etc., by SSCHD and will receive the same benefits as if working at his/her home station. The employee will carry with him/her all the liability protections of a SSCHD employee afforded to him/her by his/her home station and applicable law.

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

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

8.7 INTRASTATE MUTUAL AID COMPACT (IMAC)

The Ohio Intrastate Mutual Aid Compact (IMAC), Ohio Revised Code Section 5502.41, was enacted into law on December 23, 2002 and includes all political subdivisions as automatic partners in the statewide mutual aid system.

The purpose of IMAC is to establish an agreement, through legislation, for providing governmental services and resources across local boundaries in response to and recovery from any disaster resulting in a formal declaration of emergency.

Intrastate mutual aid has repeatedly proven beneficial to the citizens of this state. Mutual aid is a key component of the Department of Homeland Security's National Strategy and the National Incident Management System (NIMS).

Per Ohio Revised Code (ORC) 5502.41, the intrastate mutual aid compact shall have two purposes:

- (1) Provide for mutual assistance or aid among the participating political subdivisions for purposes of preparing for, responding to, and recovering from an incident, disaster, exercise, training activity, planned event, or emergency, any of which requires additional resources;
- (2) Establish a method by which a participating political subdivision may seek assistance or aid that resolves many of the common issues facing political subdivisions before, during, and after an incident, disaster, exercise, training activity, planned event, or emergency, any of which requires additional resources, and that ensures, to the extent possible, eligibility for available state and federal disaster assistance or other funding

The IMAC process may be used to support a Public Health Emergency at the local jurisdiction level. The SSCHD will use IMAC when necessary in cooperation with the Shelby County EMA. The Health Commissioner is the responsible person for working with the County EMA Director and for granting any Sidney Shelby County Agency approvals that are required to execute a request by the county.

The processes for both requesting resources through IMAC and for providing resources to another county in response to an IMAC request are detailed in **Attachment XV – IMAC Operations Manual.**

8.8 MEMORANDUMS OF UNDERSTANDING, MUTUAL AID AGREEMENTS AND OTHER AGREEMENTS

- 1) Memoranda of Understanding (MOUs) and Mutual Aid Agreements (MAAs) are similar in that they are both designed to improve interagency or interjurisdictional assistance and coordination. MOUs are agreements between agencies, which may or may not be contractual. MAAs define how agencies will support one another and define the terms of that support (responsibility

to pay staff, liability etc.). MOUs/MAAs are established between emergency response agencies to identify their agreements to collaborate, communicate, respond and support one another during a disaster or other public health emergency. Understandings regarding the incident command structure, patient and resource management, processes and policies in place for requesting and sharing of staff, equipment and consumable resources, as well as payment, are generally addressed in an MOU/MAA. These agreements expand the capacity of SSCHD by allowing the agency access to resources held by the organizations with which agreements have been executed. Both types of agreements must be processed through and approved by the SSCHD Health Commissioner.

- 2) Established SSCHD MOUs and MAAs are retained by each department that has an existing agreement. The SSCHD Clerical Department retains the compilation of original/official agreements. See Attachment
- 3) Upon an incident response, it is incumbent upon the Logistics/Resources Support Section Chief to inquire with the appropriate leadership to determine whether any MOUs and MAAs are applicable to the response activities.
- 4) If an MOU or MAA is determined to be needed during an incident, the IC/DC, and appropriate SSCHD department will collaborate on execution of the MOU/MAA.

A current listing of SSCHD MOU's that relate to Emergency Preparedness can be found in **Attachment XVIII-SSCHD Memorandums of Understanding (MOU's)**.

9.0 STAFFING

9.1 GENERAL

All SSCHD employees are designated as public health responders and can be called upon to fulfill response functions during an incident. The role assigned to any SSCHD employee in an incident is dependent upon the nature of the incident and the availability of staff to respond. With approval by their immediate supervisor, staff may be asked to work outside of business hours or for periods of time longer than a standard work day.

The Health Commissioner or Incident Commander determines who will be fulfilling the Command Staff and Section Chief positions. The Human Resources Unit and Volunteer Management Unit assists in assigning staff & volunteers to additional response positions. **Attachment I-SSCHD ICS Chart** and **Appendix 20-Contact List ICS Positions** pre-identify staff members that meet minimum qualifications to fulfill various roles. **Appendix 21-Job Action Sheets** contains position descriptions that defines the minimum qualifications needed to fulfill response positions. At the end of **Appendix 21**, there is a list of SSCHD staff

members that can fill each position listed that has a Job Action Sheet. Additionally, a staff roster with employee contact information is maintained by the Human Resources Department. When receiving volunteers to fulfill positions, the Volunteer Management Unit verifies credentials either prior to the event utilizing the MRC registry or prior to placement.

