

**Columbiana County
Health District**

Emergency Operations Plan- Basic Plan

**DISTRICT BOARD OF HEALTH - COLUMBIANA COUNTY
EAST LIVERPOOL CITY HEALTH DISTRICT
SALEM CITY HEALTH DISTRICT**

Draft made October 18, 2018

Version 1.1

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INTRODUCTION

APPROVAL AND IMPLEMENTATION

The Columbiana County Health District (CCHD) Emergency Operations Plan (EOP) replaces and supersedes all previous versions of the CCHD EOP. This plan details the Health District's preparedness and response activities needed to reduce the vulnerability to all emergencies, minor disasters and major disasters that impact the public health and medical system in Columbiana County. This document may be implemented as a stand-alone plan or as an attachment to Annex G, Health and Medical of the Columbiana County Emergency Operations Plan (Columbiana County EOP).

EXECUTIVE SUMMARY

The Columbiana County Health District (CCHD) Emergency Operations Plan (EOP) provides the mechanism for coordination of resources in response to public health concerns based on an all-hazards approach. The plan determines to the best extent possible, actions to be taken by the Health District and cooperating private and/or voluntary organizations in mitigation, preparedness, response and for recovery in the event of any disaster or emergency posing a threat to the health of the people in Columbiana County. This EOP incorporates the National Incident Management System (NIMS) as the standard for incident management.

The Health District has many legal and moral responsibilities. This plan is intended to be multifunctional in that it addresses events that may require a varying range of response. The successful implementation of the plan is contingent upon a collaborative approach between the Columbiana County Health Department, the East Liverpool City and the Salem City Health Departments, as well as with a wide range of partner agencies and organizations that are responsible for resources and jobs during incident operations. The plan recognizes the valuable role partner agencies and organizations perform during incidents.



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STATEMENT OF PROMULGATION

The Columbiana County Health District (CCHD) Emergency Operations Plan (EOP) establishes the basis for coordination of CCHD resources and response to provide public health and medical services during an emergency or disaster. The fundamental assumption is that an emergency or disaster may overwhelm the capability of the local government or the healthcare system to carry out operations necessary to save lives and protect public health. Accordingly, CCHD resources are used to provide public health and medical services assistance throughout Columbiana County.

All CCHD 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. CCHD will maintain this plan, reviewing it and may reauthorize it annually; findings from its utilization in exercises or real incidents will inform updates.

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

A handwritten signature in blue ink, appearing to read "Wesley J. Vins", is written over a horizontal line.

Wesley J. Vins, Health Commissioner
Columbiana County General Health District

as per Board Action ✓

3/22/19
Date:



SALEM CITY HEALTH DISTRICT

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STATEMENT OF PROMULGATION

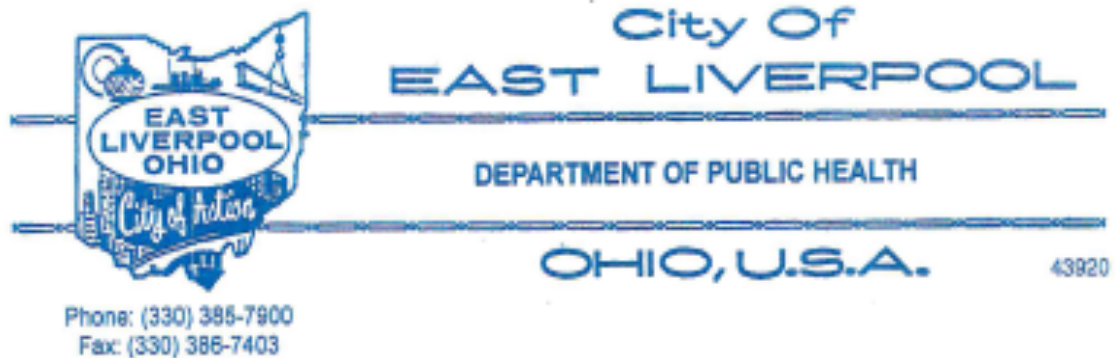
The Columbiana County Health District (CCHD) Emergency Operations Plan (EOP) establishes the basis for coordination of CCHD, Salem City Health District and East Liverpool Health Department resources and response to provide public health and medical services during an emergency or disaster. The fundamental assumption is that an emergency or disaster may overwhelm the capability of the local government or the healthcare system to carry out operations necessary to save lives and protect public health. Accordingly, CCHD resources in collaboration with the Salem City Health District and the East Liverpool Health Department are used to provide public health and medical services assistance throughout Columbiana County.

All Salem City Health District 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. CCHD in collaboration with the Salem City Health District and East Liverpool Health Department will maintain this plan, reviewing it and may reauthorize it annually; finding from its utilization in exercises or real incidents will inform updates.

This EOP is hereby adopted, and all Salem City Health District program areas are directed to implement it. All previous versions of the CCHD EOP are hereby rescinded.

Lynle Hayes, R.S., Health Commissioner
Salem City Health District

as per board of health action Date: 02/05/2019



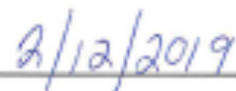
STATEMENT OF PROMULATION

The Columbiana County Health District (CCHD) Emergency Operations Plan (EOP) establishes the basis for coordination of CCHD, East Liverpool City Health District and Salem City Health District resources and response to provide public health and medical services during an emergency or disaster. The fundamental assumption is that an emergency or disaster may overwhelm the capability of the local government or the healthcare system to carry out operations necessary to save lives and protect public health. Accordingly, CCHD resources in collaboration with the East Liverpool City Health District and Salem City Health District are used to provide public health and medical services assistance throughout Columbiana County.

All East Liverpool City Health District program areas are directed to implement training effort and exercise this plan in order to maintain the overall preparedness and response capabilities of the agency. CCHD in collaboration with the East Liverpool City Health District and Salem City Health District will maintain this plan, reviewing it and may reauthorize it annually; findings from its utilization in exercises or real incidents will inform updates.

This EOP is hereby adopted, and all East Liverpool City Health District program areas are directed to implement it. All previous versions of the CCHD EOP are hereby rescinded.


Carol Cowan, Health Commissioner as per Board of Action
East Liverpool City Health District


Date

RECORD OF CHANGES

The Health Commissioner authorizes all changes to the Columbiana County Health District **Emergency Operations Plan (CCHD EOP)**. Change notifications are sent to those on the distribution list. To annotate changes:

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

Change Number	Date of Change	Print Name & Signature	Title

RECORD OF DISTRIBUTION

Date Received	Program Area	Title	Name
		CCHD Health Commissioner	
		CCHD Interim Director of Nursing	
		CCHD Director of Environmental Health	
		CCHD Director of Finance & Personnel	
		Columbiana County EMA	
		E. Liverpool City Health Commissioner	
		Salem City Health Commissioner	

This plan is available to all agency staff via the CCHD “M Drive” (an all employee network shared drive) in electronic format and three copies can also be found in the department operations center in hard copy format. Additionally, each CCHD unit manager and the CCHD planner possess an individual copy.

