If you have any questions or comments regarding the following Public Health Emergency Response Plan, please contact:

Amy Ascani, RS
Emergency Planning Coordinator
330-493-9904 ext.2001
ascania@starkhealth.org

Stark County Public Health Emergency Response Plan

(Including Alliance City Health Department, Canton City Health Department, Massillon City Health Department and the Stark County Health Department)

The Letters of Agreement/Support/Intent from the Alliance City, Canton City, and Massillon City Health Departments are included in **Attachment 1.** All four Health Departments will be referred to as the Local Health Departments (LHDs) throughout this document.

Public Health

Prevent. Promote. Protect.

Version 1.2
Date of Adoption: 04/25/18

PROMULGATION LETTER

The Stark County Public Health Emergency Response Plan (PHERP) establishes the basis for coordination of the four local health departments (Alliance City Health Department, Canton City Health Department, Massillon City Health Department and the Stark County Health Department) resources and response to provide public health and medical services during an emergency or disaster. The fundamental assumption is that a significant 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. Consequently, the four local health department resources are used to provide public health and medical services assistance throughout the county.

All four local health departments acknowledge that the Stark County PHERP covers all areas within their jurisdiction and they are all involved and engaged in the planning process.

All four local health department program areas are directed to implement training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities of each agency. Stark County Health Department will maintain this plan and coordinate reviewing it and reauthorizing it at least annually with representatives from all four local health departments. In addition, any findings from its utilization in exercises or real incidents will inform updates.

This Stark County PHERP is hereby adopted, and all four local health department program areas are directed to implement it. All previous versions of the Stark County PHERP are hereby rescinded.

Alliance City Health Department

_____ _____
Randall Flint, MPH Date
Health Commissioner

Canton City Health Department

_____ _____
James M. Adams, MPH Date
Health Commissioner

Massillon City Health Department

_____ _____
Terri Argent, RS, RHES Date
Health Commissioner

Stark County Health Department

_____ _____
Kirkland Norris, MPH Date
Health Commissioner

RECORD OF CHANGES

Change Number	Revision Date	Program Area	Version Number & Description of Change	Name and Title
1	August 31, 2017	Planning	Version 1.0 Revisions per the ODH ERP Rubric	Amy Ascani Emergency Planning Coordinator
2	April 11, 2018	Planning	Version 1.1 Revisions per the ODH Comments on the ERP Rubric prior to Promulgation	Amy Ascani Emergency Planning Coordinator
3	April 19, 2018	Planning	Version 1.2 Revisions per additional ODH comments on ERP revision.	Amy Ascani Emergency Planning Coordinator

RECORD OF DISTRIBUTION

A hard copy of the plan, annexes, appendices and SOGs are located in the Stark County Health Department DOC (3rd floor of 3951 Convenience Circle NW, Canton, OH 44718). The emergency planning coordinator is responsible for maintaining these documents.

An electronic copy (pdf version) of the plan, annexes, appendices and SOGs are located on the Stark County Health Department J: drive under the folder titled *"PHEP Plans and Annexes".* The emergency planning coordinator is responsible for maintaining these documents.

An Electronic copy (pdf version) of the approved plan, annexes, appendices, and SOGs are sent by the emergency planning coordinator via email to all LHD Health Commissioners and Directors along with our local partner agencies. The following individuals received an electronic copy of these documents:

Date Received	Agency	Person to Receive

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Stark County Public Health Emergency Response Plan

I. PURPOSE

This plan will be known as the Stark County Public Health Emergency Response Plan (PHERP). The purpose of this plan is to design and manage an appropriate, timely and integrated response to a significant incident affecting the public health in Stark County.

The PHERP is organized as four separate components. The first component is the actual plan that describes how all four local health departments (LHDs) in Stark County work together in an emergency and/or disaster. The next component includes the annexes which are broken down into specific planning categories. The third component consists of appendices which are greater descriptions of our annexes. The fourth component would be our Standard Operating Guides (SOGs). The SOGs give a detailed guide of how to do one specific task. All four of these components complement each other and make up the PHERP. In summary, there are several documents that complete the PHERP.

The PHERP is designed to serve as the foundation by which all response operations at the LHDs are executed. As such, the PHERP is applicable in all incidents for which the plan is activated and serves under the above Letter of Promulgation. All components of this plan must be developed and maintained in accordance with the Emergency Planning Coordinator that will maintain this plan by reviewing it and reauthorizing it at least annually; findings from its utilization in exercises or real incidents will inform updates.

This plan may be used as a stand-alone document, or executed in concert with the County EOP, other LHD plans/annexes/appendices/SOGs.

II. SCOPE AND APPLICABITLITY

This plan refers to all four LHDs and all of their staff in all program areas. This plan is always in force and is activated whenever an incident impacts public health and/or medical systems within Stark County and requires a response by the LHDs that is greater than day-to-day operations.

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

This plan directs appropriate LHD response operations to any incidents that either impact, or could potentially impact, public health or healthcare within Stark County or require the LHDs to fulfill its roles described in the Stark County EOP.

III. SITUATION

- The responsibility of the four local health departments is to control the spread of communicable disease and to protect the health and welfare of the people in the community.

- The four local health departments along with their public health partners constitute the public health system in Stark County.

- The four local health departments in Stark County (Alliance City, Canton City, Massillon City, and Stark County) may perform the following duties within their jurisdiction:

  Public Health Nursing

  Involves investigation and control of communicable disease, immunizations, management of PODs, community & school nursing services and a wide variety of clinical services relevant to their jurisdictions.

  Environmental Health and Sanitation

  Programs supported by State law or regulation

  Responsible for inspections of swimming pools and beaches, food services, food establishments and vending operations, household sewage disposal systems, schools, and private water supplies. This section is responsible for rabies control and investigates other nuisance reports.

  Local Programs

  These programs are authorized by local resolutions or at the direction of the Board of Health.

  Vital Statistics

  Each local health department is responsible for registering births and deaths, managing data regarding births and deaths and issuing burial permits within their jurisdiction.

A. Hazards and Impacts

Stark County EMA along with the four hospitals and four LHDs addressed the potential hazards associated with Stark County and developed the following table:

Hazard #	Hazards	SPEED OF ONSET	INTESITY OF IMPACT (Magnitude)	SCOPE OF IMPACT	DURATION OF IMPACT	PROBABILITY OF IMPACT	*Total Score*
8	Power or Gas Failure	4	2	4	3	2	**15**
10	Communications Failure	4	1	4	1	4	**14**
11	Epidemic	1	3	4	3	2	**13**
6	Hazardous material spill or release or exposure	4	2	2	1	4	**13**
1	Winter Storm	2	4	4	1	2	**13**
4	Earthquake	4	2	3	2	1	**12**
2	Severe Thunder Storms	4	2	2	1	3	**12**
13	Terrorism	4	1	4	1	1	**11**
7	Transportation Accident	4	1	1	1	4	**11**
5	Extreme Temperatures	1	2	4	1	2	**10**
3	Floods	3	1	2	1	3	**10**
12	Civil Disturbance	2	1	1	1	3	**8**
9	Water Failure	2	2	2	1	1	**8**

All four LHDs are integrated into the County EOP under ESF#8 to work with all partner agencies in the event of any disaster or hazardous event. We would all work together to address the hazards and impacts by operation in the county EOC with open communication and ICS activation.

Our neighboring jurisdictions have also been taken into consideration while addressing the potential hazards and vulnerabilities of Stark County. Those jurisdictions include: Carroll, Columbiana, Holmes, Mahoning, Portage, Summit, Tuscarawas, and Wayne Counties.

There are no public health hazards; rather, all hazards could lead to impacts on health, which may require the LHDs to respond using this plan. Potential impacts include the following:

Community-wide limitations on maximal health for residents, Widespread disease and illness, Establishment of new diseases in the State, Heat-related illnesses and injuries, Hypothermia, Dehydration, Widespread injuries or trauma, Overwhelmed medical facilities, Insufficient resources for response, Insufficient personnel to provide adequate public health response, Development of chronic health conditions within a population, Lasting impairments of function or cognition, Development of birth defects, and premature death.