9.2 STAFFING ACTIVATION LEVELS

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

SSCHD will utilize the SSCHD COOP Plan to inform how staffs are reallocated from their day-to-day activities to incident response. This will be done as needed, as ERP activation does not automatically activate the SSCHD COOP Plan.

9.3 STAFFING POOLS

SSCHD departments will be tapped to provide staffing for incidents that can be effectively supported by their staff. The following SSCHD staffing pools could be considered for fulfilling staffing requirements:

1. Qualified program staff from involved departments;
2. Specific roles for program personnel that are defined in functional or incident-specific annexes included in this plan;
3. IC/DC role may be filled by any department director or their designee
4. Sidney-Shelby County Medical Reserve Corp (MRC) Volunteers could be utilized. In the event the Sidney-Shelby County MRC volunteer pool does not meet the requirements of the response, MRC volunteers in the WCO region and surrounding areas may be utilized.
5. American Red Cross volunteers could also be utilized.

If volunteers are utilized, they can be used in any position; provided they do not exceed their scope of practice for the duties they are assigned.

Volunteers may not, at any time, operate government vehicles, machinery, or industrial equipment without prior authorization and appropriate licensing.

Other Partner Staffing pools include the following:

1. State Agencies by request through County EMA;
2. Contract staff, especially for positions requiring specific skills or licensure;

3. Staffing agreements in Mutual Aid Agreements or Memorandums of Understanding;
4. Staffing request through Emergency Management Assistance Compact (EMAC) or IMAC;
5. Federal Entities.

SSCHD Health Commissioner will be engaged, as appropriate, prior outreach efforts to these alternate staffing pools.

9.4 MOBILIZATION ALERT AND NOTIFICATION

The Planning (Support) Section Chief will prepare a mobilization message for dissemination to response personnel. This message will be shared with the appropriate department to be passed to their engaged staff. Staff notified for mobilization/deployment will follow these instructions:

1. **Where to report:** All personnel alerted for mobilization/deployment for an incident will report to the SSCHD DOC, unless otherwise specified such as a Volunteer Reception Center, or designated staging location
2. **When to report:** Staff alerted will report within the required time established by the IC/DC. The goal for initiating deployment is within 30 minutes of notification; arrival times may vary depending on the distance the staff must travel.
3. **Whom to report to:** The staff alerted will report to the DOC Manager or other individual, if designated. The Health Commissioner will review the responsibilities of assigned staff and consult with them to ensure they are able to receive and process responding personnel.

Upon reporting to the DOC, the staff will be received, checked in, provided an incident summary, assigned and integrated into their role. At this time, the individual is informed of which position they will be fulfilling. A Job Action Sheet describing position requirements, a map of the location of various positions, and a vest or lanyard designating their position title will be issued to them. SSCHD employees are to bring their ID badges showing their name and volunteers will be given a name tag.

The staff could be deployed to another location in support of the incident response. All reasonable efforts will be made to inform SSCHD employees who will be deployed to another location, on what to prepare for in relation to time expected for deployment and providing the appropriate packing list information.

No SSCHD staff member will self-deploy to an incident response.

9.5 PSYCHOLOGICAL FIRST AID

SSCHD anticipates that Psychological First Aid (PFA) may be needed in any incident. Incidents for which higher demand for PFA is anticipated include the following:

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

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

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

SSCHD works closely with to ensure PFA is available to response personnel during and after an incident. The SSCHD currently has an MOU in place with Shelby County Counseling Center, Inc. to provide PSA support during/ after an incident. The SSCHD also works closely with the Tri-County Board of Recovery and Mental Health Services to provide these services.

10.0 DISASTER DECLARATIONS

10.1 NON-DECLARED DISASTERS

SSCHD may respond to an incident as set forth in law and outlined in this plan without a formal declaration of a disaster or a state of emergency with the expectation that local resources will be used and that no reimbursement of costs will be requested. The Health Commissioner or designee may redirect and

deploy Agency resources and assets as necessary to prepare for, respond to, and recover from an event.