Section I

1.0 PURPOSE

The Columbiana County Health District (CCHD) has developed this ***Emergency Operations Plan – Basic Plan (EOP)*** in order to support CCHD's mission to protect and improve the health of all Columbiana county residents at all times, even during emergencies. This plan was developed as a base plan for Health District preparedness activities. This base plan identifies public health functions, assigns responsibility for accomplishing each function, and specifies accountability to plan for and respond to natural, technological and man-made incidents with a health impact.

This ***EOP*** is organized in three (3) primary sections designed to guide a response at CCHD. 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 CCHD. 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 ***EOP***, 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 CCHD ***EOPs***, plans and annexes are developed.

The CCHD ***EOP*** is designed to serve as the groundwork by which all response operations at the agency are executed. As such, the ***Basic Plan*** is applicable in all incidents for which the CCHD ***EOP*** 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 implemented in concert with the Columbiana County EMA ***Emergency Operations Plan (CEMA EOP)***, other CCHD plans, or annexes.

2.0 SCOPE AND APPLICABILITY

The EOP pertains to the Columbiana County Health District, the East Liverpool City Health Department and the Salem City Health Department and all of their offices and program areas. This plan is always in force and may be activated whenever an incident impacts public health and/or medical systems anywhere within Columbiana County, the City of East Liverpool or the City of Salem and requires a response by CCHD, East Liverpool, or Salem Health Departments greater than day-to-day operations.

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

The CCHD EOP incorporates NIMS and connects agency response actions to responses at the local, state and federal levels. This plan directs appropriate CCHD response operations to any incidents that either impact, or could potentially impact, public health or healthcare within Columbiana County, the City of East Liverpool, and the City of Salem or require CCHD to justify its roles described in the Columbiana County EMA EOP. The Columbiana County EMA EOP describes the high-level responsibilities of all county agencies in response to incidents in the County. The CCHD ***EOP*** supports the COUNTY EOP through direction of CCHD response activities and provides needed detail for

operations at the agency level. It describes the roles and responsibilities of CCHD program areas emergency response.

CCHD has assigned responsibilities in multiple County EOP Emergency Support Functions (ESFs) and Annexes as both a primary and support agency. The Columbiana County EOP can be found at the Columbiana County Emergency Management Agency office and at the Columbiana County Health Department.

This plan does not address issues related to continuity of operations (COOP) planning at CCHD. All continuity issues are addressed through the Columbiana County Health District Continuity of Operations Plan.

Additionally, the coordination of communications is not directed by this plan. Coordinated communication is directed by the Columbiana County Health District Information Sharing and Communications Plan. However, since coordinated communications is an essential component of all incident responses, this plan identifies how the EOP interfaces with SOG # 26 Emergency/Crisis Communication Plan to ensure that information and messaging are effectively managed and adequately supported across all CCHD response activities.

3.0 SITUATION

Conferring to the 2015 CCHD Hazard Vulnerability Assessment (HVA), the 5 most likely hazards to affect Columbiana County, Ohio include: Emerging Disease (Communicable Disease); Hazardous materials incident; Flooding; Winter Storm / Snow / Ice event; and a Nuclear Power Plant Release of Radiation.

According to the 2015 population estimate by the United States Census, Columbiana County has a total population of 106,622 with a population density of 200 persons per square mile. Metropolitan cities located within close proximity to Columbiana County include Youngstown, OH (17 miles) and Pittsburgh, PA (50 miles).

Geographically, Columbiana County is considered part of Ohio's Appalachian Region and has a land area of 532 square miles. The County is bordered on the North by Mahoning County, OH; on the Northeast by Lawrence County, PA; on the Southeast by Hancock County, WV, and the Ohio River; on the South by Jefferson County, OH; on the Southwest by Carroll county, OH; and on the West by Stark County, OH.

Columbiana County is comprised of a combination of rural, and suburban communities which include, thirteen (13) incorporated municipalities and eighteen townships. There are three universities, fourteen school districts and a vocational training and career center.

The topography of Columbiana County is varied with a glacial boundary running through the central portion of the county from East to West near the village of Lisbon. The City of Salem is located in the Northern portion of the county which is flat and open, to gently sloping offering limited protection against strong straight-line winds or tornadoes that may form and touchdown. The Northern section of the County is suited to agriculture, while the Southern section, which contains the City of East Liverpool, is somewhat hilly and is more adapted to pastureland and timber.

The County contains approximately 58 miles of U.S. Highway, and 252 miles of State Highway. U.S. Route 30 and OH State Route 11 are the principal arterial routes through the county with State Route 11 providing direct connection between the Ohio River and Lake Erie.

Railway lines are also a part of the County's transportation infrastructure. Columbiana County is served by Norfolk Southern (NS) and CSX Railways as well as the Columbiana County Port Authority's regional railroad (Youngstown and Southeastern). These rails pass through or near ten of the thirteen municipalities in the County.

The Columbiana County Airport is a limited service public airport. There are two (2) airports within close proximity to Columbiana County, including the Youngstown-Warren Regional airport (YNG), and Akron-Canton Regional Airport (CAK).

In February 2013, the Columbiana County Emergency management Agency (CCEMA) revised the Columbiana County Multi-Jurisdictional All-Hazard Mitigation Plan. The plan detailed and quantified hazards from significant historic events and the hazard's likelihood of occurrence. The next scheduled update to this plan will occur by December 18, 2019. Potential impacts from hazards that could lead to impacts on public health and medical services which may require CCHD to respond using this plan include the following:

Earthquake – there is a known major fault located to the north of Columbiana County under Lake Erie. A 5.0 magnitude earthquake was recorded in 1998 along the Pennsylvania border, just to the east of Columbiana County.

Flooding – Of the 22 National Climatic Data Center reported flood events in Columbiana County, six (6) were designated "flash floods" resulting in \$335K in damages between 2006 and 2012. The county contains approximately 446 linear miles of major streams and rivers.

Hazardous Materials – There are twenty-four (24) Extremely Hazardous Substance (EHS) facilities in Columbiana County that handle, use and/or store hazardous materials.

Severe Wind/Tornado – The National Climatic Data Center reported 44 thunderstorm wind events in Columbiana County between 2006 and 2012. From 1950-2012, fifteen (15) tornadoes have been reported in Columbiana County.