Our local EMA has the Hazard Threat Analysis of all our neighboring jurisdictions mentioned above. The threats that these jurisdictions face are similar to our own hazards. We utilize this information to realize that an event occurring within their jurisdiction could directly impact both public health and medical services in our county causing a demand for preventative and healthcare measures. Most notably, public health threats such as infectious diseases have the ability to arrive to Stark County through any means of travel across boundaries. In addition, Carroll County does not have hospital. Therefore, great planning measures have taken place to address the surplus of people needing care. A unique situation also lies with our local airport. The Canton Akron Regional Airport is located on the border of Stark County and Summit County. We have annual exercises and drills with both counties to test our abilities in this mutual response.

In an effort to foster preparedness planning and coordination in the county, Stark County has established a planning coalition with all local partners. The Emergency Healthcare Planning Coalition (EHPC) consists of representatives from: the four hospitals, four health departments, mental health, EMA, EMS, fire, law, schools, long-term care facilities, Red Cross, Coroner's office, and LEPC. The healthcare coalition meets monthly to work together to prepare for, respond to, and recover from disasters. The health departments assist with the meetings and play a strong role in local preparedness planning to assure all plans integrate and provide effective communications.

The EHPC group plan together for large events that occur in Stark County. Given the size and population the county, there are diverse events that reoccur yearly such as:

- Stark County Fair
- Pro Football Hall of Fame Festival and Enshrinement (nationally recognized event)
- Marathons/Races
- Various Festivals/Parades
- Concerts
- Host State Champion Football Games
- Flea Markets/Farmer Markets
- College Sporting events

An incident that occurs at any major event may significantly affect public health and medical services both within the Stark County and have cascading effects potentially across adjacent counties, the region, or statewide depending on the nature of the incident.

B. Primary and Secondary Support Roles:

Each agency below is designated with a P (for Primary) or S (for Secondary) next to their roles.

Local Health Jurisdiction

1. Evaluate the potential health risks associated with the hazard and recommend appropriate correctional measures. P
2. Inspect for purity, usability and quality control of vital foodstuffs, water, and other consumables. P
3. Coordinate with the water, public works or sanitation departments, as appropriate, to ensure the availability of potable water, an effective sewage system, and sanitary removal and disposal of solid waste and other debris. P
4. Establish preventive health services, including controlling the spread of communicable diseases and initiating limitations of movement. P
5. Provide epidemiological surveillance, case investigation, and appropriate follow-up services for communicable disease. P
6. Monitor food handling and sanitation services in emergency facilities and assembly places. P
7. Assess/Assure adequate sanitary facilities are provided in emergency shelters through inspection and consultation. P
8. Establish and staff telephone hotline. S
9. Develop emergency public health information literature, pre-scripted media releases and pre-event media release packages. P
10. Establish Joint Information Center (JIC) with a Public Information Officer (PIO). P
11. Communicate with relevant public health partners and other stakeholders. P
12. Develop Standard Operating Guidelines (SOG) and emergency operation protocols. S
13. Maintain vital records and vital statistics. P
14. Implement and monitor the Points of Dispensing (POD) Annex. P

15. Provide an agency representative to report to a hospital emergency operations center if requested by the hospital or deemed necessary as part of a response plan. S

16. Initiate and work within the Incident Command Structure as defined in the NIMS document and the Stark County Public Health Emergency Response Plan. P

18. The Stark County Health Department will activate, upon request of the EMA or other health jurisdiction or the Federal Government, the Medical Reserve Corps (MRC). S

19. The Stark County Health Department will activate, upon the request of the EMA or other health jurisdiction, a Volunteer Reception Center (VRC) at a pre-designated site. S

County Hospitals

1. Maintain communications and information sharing with Public Health Departments through the Public Health Agency Representative. S

2. Provide medical care, hospitalization, and communications as needed and available. P

3. Maintain a list of public health emergency related patients and their conditions for public health use. S

4. Coordinate with public health systems to support community services and needs. S

5. Support other hospitals as able according to County & Regional Memorandum of Understandings (MOU's). S

6. Work within the Stark County Emergency Healthcare Planning Coalition in accordance with established MOU's and medical care protocols. S

7. Provide epidemiological surveillance, case investigation, and appropriate follow-up services as well as disseminate information to appropriate agencies. P

8. Initiate and work within the Hospital Incident Command Structure (HICS) as defined in the NIMS document and the Stark County Public Health Emergency Response Plan. P

9. Upon approval/permission granted by ODH, hospitals may expand beyond licensed bed capacity. (See Annex 7 – Surge Capacity) S

10. Hospital Emergency Department Physician will initiate deployment of hospital Chempacks per state protocol. S

Stark County Emergency Management Agency

1. Liaison with Ohio Emergency Management Agency and other state & federal resources. P

2. Facilitate with declaration of a State of Emergency as needed. P

3. Provide coordination of community needs through activation of the County EOC and integration with established ESF's (Emergency Service Functions) and Annexes. P

4. Work within the Incident Command Structure (ICS) as defined in the NIMS document and the Stark County Public Health Emergency Response Plan. P

Red Cross

1. Provide rehabilitation services at various locations which may include: Incident Command Posts, Emergency Operation Centers, morgue (or temporary morgues), Family Assistance Centers, Victim Identification Centers, emergency facilities and assembly places. P

2. Sheltering and/or feeding those displaced by evacuation or left outside of a declared quarantine area. P

3. Public information dissemination as coordinated through the Joint Information Center (JIC) or Joint Information System (JIS). S

4. Provide welfare inquiry assistance. P

5. Provide additional blood products and biomedical products to local hospitals as able. P

Public School Systems

1. Provide school facilities and resources as able and according to MOU's. S

SARTA

1. Provide mass transportation, temporary mobile shelter and resources as available. P

Mental Health and Recovery Services Board of Stark County

Crisis Intervention and Recovery Center (CIRC)

1. In conjunction with the Public Information Officer, provide public health information. P

2. Provide consultation services to the Incident Command Structure. S

3. Perform Crisis Intervention services at various locations, as required by event. P

4. Family support services (including death notification). S

5. Assist in providing mental health services for responders. P

6. Provide ongoing support to those currently receiving mental health services. P

7. Work within the Incident Command Structure (ICS) as defined in the NIMS document and the Stark County Public Health Emergency Response Plan. P

Mental/Behavioral Health Organization

1. Mitigation of long-term emotional and behavioral effects of a public health emergency. S

Law Enforcement

1. Law enforcement shall respond to and assist with any emergency or declared disaster within the law enforcement agency jurisdiction. Those responses for aid outside of agency jurisdiction shall be dictated by established mutual aid agreements or request for such assistance as approved by the executive director (Chief) of such agencies. Such response shall be in accordance with established procedures and protocols. P

2. Law enforcement in its role as first responders shall respond to the scene, evaluate the scene, render aid, and provide an initial appraisal. P

3. Law enforcement will initiate and work within the Incident Command Structure (ICS) as defined in the NIMS document and the Stark County Public Health Emergency Response Plan. P

4. Law enforcement shall assist with perimeter control, scene protection, first aid, law enforcement, and investigation of the incident. S

5. Law enforcement shall assist with the evacuation or shelter-in place of persons or areas affected by the incident should such a decision be made by the Incident Commander. S

6. Law enforcement shall assist with command post security, mass clinic sites, morgue sites, etc. S

7. Law enforcement shall assist with communications coordination with other law enforcement agencies, first responders, and other emergency services responders. S

8. Law enforcement shall assist with the coordination of special transportation needs or request for medical supplies or medical personnel. P

9. Law enforcement shall assist with egress routes, or escorts of outside jurisdictional assets as requested. P

10. Law enforcement shall assist with the initial response of military civil support teams. P

11. Law enforcement shall assist with the federal law enforcement response. P

Fire & EMS

1. Provide first responder actions as necessary to any incident requiring Fire &/or EMS intervention. P

2. Initiate and work within the Incident Command System (ICS) as defined in the NIMS document and the Stark County Public Health Emergency Response Plan. P