10.2 DECLARED DISASTERS

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

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

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

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

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

10.2.1 PROCESS FOR DECLARATION OF DISASTER EMERGENCY

SSCHD's role in the emergency declaration process is to provide subject matter expertise and situational information. SSCHD cannot declare an emergency or disaster; only the Governor may do so for either and the board of county commissioners of any county, the board of township trustees of any township, or the mayor or city manager of any municipal corporation may declare a state of emergency within their jurisdiction. SSCHD may be asked by the local EMA to weigh in on the effects of a disaster or emergency and its public health implications. The Health Commissioner and any Health Department staff member that the Health Commissioner deems necessary to include will act as consultants to the County EMA and inform the County EMA-led disaster or emergency declaration process. As a participant in the declaration process, SSCHD may consider (a) potential impacts to county residents, (b) lack of necessary resources to address the emergency, or (c) the need to expedite procurement of goods and services.

If the Governor declares a disaster or state of emergency; or if any county, the board of township trustees of any township, or the mayor or city manager of any municipal corporation may declare a state of emergency, then SSCHD will coordinate with other federal, state and local agencies through the County EOC. SSCHD functions as both a primary and support agency for multiple ESFs coordinated by the County EOC Operation Room.

10.2.2 PRESIDENTIAL DECLARATION OF DISASTER OR EMERGENCY

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

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

10.2.3 SECRETARY OF HHS PUBLIC HEALTH EMERGENCY DECLARATION

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

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

SECTION III

11.0 PLAN DEVELOPMENT AND MAINTENANCE

11.1 PLAN FORMATTING

All plan components will align with the definitions, organization and formatting described below. Additionally, use both appropriate terminology for access and functional needs and person-first language throughout the ERP, consistent with the standards described in **Appendix 6 - Communicating with and about Individuals with Access and Functional Needs.**

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

- Plans may include up to four types of documents, which are the following:

Basic Plan, Attachment, Appendix and Annex.

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

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

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

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

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

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

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

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

11.2 REVIEW AND DEVELOPMENT PROCESS

- The planning shall be initiated and coordinated by the Emergency Preparedness Coordinator. Planning shall address revisions to the ERP Basic Plan, as well as revision or development of any other ERP components. The Emergency Preparedness Coordinator will form a collaborative planning team to include the following staff:
 - Health Commissioner
 - Medical Director & Department Directors
 - Representative for access and functional needs
 - Subject Matter Experts (SME's) from both within SSCHD and without dependent upon need.
- Revisions will be determined on an annual revision schedule and by identifying gaps and lessons learned through exercise and real-world events, or by the direction of the Health Commissioner or applicable department head. Production of an after action report following the exercise of a plan or annex, will determine the need for the level of revision needed to existing plans, annexes, attachments, and appendices. Applicable findings from AAR/IPs must be reviewed and addressed during review of each plan component.
- The SSCHD planning team will develop an achievable work plan by which content will be developed, vetted and reviewed prior to final submission. The collaborative team will identify the needs for improvement and update the plan component(s). Once the planning team has prepared the plan revisions, the components will be submitted to reviewers prior to being submitted for approval. Any feedback will be incorporated and then the updated document will be presented for approval.
- Once these elements are identified, revised processes are developed for improvement or replacement. In order to maintain transparency and record of collaboration, SSCHD will record planning and collaborating meetings by taking meeting minutes to sustain a record of recommendations from collaborative ERP meetings. These meeting minutes may be accessed *by contacting the Emergency Preparedness Coordinator*.
- Below are the established plan, annex, attachment and appendix review schedules. The planning team will establish a key activities schedule for the plan they are managing to meet the thresholds identified below. Planning team members will work to ensure that plan components are staggered so that reviews do not become overwhelming.

Items	Cycle
Plan	Annual
Annex	Annual

Attachment	Annual
Appendix	Annual, or as needed

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

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

- The basic plan and its attachments shall be reviewed by the Department Directors, Medical Director and endorsed by the Health Commissioner. Once adopted, the basic plan and its attachments shall be reviewed annually, from the last date the plan was authorized. The purpose of this review will be to consider adoption of proposed changes, i.e., revisions, additions or deletions that were identified during the year. If adopted, the changes will be incorporated, and the basic plan and its attachments will be reauthorized.
- Any SSCHD employee may initiate changes to the basic plan and its attachments by submitting the proposed changes to the Emergency Preparedness Coordinator for presentation to the SSCHD Department Directors during the annual review.
- Proposed changes may be approved for use in response activities by the Emergency Preparedness Coordinator before adoption by the Health Commissioner; such approval is only valid until the annual review, after which the Health Commissioner must have adopted the proposed changes for their continued use in response activities to be allowable.