Severe Winter Storm – The National Climatic Data Center reported that thirteen (13) snow and ice events had occurred between 2006 and 2012. There was one (1) Presidential Declaration as a result of the severe blizzard that occurred on January 26, 1978.

In addition to these health incidents, Columbiana County borders a nuclear power plant that could lead to an impact on public health and medical services. The Beaver Valley Nuclear Power Plant located just to the east of Columbiana County in neighboring Beaver County, Pennsylvania, may cause Columbiana County to be affected by an incident event occurring outside its borders.

There are two (2) large gas transmission/distribution pipelines that diagonally transect Columbiana County and a large gas fractionization plant, Momentum 3 Midstream, near Kensington, OH.

These external facilities and their pipelines have the ability to directly impact both public health and medical services in Columbiana County by causing a demand for preventative and healthcare measures.

Given the size and population of the County, there are diverse events that reoccur yearly such as the Columbiana County Fair and the Shaker Woods Festival both that bring thousands of travelers to the county. The Rogers Community Auction draws over 50,000 visitors weekly during peak seasons. The Amish Community population has increased in the last five years, in part to the Rogers Community Auction.

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An incident that occurs at any major event may greatly affect public health and medical services within Columbiana County and across neighboring counties.

Columbiana County has two (2) hospitals. Salem Regional Medical Center is located in the Northern part of the county and East Liverpool City Hospital is located in the Southern part of the county. Nearby Alliance City Hospital is located West of Columbiana County in Stark County. Other local hospitals are located North in nearby in Mahoning County and to the East in Beaver County, PA.

Salem Regional Medical Center, East Liverpool City Hospital, and the three (3) health departments, Columbiana County Health District, East Liverpool City Health Department and Salem City Health Department all belong to the Northeast Central Regional Healthcare Coalition. This planning region was established by the Ohio Department of Health to be an integral part of emergency preparedness planning and emergency response activities for the thirteen (13) counties in the Northeast Central Region. Summit County Health Department oversees the Northeast Central Region Healthcare coalition to provide guidance and support. **See Appendix 16 - State PHEP Regional Map.)**

Many health-related impacts are beyond the scope of CCHD alone and require involvement of other 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. CCHD serves as a coordinating agency for ESF-8 in Columbiana County and the coordinating agency for the Columbiana County Healthcare Coalition. **See Appendix 29 Primary and Support Agencies Roles Associated to the CCHD: EOP.**

As part of ESF-8, CCHD serves as a primary agency and partners with other local health service providers, including representatives from public health partners, medical, mental health, faith based, access and functional needs, funeral, coroner, first responder, and Emergency Management agencies. These agencies, may perform response operations in either a primary or secondary role dependent on the incident type, severity and scale. CCHD may partner with the following agencies during response:

Columbiana County Emergency Management Agency	Ohio Department of Health
Salem Regional and East Liverpool City Hospitals	Ohio EPA
Mental Health and Recovery Services Board	Ohio State Emergency Operations Center
All county level departments and agencies	Other state agencies as situation requires
American Red Cross	Federal Health Agencies
Salvation Army	Federal Emergency Management Agency (FEMA)
Columbiana County Commissioners	Center for Disease Control (CDC)

In addition to ESF-8, CCHD may also support other ESFs during a response. The FEMA website details Emergency Support Function Coordinating, and Primary and Support Agencies Designations and delineation of responsibilities at : https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency_support_function_annexes_introduction_2008_.pdf

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

[http://www.ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/PRIMARY AND SUPPORT AGENCIES-2018.pdf](http://www.ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/PRIMARY_AND_SUPPORT_AGENCIES-2018.pdf)

Delineation of responsibilities at the federal level can be found in *Appendix 28 – 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

Determination of critical priorities in the public health efforts will be made in consultation with the Columbiana County Board of Health, local elected officials and when involved, state and federal agencies.

Following a communicable disease outbreak, an act of terrorism, or any public health emergency, the Health District shall have the responsibility to provide guidance to the local community partner agencies and the general public on basic public health issues.

Columbiana County Health District shall accomplish coordination of public health services and prioritization in connection with local, regional, state and federal public health authorities. Decisions involving medical and technical expertise shall be the responsibility of the Health Commissioner, and assignment of such responsibilities shall be at the direction of the Health Commissioner or his/her designated person(s).

Columbiana County responses involving public health and medical services may differ from another county or city. Ohio is a “Home Rule” state, and deference is given to local decisions, provided that such decisions do not harm or endanger the residents who live there. In general, the Ohio Department of Health coordinates primarily with the Columbiana County Health District on public health matters, with support from other healthcare organizations for medical service provision and response. CCHD may partner with the following agencies during response:

- Lake to River Chapter of the American Red Cross
- Columbiana County Office on Aging
- Columbiana County Alcohol Drug Addiction and Mental Health Services Board
- Columbiana County Rural Transportation Services
- Columbiana County Sheriff
- Salem Regional Medical Center
- East Liverpool City Hospital
- Columbiana County Coroner’s Office,
- Columbiana County Developmental Disabilities Services
- Columbiana County Emergency Management Agency
- Columbiana County Engineer’s Office
- local fire departments
- local EMS providers
- Columbiana County Department of Job and Family Services

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 17 – Columbiana County CMIST Profile***. Potential impacts from an incident may require CCHD to respond by initiating or supporting the following activities to address an incident:

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

As the county's leading health agency, CCHD 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 5.3.11 for additional details).

4.0 ASSUMPTIONS

- Columbiana County is vulnerable to hazards, which may lead to emergencies or disasters anywhere in the county.
- A Columbiana County Health District 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, CCHD must be prepared to respond to any incident with the ability to impact health of 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 county.
- CCHD may have to make provisions to continue response operations for an extended period of time as dictated by the incident.
- All response agencies will operate under in accordance with NIMS and respond as necessary to the extent of their available resources.
- Responses will be different in each jurisdiction because of "Home Rule", which is a confounding factor for response and affects the responding partners in each jurisdiction.
- Incidents are distinct, but they all have common elements that can be effectively managed through plans.
- Plans are the best means of managing the common elements of incidents.
- In addition to CCHD, resources from county, regional, State, and Federal governments and from private or volunteer organizations may also be engaged during an incident.

- Additional assistance may be available in a declared disaster or emergency.
- Most incidents to which CCHD responds will not result in a declaration.
- Incidents can affect CCHD responders, staff, volunteers, vendors, partners, and the families of each group, impacting the Agency's ability to respond.
- CCHD may have incomplete information, as it must rely on federal, state and local partners to provide some critical details during response.
- CCHD 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 CCHD has readily available.
- Although great care has been taken to provide direction for CCHD 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 CCHD **EOP** will work effectively during response, unless testing or implementation proves otherwise.