3. Jurisdictional Incident Commander will serve as activation point for the Ohio Fire Chief's Emergency Response Plan. P

4. Jurisdictional Incident Commander will serve as activation point for the Stark County HAZMAT Team. P

5. Jurisdictional Incident Commander will initiate deployment of EMS Chempacks per state protocol. S

6. Provide command and control incident management overhead teams as requested or needed in compliance with NIMS standards. P

7. Implement the START (Simple Triage and Rapid Treatment) System for patient care at the scene of a mass casualty incident. P

8. Will serve as an agency representative or in unified command for those incidents that do not have fire service jurisdictional authority. S

State Health Department

1. Provide technical support to the Health Departments as requested and available. S

2. Provide supplies and resources as requested and available. P

3. Provide laboratory support. P

Ohio EPA

1. Monitor contamination and pollution of public water supplies. P

2. Provide technical support to the Health Departments as requested. S

Federal Centers of Disease Control (CDC)

1. ODH will be the liaison with the CDC as needed. P

2. CDC may need to be physically present within our county to assist with a public health response. S

3. Provide supplies and resources as requested and available. P

4. Provide laboratory support. P

C. Functional Needs

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 **See 3** ***Appendix 1 – Stark County CMIST Profile.*** Potential impacts from an incident may require Stark County 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

Communication for access and functional needs to ensure that response actions adequately serve all members of the jurisdiction:

Utilizing the Health Alert Network (HAN) and the Stark County Public Information Annex any Public Health communication and notifications/alerts will be sent to the contact person(s) specified for each Functional Needs Agency. Each agency is listed in the HAN and has specified which population they serve. It will be the responsibility of that agency to contact their clients or patients with the public health notification/alert. Each Functional Needs Agency will be contacted by public health by one of the following communication delivery applications: fax, email, or phone call.

If an interpreter is needed we can either: Contact an interpreter from the HAN for assistance, utilize the computer software available on *Word* to translate written material, or use the Tele-Interpreter at 1-866-350-2971 Access Code 4366 County Code 76 to verbally speak to an individual.

IV. ASSUMPTIONS

There are four health jurisdictions in Stark County authorized to address public health emergencies in their jurisdiction. Local actions by the public health system to respond to public health disasters would be coordinated using this plan.

1. This plan applies primarily to disasters that would have a significant impact on the health of the citizens in Stark County that would require the coordination of more than one agency.

2. Outside assistance would complement and not supplant Stark County Public Health Emergency Response Plan.

3. Although health problems are associated with disasters, there is an adequate local capability to meet the demands of most situations. When necessary, support may be available from State, Federal Health Agencies, and the American Red Cross.

4. Each local health jurisdiction has the authority to initiate community containment procedures and other limitations of movement to manage a public health emergency.

5. Mutual Aid will be integrated between the health departments under section 5502.41 of the Ohio Revised Code or any other Mutual Aid Agreements that may be in effect.

V. CONCEPT OF OPERATIONS

- The Health Departments in Stark County will activate the Public Health Emergency Response Plan and its annexes as needed with an official notification to each of the other departments.

- Local, State, and Federal laws regulate the Health Departments in Stark County. The Board of Health for each department appoints its Health Commissioner, and advises and assigns additional responsibilities.

- The Health Commissioners are responsible for assessing the hazards relating to any existing or anticipated public health threats that impact the community.

- Response in any emergency will follow basic response functions as outlined and required by NIMS below *(for additional ICS details see the Command and Control/ICS Annex)*.

The Stark County Public Health Emergency Response Plan (PHERP) may be activated by any of the four Health Departments within Stark County. The plan is designed to be activated if any one department is overwhelmed with a situation in which they need to request the help of another health department(s). Furthermore, it is designed to assure notification of appropriate situations is given to the other health department(s) if needed. Notification may be given to other health department(s) even if activation of the plan is not needed at the time.

- Each health department will have a procedure in place to activate the disaster plan. **See 4 *Appendix 2 Activation Levels.***
- The Health Commissioner, Service Area Director, or Health Commissioner Designee may facilitate activation of the PHERP.
- The Health Commissioner would designate their designee in the event of their absence or if a Director is not available at the time of an incident.
- Each health department will maintain a contact point that is available twenty four hours/day, seven days per week.
- Each health department will maintain access to internet, email and faxing capabilities.
- Sufficient resources exist to establish conference calls during a public health emergency.
- The Incident Command System (ICS) as outlined in the Stark Count PHERP will be used by each health department.
- Once the disaster plan is implemented, the Health Alert Network (HAN) will be utilized to notify other health departments throughout the region.

A. Levels of Notification

The following levels of notification will be determined by the Health Commissioner or designee. The Health Commissioner may have another health department employee (such as the Public Information Officer) disseminate the notification.

Level 1 Notification

Assumptions: This level consists of general notification for informational purposes only. The situation has not overwhelmed the originating health department and no response will be necessary from the health departments receiving notification.

Guidelines:

- Notification will be made by WENS alert or email to all relevant health departments
- Notification will occur during normal business hours
- Notification will include general incident-specific information
- May consider activation of the public information hotlines

Level 2 Notification

Assumptions: This level of notification will be used when more than one health department may be affected.

The Stark County PHERP will be activated when the situation disrupts normal operations within the health department. The Health Commissioner or designee may activate the plan.

Guidelines:

- The Health Commissioner or designee will conduct this notification.
    - The Health Commissioners, Directors, PIOs, EMA, and hospitals will be notified at each agency. The point of contact for each partner agency involved will also be notified. This contact person and contact information is located in our HAN Directory.
- The originating health department will establish a conference call and will provide sufficient notice by telephone, WENS alert, or email to the other health departments involved. The Health Commissioners and Directors from all four LHDs will be notified via email, WENS, and/or HAN.
- Additional agencies involved such as: hospitals, EMA, Red Cross, etc. would be notified via email, WENS, and/or HAN.
- Notification to all involved would occur immediately after the plan is activated and must be within one hour of activation.
- The notification would include all necessary information including: details about the event/disaster, list of those involved, contact list of names, establish means

of communication (develop an incident in WebEOC), IAP, Operation Planning Period, and schedule of conference calls/updates.
- The conference call will include the other agencies that are involved.
- The originating health department will consider after hours notification of potentially affected jurisdictions if necessary.
- Follow-up calls or communications will be arranged as needed by the originating health department.
- Public Information Officers (PIOs) from affected health departments will be alerted to discuss public information messages to provide consistent content of messages between jurisdictions as possible and consider activating the Public Information Annex.
- May consider activation of the public information hotlines

Level 3 Notification

Assumptions: This level of notification will be used when two or more health departments are actively involved in the response to the incident. The Stark County PHERP has been activated.

Guidelines:
- Regular conference calls will be established based upon the operational period of the incident response but will not occur less frequently than once a day.
- Conference call schedules will be the same throughout the entire response to provide consistency in notification.
- Each conference call can include the other agencies that are involved.
- Alternate communications between affected jurisdictions will occur as appropriate.
- PIOs from affected health departments will have activated the Public Information Annex.
- Activate the public information hotlines.

Activation of the ERP marks the beginning of the response.

B. Incident Detection

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

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

- Potential impact on or involvement of health department beyond the currently involved department(s);

- Novel, epidemic or otherwise unique situation that likely requires a greater-than-normal response from the LHD;
- Need for resources or support from outside of the LHDs;
- Significant or potentially significant mortality or morbidity;
- The incident has required response from other agencies, and it is likely to or has already required response from the NECO regional jurisdiction's health department.

C. Incident Assessment

Health Commissioners, Directors, or Designee will immediately inform the other LHDs and the Stark County Emergency Planning Coordinator of any incident that they believe is likely to require activation of the PHERP. Following this notification, they will walk through the incident size-up with Stark County Emergency Planning Coordinator and appropriate Directors/LHD staff. This action 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.