11.4 REVIEW AND ADOPTION OF APPENDICES TO THE BASIC PLAN

- Because appendices are complementary to the basic plan, they may be approved for inclusion, revision or expansion by the Emergency Preparedness Coordinator. Any department may initiate changes to appendices by submitting the proposed changes to the Emergency Preparedness Coordinator. All appendices should be reviewed by the department directors and Health Commissioner upon inclusion, revision or expansion, but it is not necessary, at any time, for the Health Commissioner to approve appendices.

11.5 DEVELOPMENT AND ADOPTION OF ANNEXES AND ITS ATTACHMENTS

- Once adopted, annexes and their attachments shall be reviewed annually. Development and adoption will be facilitated by the Emergency Preparedness Coordinator and conducted by a review team, which will comprise the following: (a) Directors of programs with responsibilities in the annex or attachments, (b) any other subject matter experts designated by the directors in group a, and (c) appropriate representatives from outside the agency, including county partners and representatives of individuals with access and functional needs. The review committee will be led by a chair, who will be the Director with the greatest responsibility for execution of the annex; this chair will be ultimate approver of both new and existing annexes and their attachments. The purpose of this review will be to consider adoption of proposed changes that were identified during the year. If adopted, the changes will be incorporated, and the revised annexes will be reauthorized by the identified approvers.
- Any department may initiate changes to annexes and its attachments by submitting the proposed changes to the Emergency Preparedness Coordinator for presentation to the identified reviewers. Please note that if an attachment is a directive, then that attachment must be updated through the existing directive policy.
- Proposed changes may be approved for interim use in response activities by the Emergency Preparedness Coordinator or Health Commissioner outside the review cycle; such approval is only valid until the annual review, after which the review committee must have adopted the proposed changes for their continued use in response activities to be allowable.

11.6 DEVELOPMENT AND ADOPTION OF APPENDICES TO AN ANNEX

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

11.7 VERSION NUMBERING AND DATING

Version history for the ERP and all of its annexes are tracked by year and then sequentially by number. Substantial changes to the plan, e.g. the organization, structure or concepts, require the adoption of a new version of the ERP. Changes to other components are tracked within the currently adopted version of the ERP.

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

11.8 PLAN FORMATTING

For plan formatting, see ***Appendix 12 – SSCHD Plan Style Guide.***

11.9 PLAN PUBLISHING

Emergency response plans will be made available for review by the public on-line on the SSCHD website at: www.shelbycountyhealthdept.org. The Health Commissioner will be responsible for ensuring the emergency response plan is posted on the SSCHD website. Public comment to the ERP will be accepted via email and tabled in addition to the proposed changes between revision cycles for consideration.

12.0 DOCUMENT DEFINITIONS AND ACRONYMS

Definitions and acronyms related to the SSCHD ERP Base Plan are in **Appendix 13 - Definitions & Acronyms**.

13.0 AUTHORITIES

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

13.1 FEDERAL

- a. "The Robert T. Stafford Disaster Relief and Emergency Assistance Act", as amended, 42 U.S.C. Sections 5121, et seq.
- b. National Plan for Telecommunications Support in Non-Wartime Emergencies
- c. Executive Order 12148, Formation of the Federal Emergency Management Agency
- d. Executive Order 12656, Assignment of Federal Emergency Responsibilities
- e. Homeland Security Presidential Directive #5 (HSPD-5), Management of Domestic Incidents, 2003
- f. Homeland Security Presidential Directive #8 (HSPD-8), National Preparedness, 2003
- g. Presidential Policy Directive 8 (PPD-8), National Preparedness, 2011
- h. Uniform Administrative Requirements for Grants and Cooperative Agreements to state and Local Governments, 44 CFR Parts 13 and 206.