Section II

5.0 CONCEPT OF OPERATIONS

5.1 ORGANIZATION AND RESPONSIBILITIES

The CCHD is regulated by local, state, and federal laws. The Columbiana County Board of Health has the primary responsibility for coordinating emergency preparedness and response through its staff for the Columbiana County Health District. The Columbiana County Board of Health appoints the County Health Commissioner and advises/assigns additional responsibilities.

The Columbiana County Health Commissioner is responsible for implementing core public health services on a daily basis and for directing operational response of department personnel during an emergency situation. The Health Commissioner has primary responsibility for directing the activation of the EOP and the department operations center (DOC). The Health Commissioner is available 24/7 via cell phone, home, office phone or by sheriff notification. If the Health Commissioner is unavailable or chooses to delegate the responsibility, activation may be successively facilitated by the Columbiana County Nursing Director.

CCHD is a member of the NECO Region V Healthcare Coalition. CCHD's overarching role is to support the health of the community as whole and responsible for control of scare supplies. CCHD may also:

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

During and after a response, CCHD may support NECO Region V Healthcare Coalition by the following:

- Information sharing with NECO Region V Healthcare Coalition;
- Conduct assessments of public health/medical needs;
 - Health surveillance
 - Medical surge
- Provide health/medical/veterinary equipment and supplies;
- Assist with patient movement;
- Provide public health and medical information;
- Assist with mass fatality management;
- Support facility operations through provision of expedited inspections;

Actively participate in a coordinated response between the healthcare and public health sectors for successful management.

5.1.1 HEALTH COMMISSIONER(S)

As the lead health official for Columbiana 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:

- Will provide direction and control for health activities during emergencies.
- Will maintain liaison with all emergency response groups and volunteer organizations during emergencies.
- Will implement the Public Health annex of the Columbiana County Emergency Operations Plan as necessary.
- Will develop resource plans for health services/supplies within-and-out of the county.
- Will provide appropriate information on protective measures to be taken by the public.
- Will provide support for the other county, regional, state response agencies as feasible.
- Will develop and maintain detailed SOGs for emergency response functions and implement the ICS during a public health event.

5.1.2 PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) OFFICE

The Public Health Emergency Preparedness (PHEP) Office has the primary responsibility for overseeing and coordinating emergency preparedness and response for the Columbiana County Health District and for facilitating the activation of the EOP and the department operations center (DOC). If the PHEP Program Director is unavailable or chooses to delegate the responsibility, activation may be successively facilitated by a Division Manager or other staff appointed by the Health Commissioner.

To facilitate a consistent application of the EOP in all incidents, CCHD will utilize **Attachment II – Public Health Operations Guide (PHOG)**. Engaged CCHD staff will begin utilizing this plan as soon as they are notified of an incident.

5.1.3 HEALTH DEPARTMENT STAFF

- Administrative and Departmental Staff will evaluate the potential health risks associated with the hazard and recommend appropriate correctional measures.
- Environmental staff will inspect for purity, usability, and quality control of vital food stocks, water, drugs, and other consumables.
- Designated staff will coordinate with the water, public works, or sanitation departments, as appropriate, to ensure the availability of potable water, an effective sewage system, and sanitary garbage disposal.
- will establish preventative health services, including the control of communicable diseases.
- Provide epidemiological infections disease surveillance, case investigation, reporting, and follow-up.
- Environmental staff will monitor food handling, mass feeding and sanitation service in emergency facilities, including increased attention to sanitation in commercial feeding facilities.
- Environmental staff will ensure adequate sanitary facilities are provided in emergency shelters. They will implement action to prevent or control vectors such as flies, mosquitoes, rodents, and work with veterinarians to prevent the spread of disease through animals.
- Designated staff will coordinate with neighboring areas and the state health department on matters requiring assistance from other jurisdictions.
- Designated staff will coordinate health-related activities among other local public and private response agencies or groups (to include veterinarians).
- Clinical Director will coordinate operations for general or mass emergency immunizations or quarantine procedures with the Department of Health.

5.2 INCIDENT DETECTION, ASSESSMENT AND ACTIVATION

The Emergency Response Plan may be activated in one of two ways:

- The Health Commissioner personally authorizes activation of the EOP upon determination that an incident requires implementation of one or more of the strategies or plans on file. If the EOP 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.

Activation of the EOP marks the beginning of the response.

5.2.1 INCIDENT DETECTION

Any CCHD staff who become aware of an incident requiring activation of the EOP are to immediately notify their supervisor.

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

- 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 CCHD;
- Need for resources or support from outside CCHD;
- Significant or potentially significant mortality or morbidity;
- The incident has required response from other agencies and has already required response from the local jurisdiction's health department.

5.2.2 INCIDENT ASSESSMENT

CCHD Staff will immediately inform their Director's Office of any incident that they believe is likely to require activation of the EOP. Following this notification, they will contact the Health Commissioner, 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

Execution of the EOP may require staff mobilization and activation of the CCHD Department Operations Center (DOC). The CCHD DOC is a facility where the agency's response personnel can meet to promote coordination of response activities.

5.30 COMMAND, CONTROL, AND COORDINATION

CCHD actions may be needed before the EOP 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, CCHD may either lead or support the response. CCHD uses the Incident Command System (ICS) to structure and organize response activities when leading an incident response. Similarly, when supporting an incident response, CCHD 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

CCHD 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 CCHD is leading incident response or providing incident support. When leading the incident, CCHD uses the ICS title Incident Commander (IC); when supporting the response, CCHD 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 EOP;
- IC/DC may direct all resources identified within any component of the EOP 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-state 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 totaling up to \$5,000.

5.3.4 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 human resources management 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 may not authorize staff to work a schedule other than their normal schedule without prior authorization by the Health Commissioner. This includes approval of overtime, changing the number of days staff work in a week, changing the specific days staff work in a week, or changing the number of hours staff work in a day;
- The IC/DC must adhere to the policies of CCHD regarding overtime/comp-time and should clarification on these policies or exemption be required, the IC/DC must involve the Health Commissioner;
- The IC/DC must seek approval from the Office of Finance and Personnel for incident expenditures; each totaling not more than \$5,000. This is to be understood as a single individual purchase, not a total of all purchases during an event.
- If IC/DC is someone other than the Health Commissioner, they are required to get approval from the Health Commissioner for incident expenditures.

5.3.5 INCIDENTS WITH CCHD AS THE LEAD AGENCY

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

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

CCHD 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.