D. ERP Activation

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

1. The Health Commissioner or designee personally authorizes activation of the ERP upon determination that an incident requires implementation of one or more of the strategies or plans included herein. If the ERP is activated in this way, response will begin with incident assessment, which is required to establish the activation level and define the incident response needs, but the need for activation will not be reevaluated.

   The successive list of personnel that can activate the plan on behalf of the Health Commissioner are as follows:

   1. Director of Administration
   2. Director of Nursing
   3. Director of Environmental Health
   4. Unit manager of Environmental Health

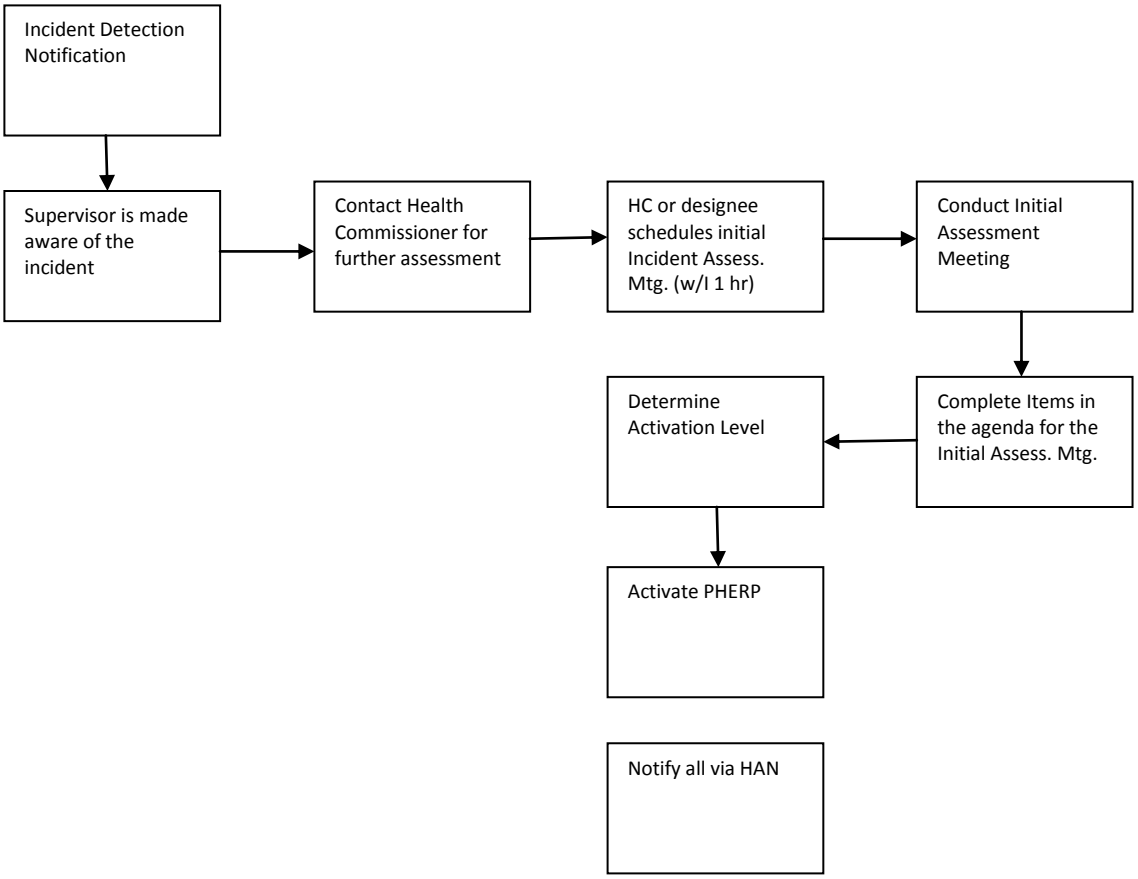
2. Response personnel employ the entire process described in this section of this plan and present their recommendation for activation to the Director. Barring deactivation by the Director, response personnel then complete identified response actions.

   Activation of the ERP marks the beginning of the response.

The Initial Incident Assessment Meeting will determine if the plan will be activated and the

Activation Level. After determining the necessary activation level during the Initial Incident Assessment Meeting, activation of the plan will occur through utilization of the HAN.

Activation levels and their associated recommended minimum staffing levels are detailed below:



E. Legal Counsel Engagement

During any activation of the emergency response plan, Stark County legal counsel is always engaged, regardless of the incident type. The specific topics that require targeting 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, statures, codes and agreements
- Other applications of the authority of the District of Health
- Anything else for which legal counsel is normally sought.

Stark County legal counsel is integrated at the outset through the activation notification. There are no internal approvals required to engage the Stark County legal counsel; the IC, their designee or any program staff who normally engage legal may reach out. Contact information is located in the HAN.

VI. COMMAND, CONTROL, AND COORDINATION

Local Health department (LHD) actions may be needed before the PHERP 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.

A. Basic Authorities for Response

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

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

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 must engage management staff when staffing levels begin to approach any level that is beyond those pre-approved within this plan. Management staff must authorize engagement of staff beyond those pre-approved levels;
- The IC may not authorize staff to work a schedule other than their normal schedule without prior authorization by their Director/supervisor. 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 must adhere to the policies of the LHDs regarding overtime/comp-time and should clarification on these policies or exemption be required, the IC must engage management staff;
- The IC must seek approval from the Finance Chief for incident expenditures totaling more than $1,000. This is to be understood as total incident expenditures, not just the total cost for a single transaction.

Incident Command and Multiagency Coordination

Depending on the incident, the LHDs may either lead or support the response. LHDs use the Incident Command System (ICS) to structure and organize response activities when leading an incident response. Similarly, when supporting an incident response, the LHDs utilize 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.

Incident with the LHD as the Lead Agency

When leading the response, the LHD employs ICS and organizes the response personnel and activities in accordance with the associated ICS resources and principles.
As the lead agency, the LHDs supply 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 partners and the county EOC as needed. Resources and support provided to the LHD for incident response will ultimately be directed by the LHD IC, in accordance with the priorities and guidance established by the Director and the parameters established by the supplying entities.

The LHD 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.

Incidents when the LHD is integrated into an ICS structure led by another agency

For incidents in which the LHD is integrated into an existing ICS structure led by another agency, the LHDS provide personnel and resources to support that agency's response. LHD 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 LHD staff may serve in any ICS role, except for Incident Commander.

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

If such support is needed, the LHDs will determine the appropriate activation level and assign a Department Commander (DC) to lead the integration activities. In such responses, the Planning Support Section Chief will track engagement of LHD 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 LHD resources. The DC will then work with the incident's IC to determine an appropriate resolution.

Incidents with the LHD in a supporting role

For incidents in which the LHD is a support agency, the Incident Commander is supplied by another agency. For these incidents, the LHD assigns a DC who coordinates the agency's support of the incident. Support activities include the following:

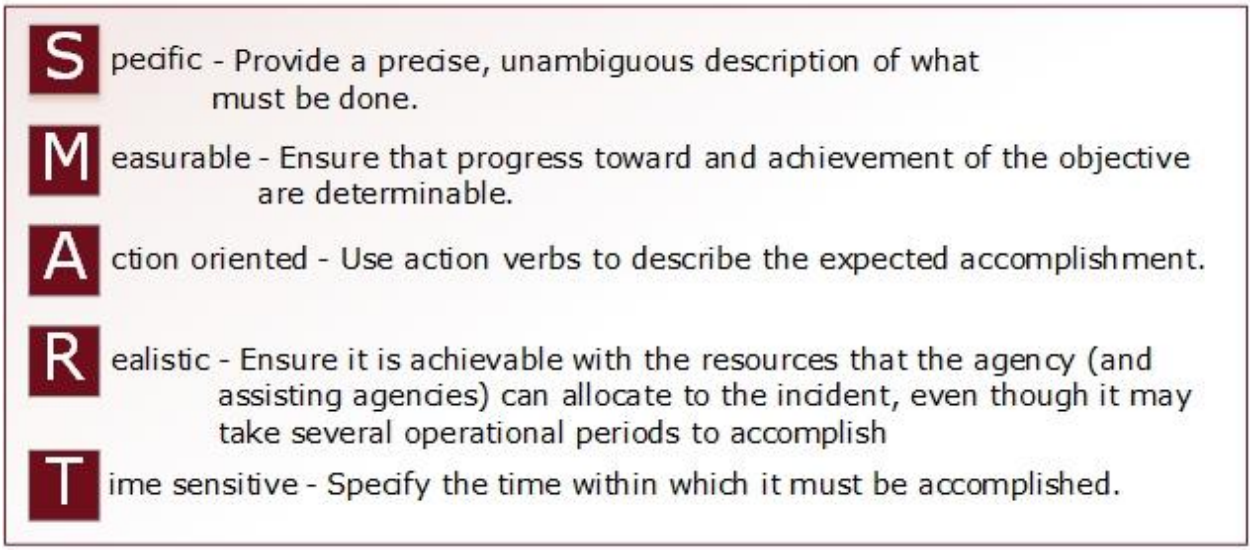
- Support incident management policies and priorities through the provision of guidance or resources.
- Facilitate logistical support and resource tracking.
- Inform resource allocation decisions using incident management priorities.
- Coordinate incident-related information.
- Coordinate and resolve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

If the State EOC is activated, the LHD DC coordinates all agency actions that support any Emergency Support Functions (ESFs) in which the LHDs have a role. In such incidents, the DC will ensure that all LHD actions to address incidents for which the county EOC is activated are coordinated through the county EMA/EOC.

Objective Establishment and Accomplishment

Develop initial health response objectives that are specific, measurable, achievable, and time-framed. Establish an action plan based on your assessment of the situation. Assign responsibilities and record all actions.

Objectives should follow the SMART



Development of objectives is part of the planning cycle. The initial objective-setting process is dynamic and deliberate. As the process goes through a few cycles, it becomes a more open style that addresses all stakeholders concerns. The planning cycle has a four-step pattern that is repeated during each operational period and includes developing the following:

1. Constraints: Understanding the boundaries and setting limits on the response;
2. Objectives: Identifying what to accomplish;
3. Strategy: Deciding on a methodology for accomplishing critical tasks;
4. Tactics: Providing tasking and making assignments for the next operational period.

The four-step pattern emerges quickly as command self-imposes boundaries and limits on response actions (step 1) and directs people to take certain actions (step 2) in a specific way (step 3) in a specific time period (step 4). The first sequence of efforts by responders results in some impact. Based on the feedback, additional objectives are set to continue to mitigate the incident. This cycle happens naturally and repetitively from the initial response actions to the end of the response. However, it works more efficiently if it is part of a pre-incident preparedness planning and exercise program. Initially, the cycle is short and rapid and lengthens as the response grows allowing more time for incident action planning. Command communicates the objectives to a large response organization through Incident Action Plans (IAP), Support Plans (SP) and briefings.

Objective Tracking

Any time the LHDs are actively engaged in an emergency response, whether leading response or supporting response, objectives will be documented and tracked, initially through the ICS 201 form, then through subsequent operational periods by utilizing IAPs/SPs. Mission requests may come in through WebEOC. These mission requests should also be documented and tracked independently of WebEOC in a spreadsheet maintained by response staff in the Planning Section or Planning Support Section.

B. Incident Action Planning

Every 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 document included in an IAP, **See 5 Attachment 2 – Incident Action Plan Template**

C. Access and Functional Needs

The local health department will serve individuals with access and functional needs immediately after an incident by utilizing our existing Functional Needs Annex to contact all Functional Needs agencies. Our partner Functional Needs agencies have agreed to contact these individuals with our alert/notification message. This will allow us to know where these individuals are located in the incident if we need to contact them directly or provide service to these individuals and their families.

The LHDs coordinate response actions with our local functional needs partners to ensure that access and functional needs are appropriately addressed during response. The support available includes the following:

- Evaluation of surveys and 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 Health Commissioner or designee has primary responsibility for provision of these services. In addition, our LHDs engage other internal programs that serve individuals with access and functional needs. These include the following:

- Maternal and Child Health (Children and Pregnant women)

- Recreation Program in Environmental Health and Nursing Service Area (Employees in agricultural labor and migrant camps)
- 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, the LHDs will utilize person-first language.

The LHDs have access to translation and interpretation services through our HAN and internal translators within our departments.

Additionally, the LHDs work with a number of local partners who support access and functional needs. These include the following:

- Local Universities and Colleges
- Department of Aging
- Department of Medicaid
- Local Mental Health and Addiction Services
- Local Administrative Services
- Stark County Emergency Management Agency
- Area Schools
- EHPC

D. Continuity of Leadership

a. Succession of Leadership

Each Health Department in Stark County has its own Chain of Command. This section of the plan describes the order of leadership in each department during a disaster.

1. Alliance City Health Department
    a. Health Commissioner
    b. Director of Nursing
    c. Sanitarian

2. Canton City Health Department
    a. Health Commissioner
    b. Director of Environmental Health
    c. Director of Nursing

3. Massillon City Health Department
    a. Health Commissioner
    b. Director of Nursing
    c. Sanitarian

4. Stark County Health Department
    a. Health Commissioner
    b. Director of Administration and Support Services
    c. Director of Environmental Health
    d. Director of Nursing

E. Assembly Places

An Assembly Place is a location for staff to meet immediately following an event that has made the original health department building unusable. This location allows for management to assess the situation. Management will then determine and direct the staff to a facility that they will be able to maintain operations and continue business according to their *Alternate Facilities* identified in the COOP Annex.

Each Health Department has designated a primary and secondary assembly location as follows:

1. Alliance City Health Department
    a. Health Department Building
       537 E. Market
       Alliance, Ohio 44601
    b. Alliance Area Senior Center
       602 W. Vine St.
       Alliance, Ohio 44601

2. Canton City Health Department
    a. Canton Civic Center
       1101 Market Ave. N.
       Canton, Ohio 44702
    b. Goodwill Campus
       408 Ninth Street, SW
       Canton, OH 44707

3. Massillon City Health Department
    a. Massillon City Health Department Building
       111 Tremont Ave. SW
       Massillon, Ohio 44646

b. Massillon Recreation Center
505 North Erie Street
Massillon, Ohio 44647

4. Stark County Health Department
   a. Stark County Health Department Building
   3969 Convenience Circle, NW
   Canton, Ohio 44718
   b. Jackson Township Safety Building
   7383 Fulton Drive NW
   Massillon, Ohio 44646

Identification: Each health department employee is issued a health department ID badge. Vehicles will be identified by markings on the vehicle or by placards.

F. Integration with other Plans

1. This plan will be part of the Stark County Emergency Operations Plan (EOP) as ESF8.

2. Response to a public health emergency will be coordinated with area Hospital Emergency Operation Plans.

3. Response to a public health emergency will be coordinated with area School Emergency Operation Plans.

4. Coordination with other local, regional, state, and federal public health disaster plans.

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

6. At the local level, the Stark County PHERP interfaces with the Stark County Emergency Operations Plan (county EOP). The LHDs provide specificity for how the agency will complete the actions assigned to public health in the county EOP.

7. At the state level, the Stark County PHERP interfaces with response plans for the Ohio Department of Health and the State EOP.

8. At the regional level, the LHDs interface with the NECO region, which is a collection of public health agencies, healthcare facilities and EMAs within the 13 county area. 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.

G. Situation Reports

1. 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.

2. SITREPs will be sent electronically to LHD management staff for their situational awareness. In addition, SITREPs will be sent electronically to all operational staff. Hardcopies of SITREPs will also be available in the DOC, if the DOC is active. At the discretion of the IC, any SITREP may be forwarded electronically to the EMA, local hospitals, or other state or local partners for their situational awareness and to foster a common operating picture. If WebEOC is activated and an incident has been established on the system, all SITREPs will be uploaded into WebEOC.

   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, and operational staff.