13.2 STATE

Authorities are detailed in **Appendix 14 - ODH Authorities**. They include:

- Infectious Disease Control
- Emergencies
- Management of People
- Monetary
- License and Regulatory Authority
- Support Services
- Registries
- General Confidentiality

13.3 LOCAL

SSCHD authorities are detailed in ***Appendix 17 - SSCHD Authorities***. They include:

- Infectious Disease Control
- Emergencies
- License and Regulatory Authority
- Support Services

14.0 REFERENCES

14.1 FEDERAL

- Emergency Support Function Annexes: January 2008
- National Response Framework (NRF), 2016
- The National Incident Management System (NIMS), 2008
- US Bureau of the Census 2010

14.2 STATE

- Ohio IMAC Operations Manual, 2017
- Ohio Revised Code (ORC) 5502.4 Emergency Management Assistance Compact, 2002
- Ohio Revised Code (ORC) 5502.41 Intrastate Mutual Aid Compact, 2006
- Ohio Revised Code (ORC) Chapters 3701 and 3707
- State Health Department Emergency Response Plan –(Basic Sample Plan), 2017

14.3 LOCAL

- Shelby County Emergency Operations Plan 2016
- Shelby County Natural Hazards Mitigation 2016
- Shelby County Ohio Website: <http://co.shelby.oh.us/>, 2017
- Sidney, Ohio Website: <http://www.sidneyoh.com/>, 2017
- Sidney-Shelby County Health Department Emergency Response Plan 2016
- Sidney-Shelby County Health Department Continuity of Operations Plan 2016
- Sidney-Shelby County Personnel Policy and Procedure Manual 1998
- Sidney Visitors Bureau 2018; <http://www.visitsidneyshelby.com/calendar/>
- SSCHD Comprehensive Communications Plan 2017

ATTACHMENT I- SSCHD ICS CHART

ATTACHMENT II – PUBLIC HEALTH OPERATIONS GUIDE

ATTACHMENT III – INITIAL INCIDENT ASSESSMENT STANDARD OPERATIONS GUIDE (SOG)

ATTACHMENT IV – INITIAL INCIDENT ASSESSMENT FORM

ATTACHMENT V – ERP ACTIVATION STANDARD OPERATING PROCEDURE

ATTACHMENT VI – DOC ACTIVATION STANDARD OPERATING PROCEDURE

ATTACHMENT VII- EMERGENCY RESPONSE ACTIVATION PROCESS FLOW

ATTACHMENT VIII – INCIDENT ACTION PLAN TEMPLATE

ATTACHMENT IX – DEVELOPMENT OF AN AAR/IP AND COMPLETION OF CORRECTIVE ACTIONS

ATTACHMENT X- SITUATION REPORT TEMPLATE

ATTACHMENT XI- OPERATIONAL SCHEDULE FORM

ATTACHMENT XII- BATTLE RHYTHM TEMPLATE

ATTACHMENT XIII- SHIFT CHANGE BRIEFING TEMPLATE

ATTACHMENT XIV- INCIDENT DOCUMENTATION GUIDE

ATTACHMENT XV – IMAC OPERATIONS MANUAL

ATTACHMENT XVI- HICS 256 PROCUREMENT SUMMARY REPORT

ATTACHMENT XVII- RESOURCE REQUEST FORM

ATTACHMENT XVIII- SSCHD MEMORANDUMS OF UNDERSTANDING (MOU'S)

ATTACHMENT XIX-SHELBY COUNTY FLOODPLAIN MAP

APPENDIX 1- PLAN ACTIVATION FORM

APPENDIX 2- SHELBY COUNTY PRIMARY AND SUPPORT MATRIX

APPENDIX 3 – COUNTY CMIST PROFILE

APPENDIX 4 – CONTACT LIST

APPENDIX 5 – THE PLANNING PROCESS

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

APPENDIX 7 - INTERPRETATION SERVICES

APPENDIX 8 – EEI REQUIREMENTS

APPENDIX 9 – EXTERNAL POCS

APPENDIX 10 – INTERNAL SSCHD POCS

APPENDIX 11 – EMERGENCY PROCUREMENT PROCESS

APPENDIX 12 – SSCHD PLAN STYLE GUIDE

APPENDIX 13 – DEFINITIONS AND ACRONYMS

APPENDIX 14 – ODH AUTHORITIES

APPENDIX 15 – OHIO HOSPITALS WITH SPECIAL CAPABILITIES

APPENDIX 16 – ROLES OF FEDERAL AGENCIES

APPENDIX 17 –SSCHD AUTHORITIES

APPENDIX 18- NATIONAL INCIDENT MANAGEMENT SYSTEMS (NIMS) 2017
REFRESH

APPENDIX 19-CMIST PARTNER CONTACT LIST

APPENDIX 20-CONTACT LIST ICS POSITIONS

APPENDIX 21-JOB ACTION SHEETS