5.3.6 INCIDENTS WHEN CCHD IS INTEGRATED INTO AN ICS STRUCTURE LED BY ANOTHER AGENCY

For incidents in which CCHD is integrated into an existing ICS structure led by another agency, CCHD provides personnel and resources to support that agency's response. CCHD staff may be assigned to assist a local government under the direction of a local incident management system or may be assigned to various roles or tasks within a regional, state or federal incident command system. Assigned CCHD staff may serve in any ICS role, except for the 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, CCHD will determine the appropriate activation level and assign a DC to lead the integration activities. In such responses, the PHEP Program Director will track engagement of CCHD 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 CCHD resources. The DC will then work with the incident's IC to determine an appropriate resolution.

5.3.7 INCIDENTS WITH CCHD IN A SUPPORTING ROLE

For incidents in which CCHD is a support agency, the Incident Commander is supplied by another agency. For these incidents, CCHD assigns a Department Coordinator 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 Columbiana County EOC is activated, the CCHD DC coordinates all agency actions that support any Emergency Support Functions (ESFs) in which CCHD has a role. In such incidents, the DC will ensure that all CCHD actions to address incidents for which the County EOC is activated are coordinated through the Columbiana County EOC. Interface between the agency and the County EOC is further detailed in **Attachment VII - Interface between CCHD and the Columbiana County EMA EOC Standard Operating Procedure.**

5.3.8 LEGAL COUNSEL ENGAGEMENT

During any activation of the emergency response plan, CCHD legal counsel may be 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 local 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.

CCHD legal counsel are integrated at the outset through the activation notification. There are no internal approvals required to engage the CCHD legal counsel; the IC/DC, their designee or any program staff who normally engage legal may reach out. Contact information for CCHD legal counsel can be found in *Appendix 18 – Staff Contact List*.

5.3.9 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 19 - The Planning Process*

5.3.10 ACCESS AND FUNCTIONAL NEEDS

CCHD PHEP Program Director or designee, coordinates response actions with Columbiana County Job and Family Services to ensure that access and functional needs are appropriately addressed during a response. The support available through Job and Family Services 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 Columbiana County Job and Family Services has primary responsibility for provision of these services.

In addition to the Job and Family Services, CCHD engages other programs that serve individuals with access and functional needs. These include the following:

- Maternal and Child Health (Children and Pregnant women) @ ODH
- Office of Health Assurance and Licensing (Residents of long-term care facilities) @ ODH
- WIC (Women, Infants and Children with limited financial resources)
- HIV/STD (Individuals with chronic illness)
- Injury Prevention (Individuals with a drug addiction)

In all communications during incident response, CCHD will utilize person-first language as described in *Appendix 20 - Communicating with and about Individuals with Access and Functional Needs*.

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

- Kent State University Access and Functional Needs Center
- Office on Aging
- Columbiana County MRDD
- Senior Services Levy Board
- Columbiana County Emergency Management Agency

5.3.11 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**

5.3.12 AFTER ACTION REPORT/IMPROVEMENT PLAN(s)

An After-Action Report/Improvement Plan (AAR/IP) must be produced whenever the EOP 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.**

5.3.13 PLAN INTEGRATION

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

At the local level, the CCHD EOP interfaces with response plans for public health and medical organizations, such as Salem Regional Medical Center and East Liverpool City Hospital. The CCHD EOP also interfaces with the Columbiana County Emergency Management Agency's EOC plan as well as being a part of the Columbiana County Emergency Operations (CCHD EOP). CCHD will activate the CCHD EOP to support the actions directed by local response plans.

At the regional level, CCHD interfaces with the Northeast Central District Region 5, (NECO), which is a collection of public health departments and hospitals in a thirteen, (13) county section of Northeast Ohio. The plans produced by NECO are designed to work in concert with the plans of the member organizations and define how the agencies collaborate during responses that affect one or more of their jurisdictions.

At the state level, CCHD will interface with the Ohio Department of Health for guidance and support for a public health response. Although CCHD does not review the Ohio Emergency Operations Plan, the CCHD EOP was designed using the Ohio Department of Health (ODH) EOP as a template.

5.3.14 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 response, 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 CCHD Division Managers for their situational awareness. In addition, SITREPs will be sent electronically to the PHEP Program Director. Hardcopies of SITREPs will also be available in the CCHD DOC, if the DOC is active. At the discretion of the CCHD Department Commander, any SITREP may be forwarded electronically to the Columbiana County EMA, or neighboring LHDs, or other state, county 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.

Activation Level	SITREP Frequency
Situation Awareness & Monitoring Type 5, Type 4	At least daily
Partial Activation Type 3	At least at the beginning and end of each operational period
Full Activation Type 2, Type 1	At least at the beginning 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.

5.3.15 STAFF SCHEDULE

CCHD Health Commissioner, or their designee, 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 operational schedule will also detail essential command staff meetings, established reporting timelines and other necessary coordination requirements. The operational schedule for each operational period will be created by the PHEP Program Director using **Attachment XII – Battle Rhythm Template** and distributed to all response staff at the beginning of their shift. Staff may also reference **Attachment XIX - Planning P** where it begins and ends.

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

INFORMATION TRACKING

WebEOC is the 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 County and local levels and documenting response actions. All high-level response actions must be documented in WebEOC for accountability and reimbursement. CCHD 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, CCHD 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.

5.4.1 ESSENTIAL ELEMENTS OF INFORMATION

Essential Elements of Information (EEIs) address situational awareness information that is critical to the command and control decisions. Items that can be anticipated in advance of an incident are: area of impact, number of persons impacted, the nature of the threat and actions taken by the public. EEIs will be defined and addressed as soon at the response begins, using ***Appendix 22 - EEI Requirements.***

CCHD 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 adapted for each operational period. At a minimum, the IC/DC, PIO, Planning lead, and Operations lead will contribute to this adaption. The operational schedule will be distributed to staff and volunteers in print at the beginning of each shift.

To identify sources of information for EEIs, consult **Appendix 23 – Internal/External POCs** and **Appendix 18 – Staff Contact List.**

5.4.2 INFORMATION SHARING

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

6.0 COMMUNICATIONS

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

The **CCHD Emergency Public Information/Warning Annex** operates in concert with the ongoing response activities to ensure accurate and efficient communication with internal and external partners. When engaged in a response, CCHD will ensure the dissemination of information and maintain communication with the following entities to ensure continuity of response operations:

- Applicable CCHD employees
- Columbiana County EOC, as applicable
- CCHD DOC, as applicable
- East Liverpool and Salem City 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
- mobile phones
- email
- fax machines
- Web-based applications, including the Operational Public Health Communication System (OPHCS)
- Multi-Agency Radio Communications System (MARCS)
- Amateur (HAM) Radio

There are four (4) alert levels employed by CCHD 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 receive alerts will be expected to take the prescribed actions within the timeframe prescribed.