3. SITREPs frequency is detailed in the table below.

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

4. **See 6** - **Attachment 3 - Situation Report Template** for a situation report template.

H. Staff Schedule/Battle Rhythm

1. The LHDs 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.

2. The battle rhythm will also detail essential command staff meetings, established reporting timelines and other necessary coordination requirements. The battle rhythm and documentation for each operational period will be created by the Planning Section Chief using **7** - **Attachment 4 – Battle Rhythm Template** and distributed to all response staff at the beginning of their shift.

3. Upon shift change, staff will be provided a shift change form utilizing 8 - **Attachment 5- Shift Change Briefing Template.**

VII. INFORMATION COLLECTION, ANALYSIS AND DISSEMINATION

A. 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 State and local levels and documenting response actions. All high-level response actions must be documented in WebEOC for accountability and reimbursement. The LHDs 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.

To aide in centralized communication, the LHDs maintains a dedicated network directory for all response personnel to store incident-related documentation within the J: drive of the computer system. 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 (J: drive). 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. The Kronos system will also allow staff to document daily activities and time spent.

B. Essential Elements of Information

Essential Elements of Information (EEIs) address situational awareness information that is critical to the command and control decisions. EEIs will be defined and addressed as soon at the response begins, using 9-***Appendix 3 - EEI Requirements***.

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

To identify sources of information for EEIs, consult management staff within each Service Area as follows:

Service Area	Program
Nursing	Immunization
Nursing	WIC
Nursing	Communicable Disease
Nursing	Epidemiology
Environmental Health	Food Safety
Environmental Health	Sewage
Environmental Health	Water Well
Environmental Health	Animal Bites
Environmental Health	Vector Control/Mosquito
Environmental Health	Plumbing
Environmental Health	Nuisance
Administration	Finance
Administration	Vital Stats/Registrar
Administration	Grants Coordination
Administration	Emergency Planning
Administration	Human Resources

Information Sharing

To maintain situational awareness and information sharing, when the Departmental Operations Center (DOC) is activated along with our county EOC at the EMA office, the LHD will provide a liaison to represent public health at the EOC. This liaison will be the point of contact for situation updates between the two Operation Centers. The liaison is designated by the IC or Health Commissioner at the time of the incident.

The liaison will utilize the WebEOC to provide Situational Reports for all LHDs and partner agencies to view.
The DOC will establish a timeframe for the frequency of information exchange in coordination with the IC. Every 4 hours is the standard timeframe for information exchange; however, per the situation this may need to increase or decrease after consultation with the IC and their management staff and programs.

C. Plan Development and Maintenance

Plan Formatting

All plan components will align with the definitions, organization and formatting described below. Additionally, use both appropriate terminology for access and functional needs and person-first language throughout the PHERP, consistent with the standards. **See 17** ***Appendix 7 – Communicating with and about Individuals with Access and Functional Needs.***

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

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

ii. 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.

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.

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

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

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

iv. When considered independently from the basic plan, annexes are, themselves, primary documents and may include attachments and appendices, but never their own annexes.

1. Attachments to annexes are designated by numbers preceded by the letter of the annex and a dash, e.g., "A-I."

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

v. Though developed independently from the primary document, an annex must be activated as part of the plan and cannot be activated apart from it

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

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

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

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.

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

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

Plan Development Process

The planning shall be initiated and coordinated by the Stark County Emergency Planning Coordinator. Planning shall address revisions to the PHERP Basic Plan, as well as revision or development of any other ERP components. The Emergency Planning Coordinator will form a collaborative planning team to include the following staff:

- Health Commissioners
- Directors
- Appropriate LHD Staff
- Epidemiologists
- Members from the Stark County Emergency Healthcare Coalition (EHPC) that would include: EMA, Red Cross, Hospitals, Coroner's Office, Law Enforcement, Fire, EMS, Mental Health, Long-term care facilities, public transportation, schools, etc.
- Representative for access and functional needs

D. Review and Updates

- Revisions will be will determined on an annual revision schedule and by identifying gaps and lessons learned through exercise and real-word events, or by

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

- The Stark County Emergency Planning Coordinator along with the planning team will develop an achievable work plan by which content will be developed, vetted and reviewed prior to final submission. The collaborative team will identify the needs for improvement and update the plan component(s). Once the planning team has prepared the plan revisions, the components will be submitted to the four Health Commissioners prior to approval. Any feedback will be incorporated and then the updated document will be presented to the Steering Committee (four LHD Health Commissioners) for approval.

- Once these elements are identified, revised processes are developed for improvement or replacement. In order to maintain transparency and record of collaboration, the Stark County Emergency Planning Coordinator will record planning and collaborating meetings recording meeting minutes to sustain a record of recommendations from collaborative PHERP meetings. These meeting minutes may be accessed by following the below file path:

  J: \Documents\2018PHEP\Meeting Minutes

- Below are the established plan, annex, appendix, SOG and attachment review schedules. The Stark County Emergency Planning Coordinator will establish a key activities schedule for the plan they are managing to meet the thresholds identified below. Planning team members will work to ensure that plan components are staggered so that reviews do not become overwhelming.

Items	Cycle
Plan	Annual
Annex	Annual
Appendix	Annual
SOG	Annual
Attachment	Annual, or as needed

  Proposed changes to plans in-between the review cycle shall be noted by the Stark County Emergency Planning Coordinator for further review by the team. In the interim, the changes may be used for response if approved by the IC, Health Commissioner(s), or designee.

- The basic plan and its attachments shall be reviewed by The Stark County Emergency Planning Coordinator, the planning team and the Health

Commissioners. It will be endorsed by the four Health Commissioners. Once adopted, the basic plan and its attachments shall be reviewed annually, from the last date the plan was authorized. The purpose of this review will be to consider adoption of proposed changes, i.e., revisions, additions or deletions that were identified during the year. If adopted, the changes will be incorporated, and the basic plan and its attachments will be reauthorized.

Any public health staff member may initiate changes to the basic plan and its attachments by submitting the proposed changes to the Stark County Emergency Planning Coordinator for presentation to the planning team during the annual review.

Proposed changes may be approved for use in response activities by the IC, Health Commissioner(s), or designee before adoption by the four Health Commissioners; such approval is only valid until the annual review, after which the four Health Commissioners must have adopted the proposed changes for their continued use in response activities to be allowable.

- Because Annexes are complementary to the basic plan, they may be approved for inclusion, revision or expansion by the four Health Commissioners. Any planning team member may initiate changes to annexes by submitting the proposed changes to the ERP. All annexes should be reviewed by the Stark County Planning Coordinator upon inclusion, revision or expansion, but it is not necessary, at any time, for the four Health Commissioners to approve annexes

  Development and adoption of Appendices and its Attachments

  1. Once adopted, appendices and their attachments shall be reviewed annually. Development and adoption will be facilitated by Stark County Planning Coordinator and conducted by a review team, which will comprise the following: (a) all public health staff with responsibilities in the appendix or attachments, (b) any other subject matter experts designated by the Stark County Planning Coordinator, and (c) appropriate representatives from outside the agency, including local partners and representatives of individuals with access and functional needs. The review committee will be led by the Stark County Planning Coordinator. 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 appendix will be reauthorized by the identified approvers.
  2. Any public health staff member may initiate changes to appendices and its attachments by submitting the proposed changes to the ERP for presentation to the identified reviewers.
  3. Proposed changes may be approved for interim use in

response activities by the IC, Health Commissioner(s), or designee outside the review cycle; such approval is only valid until the annual review, after which the review committee must have adopted the proposed changes for their continued use in response activities to be allowable.

Development and adoption of Appendices to an Annex

1. Because appendices to annexes are complementary, they may be approved for inclusion, revision or expansion by the Stark County Emergency Planning Coordinator at any time. Any public health staff member may initiate changes to an appendix to an annex by submitting the proposed changes to the ERP. All appendices should be reviewed by the planning team 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.

- Version history for the ERP and all of its annexes are tracked under one numbering system as follows: #.##. The first digit represents the overarching version, which accounts for the organization, structure and concepts of the ERP. The second-two digits represent revisions of or expansions of other components of the plan. Substantial changes to the plan, e.g. the organization, structure or concepts, require the adoption of a new version of the ERP. Changes to other components are tracked within the currently adopted version of the ERP.
- The ERP is also tracked by the last date reviewed and the last date revised. If a review does not necessitate any revisions, only the date of review has to be updated. Likewise, each attachment, annex, and appendix 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 annex may differ from those of the primary documents they complement, as they can be approved at any time.

- Plan Formatting – ***See 10 Appendix 4 – Plan Style Guide***

VIII. COMMUNICATIONS

A. Local Health Department Availability 24/7

Each local health department has either a recorded message describing non-business hours contact procedures, or has their phones answered during non-business hours as described below:

1. Alliance City Health Department

   Callers are directed to contact the police department during non-business hours. The police dispatcher then contacts the health department through the department call down list that is programmed into their computer system.

2. Canton City Health Department

   The Canton Communications Center (a centralized dispatch center) answers all non-business hour calls to the health department. The dispatcher then contacts the health department via cell phones.

3. Massillon City Health Department

   Non-business hour calls answered by an answering machine that refers the caller to the Health Commissioner's after hour's phone number.

4. Stark County Health Department

   Non-business hour calls are either answered by an answering service or directly by the designated on-call staff. Appropriate department personnel are then contacted by way of cell phones.

B. Local Health Department Contacts 24/7 ***(See LHD Contacts Annex)***

Call down list and procedures

Each Health Department in Stark County has an internal call-down procedure incorporated into this plan as **11- SOG 1- Notification Activation Standard Operating Guideline (SOG).** The LHDs would communicate amongst each other and send notifications to all staff utilizing the Wireless Emergency Notification System (WENS). This system allows us to send an email, phone message and SMS message to all four health department employees with the alert and/or notification.

C. Health Alert Network ***(See HAN Annex)***

The Health Alert Network (HAN) is a communication system designed to provide information and alerts rapidly to appropriate people and agencies in Stark County. This network will enable the health departments to contact others in a fast and easy method. The HAN Coordinator will maintain current contact information.

D. Public Information Plan ***(See Public Information and Joint Information Annex)***

1. The goal of the Public Information Plan is to provide timely, accurate, and standard information during a time of public health emergency.

2. Those agencies utilizing the Stark County Public Health Emergency Response Plan recognize the Public Information Officer (PIO), as established under NIMS, to be the manager of public information regarding the emergency incident.

3. The PIO will serve to coordinate and disseminate public information regarding the incident. Some incident information, due to security reasons, may be restricted from the public.

4. All reasonable efforts will be employed by responding agencies to maintain the Public Information Plan.

E. Stark County Tactical Interoperable Communications Annex

The Stark County Tactical Interoperable Communications Annex operates in concert with the ongoing response activities in order to ensure accurate and efficient communication with internal and external partners. When engaged in a response, the LHDs will ensure the dissemination of information and maintain communication with the following entities to ensure continuity of response operations:

- Applicable LHD employees from (ACHD, CCHD, MCHD & SCHD)
- Local EMA/EOC
- LHD DOC (if applicable)
- ODH
- OEMA (if applicable)
- NECO (PH Coordinator & Healthcare Coordinator)
- Jurisdictional Officials (if applicable)
- Non-governmental partner agencies
- Stark County EHPC
- 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 devises currently used on a day-to-day basis. These include:

- Phone Lines
- Cell Phones
- Email
- Fax Machines
- Marcs Radios
- Web-based applications:

- OPHCS
- WENS
- WebEOC

There are four (4) alert levels employed by the LHDs during emergency; 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 response within two (2) hours of receipt of the message;
- **Important**, which requires response within four (4) hours of receipt of the message;
- **Standard**, which requires 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.

The process for developing notifications and alerts after an incident is identified, involves the Health Commissioner or designee developing the message. The Health Commissioner or designee may ask for assistance from the PIO and the Director involved. After the message or notification has been developed, the Health Commissioner or designee will disseminate the message by activating the proper alerting mechanism.

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

- Messages
- Alerts

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

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

- Wireless Emergency Notification System (WENS)
- Multi-Agency Radio Communications (MARCS) radios
- Health Alert Network (HAN)

The WENS is made available to each Health Commissioner, Director, and Emergency Planning Coordinator at all four LHDs. They system allows for priority access and prioritized processing within our county since we are a governmental agency. This system is tested on a regular basis and has proven to process communications in a timely manner and greatly increasing the probability of call and communication completion.

Figure 5

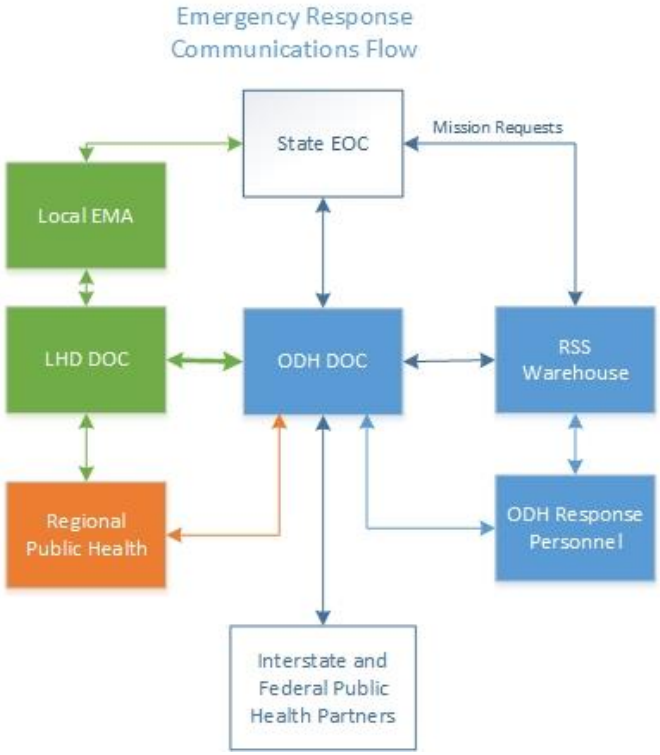
For a contact list of all partner points of contact that include:

- Name
- Title
- Agency/Affiliation
- Contact number(s)
- Emails
- Services

See 18 –Attachment 8 Health Alert Network (HAN) Partners.

The four LHDs communicate 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



IX. EXPEDITED ADMINISTRATIVE AND FINANCIAL ACTIONS

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.

Incident documentation will be completed by each staff employee. A code has been assigned within the Kronos system for Public Health Emergency Response. On the system, each employee will enter their personnel hours, activity/incident log and any resources expended. This system will enable us to track all time and money spent towards the response. The documentation in the system will allow us to pull reports for: cost recovery, legal issues, and assist with the IAP and AAR/IP.

Every staff member involved in the response is responsible for documenting their time in Kronos after their shift is complete. Their supervisor/director is responsible to review the information (in Kronos) and approve the time sheet once every 2 weeks. All Kronos time sheets are submitted electronically to the supervisor/director every two weeks (Thursday after the pay).

The Finance Manager/Finance Section Chief is responsible for the documentation of personnel time posted in the Kronos system along with forms submitted for equipment/supply costs.

All records are kept for the proper amount of time according to our legal department. The policy for retention of records related to the incident that is sensitive documentation (such as HIPPA, medical or security records) states in our retention policy to maintain for seven years in file by the Emergency Planning Coordinator. All sensitive records are maintained electronically on a secure server that only the Health Commissioner, Director, or designee has access to. All sensitive records that are in hard copy form, are locked in a file cabinet that only the Health Commissioner, Director, or designee has access to. All documents are dated to assure they are maintained and kept for the seven year requirement. If there is a breach of sensitive or confidential information the person whom detected the breach (either Health Commissioner, Director, or designee) would immediately report this compromise of information directly to the Health Commissioner. The Health Commissioner would then contact our Legal Department to report the breach and take action to contact the person(s) involved in the breach. In addition, the Health Commissioner would take corrective action to assure no further breach or compromise occurs by fixing either the technology involved or security measures that may have failed.