When notifications or alerts must be sent, CCHD utilizes the Ohio Public Health Communication System, (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, and other messaging modalities to support notifications on a 24/7/365 basis. This system is used by CCHD, 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 line for dissemination. These communication levels may be designated when drafting a communication within OPHCS. OPHCS notifications and alerts will be developed at the direction of the Health Commissioner or designee.

For alert process and methods, please refer to the **Columbiana County Health District Emergency Operations Plan Public Information/Warning Annex.**

In the event that CCHD communication resources become overburdened or destroyed, redundant or back-up communication equipment include:

- Multi-Agency Radio Communications (MARCS) radios

CCHD maintains Multi-Agency Radio Communications (MARCS) both externally and has distributed radios to local health department partners. CCHD currently houses five MARC's radios that can be deployed to response staff should CCHD experience power failure or the inability to reach partners. CCHD conducts monthly MARCS radio checks with the Ohio Department of Health to verify distributed MARCS radios are operational for emergency use.

CCHD 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 23 – Internal and External POCs.**

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

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

For an illustration of the information flow, please see the flow chart on this page.

6.1 PUBLIC COMMUNICATIONS

CCHD maintains a Public Information Officer (PIO) to plan and review public communications and messaging activities as outlined in the **CCHD Emergency Public Information/Warning Annex**.

This annex will be active during all response activities of CCHD and describes protocols by which Public Information will interface with the CCHD response organization.

7.0 ADMINISTRATION AND FINANCE

7.1 GENERAL

Recordkeeping and accounting are vital to ensuring a successful response, demobilization and recovery activities. During an incident it is the responsibility of each staff person to practice proper documentation and recordkeeping.

- a) In a CCHD-led ICS response, finance and administration duties may be delegated by the IC to the Director of Finance and Personnel.
- b) When CCHD 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 CCHD 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 or Federal funding. Regardless of whether the emergency response is declared a State or Federal Disaster, requests for reimbursement will initiate from Columbiana County Health District through Columbiana 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.
- Sub-Contractor and/or Subject Matter Expert – If hired, include costs of professional services.

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 agency 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 CCHD's Fiscal Director, in coordination with personnel assigned to fiscal roles during the incident response.

7.3 LEGAL SUPPORT

CCHD legal counsel is provided through an existing agreement between the Columbiana County Prosecutor's Office and CCHD. 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 may 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, legal council could be required to attend daily operational 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 CCHD legal counsel will also support the execution of Memorandums of Understanding (MOUs), Mutual Aid Agreements (MAAs) and requests for resources through the Emergency Management Assistance Compact.

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 Director of Finance and

Personnel 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 CCHD Director of Finance and Personnel.
- **Expedited Financial Actions:** All expedited financial actions will be coordinated by the Director of Finance and Personnel in consultation with the Health Commissioner. No funding will be obligated or committed without the consent of the Health Commissioner.
- **Expedited Procurement Actions.** All expedited procurement must be approved by the Health Commissioner or the designee.

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 Director of Finance and Personnel as needed. All necessary agency forms will also be completed, in addition to the incident forms.

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

1. Funds are provided as an increase to an existing funding line. In this case, funds would be moved to agencies through an existing grant with responsibilities related to the incident to which they are responding. Moving funds in this manner may only require an abbreviated acceptance process with a signature from key personnel.
2. Funds are provided as separate funding provision, through an application process. In this case, agencies will be asked to apply for funds as if they are a new grant. In an emergency, there may be an abbreviated process and elements of a standard application may be suspended. These emergency grants may require short execution periods.

To ensure rapid receipt of these funds, the (LHDs) will expedite the approval through the Accounting Process and will work directly with key stakeholders to obtain approval of the contract relationship and support availability of additional funds. Each Board of Health, (BOH) has designated the Health Commissioner to receive these funds by each (BOH)'s policies as established. Each (BOH) allows the Health Commissioner to enter into contracts or receive funds on behalf of the agency during emergencies, without prior BOH approval.

During emergencies, the (LHDs) may modify the standard financial process, which normally requires BOH approval. With the consent of each Health Department's BOH President, each Health Commissioner may allocate funds to critical programs. Those allocations will remain in force until the next, regularly scheduled BOH meeting, at which time they will be reviewed. If the (LHD) needs to modify the spending amount, each health department will convene an emergency BOH meeting for that purpose.

During normal operations, purchases over the established policy authorization for each (LHD), and the process of entering into contracts require BOH approval. In emergencies, these restrictions may be waived or modified by each (BOH).

During an emergency, emergency staff may be hired or contracted after an interview with their direct supervisor and (BOH) approval.

8.0 LOGISTICS AND RESOURCE MANAGEMENT

8.1 GENERAL

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

- Source 1: CCHD internal human resource/personnel and inventory management systems. All resources will be evaluated internally prior to engaging local partners or stakeholders. When all CCHD requires resources that are not on-hand or have been exhausted the agency will pursue with Columbiana County EMA (CC EMA) for resources.
- Source 2: Interstate Mutual Aid Compact (IMAC). When CCHD resource avenues have been exhausted, the acting logistics section chief will work through the CC EMA to engage local partners to secure a resource.
- Source 3: MOUs and MAAs. When a required resource is needed, the Director of Finance and Personnel will refer to existing MOUs or MAAs to fulfill resource shortfalls. Assistance will be sought from legal counsel as necessary.
- Source 4: Emergency Purchasing and Contracts. Special provisions have been described in Section 7.5 (above) that detail how emergency procurement and contracts can be executed.
- Source 5: Emergency Management Assistance Compact (EMAC). When a resource for CCHD use is not available and cannot be found in the county, CC EMA will work through the State EOC to request interstate resources using the EMAC Process.
- Source 6: Federal Assets. Specialized federal assets to include subject matter experts and material may be required to support county incident response. Federal agencies that support CCHD 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 CCHD RESOURCES

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

At a minimum, representatives from the Office of County Commissioners, the local health departments (LHDs), and the Columbiana County EMA will be involved in the EMAC request fulfillment process. Internal processing of IMAC/EMAC requests is led by the PHEP Program Director.

Following approval, the PHEP Program Director will query for available resources within the three health departments and will collaborate with Finance and Personnel, to query internal databases, institutional knowledge centers and the various CCHD inventory systems for the required resource. As needed, Finance and Personnel will engage the Chief(s) of the sections(s) where the potential resource exists.

Upon receipt of the request, the PHEP Program Director, in coordination with Finance and Personnel, will obtain pre-approval from the Health Commissioner or designee to query available resources that would meet the request.

If such resources are identified, provision of those resources is at the discretion of the applicable section Chief, in consultation with Finance and Personnel.

8.2.1 PERSONNEL RESOURCES

The PHEP Program Director will work with CCHD Administration to fill the shortfalls. If there are insufficient CCHD personnel staffing assets available internally, CCHD will request the use of the Mahoning/Columbiana County Medical Reserve Corps and request assistance from the CCEMA.

8.2.2 MATERIAL RESOURCES

In an effort to fulfill material resource gaps the acting Logistics/Resources Support Section Chief will research for the asset internally within each CCHD program or section using CCHD's current inventory log/spreadsheet for the required asset or resource. If the resource is found, a request will be made to that Program Manager for the asset. If available, the resource will then be released and assigned to an equipment person for the duration of the incident. Request for medical countermeasures will follow the procedures set forth in **Annex XX: Medical Countermeasures Plan**.

8.2.3 TRANSPORTATION RESOURCES

CCHD transportation assets are limited for both personnel and material transportation. During an incident response, the Logistics/Resources Support Section Chief will collaborate with the CCHD Facilities Manager to determine available CCHD vehicle transportation assets for personnel and materiel transportation requirements. Any transportation needs that remain unmet after this engagement will be addressed through engagement of the CC EMA.

8.3 MANAGEMENT AND ACCOUNTABILITY OF RESOURCES

8.3.1 MANAGEMENT OF CCHD INTERNAL RESOURCES

The management of CCHD internal resources and assets used in support of an incident, will be in compliance with CCHD ***EOP ERF # 5: Resource Management***.

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

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

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

8.3.2 MANAGEMENT OF EXTERNAL RESOURCES

Upon receipt of an external resource, the CCHD IC/DC in collaboration with the CCHD Logistics/Resources Support Section Chief, will accept responsibility of the asset, by entering in relevant information into the designated tracking system. 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 CCHD Division Manager is responsible for managing the internal resources that belong to their program. When a CCHD 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 CCHD employee responds or deploys to an incident with an CCHD 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 CCHD (internal and external) will be compiled at the beginning of and end of each operational period for the CCHD 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	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.

Table 8

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 CCHD asset or resource used in an incident, a full accountability of equipment returning to CCHD 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 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 appropriate section 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 CCHD incident lead, or designee, or equipment custodian will collaborate with the CCHD Health Commissioner to determine the next steps in the reconditioning of the asset, salvage or the purchase of a replacement item. The costs for reconditioning and or replacement of the item will be included in the post-incident cost recovery process.

8.5 OHIO INTRA STATE MUTUAL AID COMPACT (IMAC)

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

The Health Commissioner or their designee makes the decision about the need to request IMAC assets. Requests for mutual aid can now be made by the IC/DC or their designee, without a formal declaration by the chief executive of a political subdivision. All requests for IMAC assets are to be made by the IC/DC through the Columbiana County, East Liverpool City or Salem City Health Commissioner(s) and the Columbiana County Emergency Management Agency (CC EMA).

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

8.5.1 EMERGENCY MANAGEMENT ASSISTANCE COMPACT (EMAC)

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

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

The EMAC process may be used to support a Public Health Emergency at either a State, or local jurisdiction level.

All EMAC requests must follow Ohio EMA instructions and procedures.

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

The IC/DC will coordinate with the CCHD Health Commissioner or their designee and the CC EMA Director for requesting EMAC assets.

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

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

Upon completion of the intergovernmental agreement, Ohio EMA, the receiving organization and CCHD 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.

8.6 MEMORANDUMS OF UNDERSTANDING, MUTUAL AID AGREEMENTS AND OTHER AGREEMENTS

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

- 1) MOU/MAA must be processed through and approved by the Health Commissioner, utilizing legal counsel as needed.
- 2) Established CCHD MOUs and MAAs are retained by each Division that has an existing agreement. The CCHD Health Commissioner retains the compilation of original/official agreements. Additionally, the CCHD Director of Finance and Personnel also retains copies that have financial commitments.

- 3) Upon an incident response, it is incumbent upon the Logistics/Resources Support Section Chief to inquire with the Health Commissioner to determine whether any MOUs and MAAs are applicable to the response activities.
- 4) If an MOU or MAA is determined to be needed during an incident, the IC/DC, CCHD Health Commissioner and the appropriate CCHD office or program will collaborate on execution of the MOU/MAA.

9.0 STAFFING

9.1 GENERAL

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

CCHD actively utilizes volunteers from the Mahoning/Columbiana Medical Reserve Corps (MRC). In the event this volunteer pool does not meet the requirements of the response, volunteers from other local volunteer programs can be utilized including the Columbiana County Community Emergency Response Team (CERT), and American Red Cross (ARC).

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

The three local health departments work closely with the Columbiana County Mental Health and Recovery Services Board to ensure PFA is available to response personnel during and after an incident. At least one PFA provider will be accessible during all incidents. For incidents in which higher demand for PFA is anticipated/requested, CCHD will request additional personnel.

The PFA provider may be engaged by calling (330) 424-0195. This call may be made by any incident personnel during or after a shift.

CCHD anticipates that 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.

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.

See Section 5.2.3 Activation Levels for Staffing requirements.

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

9.3 STAFFING POOLS

CCHD may provide staffing for incidents that can be effectively supported by their staff. The CCHD Health Commissioner and the Division Managers will conduct an ongoing assessment of the incident and determine if extra staffing is required.

The following CCHD staffing pools could be considered for fulfilling staffing requirements:

1. Qualified staff from other programs or sections;
2. Opportunity to provide just in time (JIT) training for other staff to fill appropriate positions
3. Specific roles for program personnel that are defined in functional or incident-specific annexes included in this plan;
4. IC/DC role may be filled by any Division Manager or their designee.

Other Partner Staffing pools include the following:

1. County Agencies (e.g., CC EMA, CC Sheriff's Office, etc.)
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 Intrastate Mutual Aid Compact and Emergency Management Assistance Compact (EMAC);
5. Federal Entities.

Volunteers can be used in any non-supervisory capacity for volunteer activities approved by one of the Health Commissioners, but they must be supervised by an employee from one of the three local health departments (LHD).

Volunteers who are licensed to operate government vehicles, machinery, or industrial equipment or volunteers who conduct HIPPA protected functions shall be credentialed by the Health Department prior to active status.

9.4 MOBILIZATION ALERT AND NOTIFICATION

The Health Commissioner will prepare a mobilization message for dissemination to CCHD staff. Staff will be notified using the CCHD 24/7 Phone Chain. Staff notified for mobilization/deployment will follow these instructions:

1. **Where to report:** Staff alerted will report to the CCHD DOC, unless otherwise specified.
2. **When to report;** Staff alerted will report within the time established by the IC/DC.
3. **Whom to report to:** Staff alerted will report to the DOC Manager or other individual, if designated. The DOC Manager will give a brief description of the event and specific assignments. 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 staff could be deployed to another location in support of the incident response. All reasonable efforts will be made to inform CCHD 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 CCHD staff member will self-deploy to an incident response.**

10.0 DISASTER DECLARATIONS

10.1 NON-DECLARED DISASTERS

CCHD 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 or the purpose of providing disaster and emergency aid to state agencies and political subdivisions or for other purposes approved by the controlling board, as stated by ORC 127.19.

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

10.2.1 PROCESS for COUNTY DECLARATION OF DISASTER EMERGENCY

CCHD's role in the emergency declaration process is to provide subject matter expertise and situational information. **CCHD cannot declare an emergency** or disaster; only county commissioners, township trustees, mayors or city managers, or the Governor may do so. East Liverpool and Salem City Health Departments or the CCHD, as a county level agency, may be asked by the Columbiana County EMA to weigh in on the effects of a disaster and its public health implications. The County Health Commissioner's or (designee's) role in the emergency declaration process is to provide subject matter expertise and situational information to the governing body tasked with making the declaration. As a participant in the declaration process, CCHD 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, then CCHD will coordinate with other state, county and local agencies through the Columbiana County EOC. CCHD functions as both a primary and support agency for multiple ESFs coordinated by the County EOC.

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 county and local personnel. Declaration of a PHE does not require a formal request from county 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. Appropriate terminology for access and functional needs and person-first language is used throughout the EOP, consistent with the standards described in **Appendix 20 - *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 DEVELOPMENT AND REVIEW PROCESS

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

- CCHD Department managers
- CCHD PHEP Program Director
- CC EMA Director with role in hazard-specific response planning
- Representative from the access and functional needs workgroup
- Health Commissioner
- Subject Matter Experts (SME's) from within CCHD and without, as needed.

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

Production of an after- action report following the exercise of a plan or annex, will determine the need for the level of revision needed to existing plans, annexes, attachments, and appendices. Applicable findings from AAR/IPs must be reviewed and addressed during review of each plan component.

Members of the development and review team will identify the needs for improvement and the PHEP Program Director will update the plan components. Once the PHEP Program Director has prepared the plan revisions, the components will be submitted to reviewers prior to approval by the Health Commissioner. Any feedback will be incorporated and then the updated document will be presented for approval.

In order to maintain transparency and record of collaboration, CCHD will record development and review meetings by designating a scribe to record meeting minutes to sustain a record of recommendations from collaborative EOP meetings. These meeting minutes may be accessed by following the below file path:

“CCBH Company Data (M:)PHAB Accreditation/Emergency Operations

Below are the established plan, annex, attachment and appendix review schedules. The PHEP Program Director will work to ensure that plan components are staggered to prevent reviews from becoming 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 CCHD Health Commissioner or designee.

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

- The basic plan and its attachments may be reviewed by Division Managers and endorsed by the Health Commissioner when the plan is activated. Once adopted, the basic plan and its attachments may 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 Division Manager may initiate changes to the basic plan and its attachments by submitting the proposed changes to the PHEP Program Director for presentation to the Health Commissioner during the annual review.
- Proposed changes may be approved for use in response activities by the Health Commissioner before adoption by the Columbiana County Board of Health; 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 Health Commissioner. Any Division Manager may initiate changes to appendices by submitting the proposed changes to the PHEP Program Director. All appendices should be reviewed by the PHEP Program Director upon inclusion, revision or expansion, but it is not necessary, at any time, for Division Managers to approve appendices.

11.5 DEVELOPMENT AND ADOPTION OF ANNEXES AND ITS ATTACHMENTS

- Once adopted, annexes and their attachments may be reviewed annually. Development and adoption will be facilitated by the PHEP Program Director and conducted by the Division Managers. 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 Division Manager may initiate changes to annexes and its attachments by submitting the proposed changes to the EOP for presentation to the PHEP Program Director. 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

Health Commissioner; such approval is only valid until the annual review, after which the Board of Health 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 Health Commissioner at any time. Any Division Manager may initiate changes to an appendix to an annex by submitting the proposed changes to the EOP. All appendices should be reviewed by the PHEP Program Director 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 EOP and all of its annexes are tracked under one numbering system as follows: 20##. ##. The first four digits represents the year of the version, followed by the month the version was created. Substantial changes to the plan, e.g. the organization, structure or concepts, require the adoption of a new version of the EOP. Changes to other components are tracked within the currently adopted version of the EOP. (See Record of Changes on Page 7.)

The EOP 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 25 – CCHD Plan Style Guide*.

11.9 PLAN PUBLISHING

Emergency operations plans will be made available for review by the public on-line on the emergency preparedness page of the CCHD website. The Emergency Operations Plan will also be made available to staff at a meeting and on the Shared “M” Drive. PHEP Program Director will be responsible for communicating to the Health Commissioner when the emergency operations plan has been revised and new version is available for public publishing. Prior to the web publishing of the revised plan, the Health Commissioner will determine the attachments, annexes and appendices that will be redacted from the public version of the plan. Once the plan is prepared for public viewing, the Health Commissioner will publish the EOP online. Public comment to the EOP will be accepted via email and tabled in addition to the proposed changes between revision cycles for consideration.
<https://www.columbiana-health.org/emergencypreparedness.html>

12.0 DOCUMENT DEFINITIONS AND ACRONYMS

Definitions and acronyms related to the CCHD EOP Base Plan are in *Appendix 26 - 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

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

13.2 STATE

CCHD authorities are detailed in *Appendix 27 - CCHD Authorities*. They include:

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

14.0 REFERENCES

14.1 FEDERAL

- 1) National Response Framework (NRF), 2016
- 2) The National Incident Management System (NIMS), 2008

14.2 STATE

- 1) State Department of Health Continuity of Operations Plan, 2014
- 2) State Department of Health Emergency Communications Plan, 2013
- 3) State Emergency Operations Plan, 2016
- 4) State Hazard Analysis and Risk Assessment, 2013
- 5) State Hazard Mitigation Plan, 2014
- 6) State Plan for Response to Radiation Emergencies at Licensed Nuclear Facilities State Emergency Management Agency.
- 7) State Hazard Identification and Risk Analysis (HIRA) January 2011 Revisions Spring/Summer 2013.

14.3 COLUMBIANA COUNTY

- 1) Columbiana County Emergency Communications Plan, 2013
- 2) Columbiana County Emergency Operations Plan, 2016
- 3) Columbiana County Hazard Mitigation Plan, 2014
- 4) Columbiana County Hazard Identification and Risk Analysis (HIRA) January 2013
- 5) Northeast Central Ohio (NECO) Region 5 Regional Concept of Operations Plan, 2017