All sensitive records are kept in each employee's personnel file and the Human Resources Coordinator, Director, and Health Commissioner has access to the records. All public records are retained per our legal department time frame. These files are accessible to the public upon request. These records are kept electronically in our system.

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).

Expedited actions can occur in the forms of approvals for personnel actions and procurement of resources. All expedited actions will be initially approved by the Finance & Administration Section Chief/Staff Support Section (FASSS) Chief and provided to the IC for approval. Any approvals beyond the basic authority of the IC 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 employee's Director.
- Expedited Financial Actions: All expedited financial actions will be coordinated by the FASSS Chief in consultation with the IC. No funding will be obligated or committed without the consent of the IC.
- Expedited Procurement Actions. Each LHD will follow their internal LHD Emergency Procurement Process.

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

X. LOGISTICS AND RESOURCE MANAGEMENT

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

- Source 1: LHD internal human resource/personnel and inventory management systems. All resources will be queried internally prior to engaging Stark county partners or stakeholders. When all four LHDs require resources that are not on-hand or have been exhausted the agency will pursue with local agency partners for resources.

- Source 2: State agency resources. When all four LHD resource avenues have been exhausted, the acting logistics section chief will work through the Stark County EMA to engage local partners to secure a resource. Stark County EMA may choose to activate the county Emergency Operations Center (EOC) and Emergency Support Function (ESF) Partners to identify and secure a resource (e.g., DAS, ESF-1, ESF-7).
- Source 3: MOUs and MAAs. When a required resource is needed, the FASSS Chief will refer to existing MOUs or MAAs to fulfill resource shortfalls. Assistance will be sought from OFA or Legal, as necessary.
- Source 4: Emergency Purchasing and Contracts. Special provisions have been described in ***Appendix 11 - Emergency Procurement Process*** that detail how emergency procurement and contracts can be executed.
- Source 5: Emergency Management Assistance Compact (EMAC). When a resource for the LHDs use is not available and cannot be found in the county, the logistics section chief will work through the county EOC to request local resources using the EMAC Process.
- Source 6: Regional and State Assets. NECO Regional and State assets which include subject matter experts and material may be required to support local incident response. NECO and State agencies that support the four LHD responsibilities include but are not limited to the NECO public health coordinator, NECO healthcare coordinator, the other public health departments throughout our NECO region, Ohio Department of Health (ODH).
- Source 7: Federal Assets. Specialized federal assets to include subject matter experts and material may be required to support state incident response. Federal agencies that support our four LHDs through the ODH 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.

A. LHD Resources

The four LHDs have identified the three resource priorities for fill during an incident:

- Personnel
- Material/supplies
- Transportation

Personnel resources

The Planning/Planning Support Section chief will work with the LHD Office of Human Resources to fill the shortfalls. If there are insufficient LHD personnel staffing assets

available internally, the Stark County MRC Coordinator will be contacted to activate the MRC/Volunteer Annex and begin notifications to MRC volunteers via Ohio Responds to activate our volunteers and establish a Volunteer Reception Center to begin processing.

Materiel resources

In an effort to fulfill materiel resource gaps the acting Logistics/Resources Support Section Chief will research for the asset internally within each of the four LHDs contact persons. If the resource is found, an **ICS Form 213RR** LHD **Adapted** form will be completed and provided to the Bureau Chief or manager responsible for that resource. The LHD Operations Management (OM) Unit and the Resource Manager will be provided copies of the transaction for internal tracking purposes. If available, the resource will then be released and assigned to an equipment custodian for the duration of the incident. Request for medical countermeasures will follow the procedures set forth in the Stark County SNS/MCM Annex.

Transportation resources

The four LHD transportation assets are limited for both personnel and material transportation. During an incident response, the Logistics/Resources Support Section Chief will collaborate with LHD OM unit to determine available LHD vehicle transportation assets for use in the form of sedans, trucks and vans for personnel transport, and cargo vans and trucks for materiel transportation requirements. Any transportation needs that remain unmet after this engagement will be addressed through engagement of the Stark County EMA.

B. Management of Resources

Management of LHD Internal Resources

The management of the four LHDs' internal resources and assets used in support of an incident will be tracked using The Resource Tracking ICS form for supplies and material. The logistics unit will maintain these forms and be responsible for this inventory management.

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

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

- Asset assigned location

Management of LHD External Resources

Upon receipt of an external resource, the IC in collaboration with the LHD OM unit will accept responsibility of the asset, by entering in relevant information into the Resource Tracking ICS form designated. The system(s) used will track the asset through its demobilization and transfer back to its owning organization.

Responsibilities and Systems in Place for Managing Resources

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

1) When an individual LHD employee responds or deploys to an incident with an LHD 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 the LHD (internal and external) will be compiled at the beginning of and end of each operational period for the LHD incident lead or authorized designee throughout the response and demobilization phases.
3) The following Incident Command System (ICS) forms will be used to assist in resource accountability tracking and post incident cost recovery:

ICS Form Number	ICS Form Title	ICS Form Purpose
ICS 204	Assignment List	Block #5. Identifies resources assigned during operational period assignment.
ICS 211	Check In List (Personnel)	Records arrival times or personnel and equipment at incident site and other subsequent locations.
ICS 213 RR Adapted SHD	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.

C. IMAC

Interstate Mutual Aid Compact (IMAC)

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

The Health Commissioner or their designee makes the decision about the need to request IMAC assets.

All requests for IMAC assets will be developed (without a formal declaration) by the Logistics Section Chief or the Emergency Planning Coordinator at the Stark County Health Department and provided to the Stark County EMA after the Health Commissioner or designee approval.

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.

The local health departments of Stark County will utilize resources acquired through IMAC to support public health response.

D. EMAC

Emergency Management Assistance Compact (EMAC)

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

1) This compact shall also provide for mutual cooperation in emergency-related exercises, testing, or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by party states or

subdivisions of party states during emergencies, such actions occurring outside actual declared emergency periods.

2) The EMAC process may be used to support a Public Health Emergency at either a State, or local jurisdiction level.
3) The request for EMAC resources is an executive level decision. The Health Commissioner or designee will work in collaboration with the Stark County EMA to initiate the EMAC process in collaboration and through the Ohio EMA. To request EMAC resources there must be a Governor's declaration in State.
4) All EMAC requests will be developed by the Logistics Section Chief or the Emergency Planning Coordinator at the Stark County Health Department and provided to the Ohio EMA after the Health Commissioner or designee approval.

The processes for both requesting resources through EMAC and for providing resources to another state in response to an EMAC request are detailed in 13 - **Attachment 6 - EMAC Request and Fulfillment Process**.

Approvals for IMAC and EMAC

The process and approvals for both the IMAC and EMAC requests and approvals are the same; except for the following:

- IMAC requests will go to the local Stark County EMA
- EMAC requests will go to the Ohio EMA.

The Health Commissioner or designee will need to approve both IMAC and EMAC requests prior to submittal to either the Stark County EMA or the Ohio EMA.

E. MOUs

Memorandums of Understanding, Mutual Aid Agreements and Other Agreements

1) Memoranda of Understanding (MOUs) and Mutual Aid Agreements (MAAs) are similar in that they are both designed to improve interagency or interjurisdictional assistance and coordination. MOUs are agreements between agencies, which may or may not be contractual. MAAs define how agencies will support one another and define the terms of that support (responsibility to pay staff, liability etc.). MOUs/MAAs are established between emergency response agencies to identify their agreements to collaborate, communicate, respond and support one another during a disaster or other public health emergency. Understandings regarding the incident command structure, patient and resource management, processes and policies in place for requesting and sharing of staff, equipment and consumable resources, as well as payment, are generally addressed in an MOU/MAA. These agreements expand the capacity of LHDs by allowing

the agencies access to resources held by the organizations with which agreements have been executed. Both types of agreements must be processed through and approved by LHD Senior Leadership.

2) Established LHD MOUs and MAAs are retained by each LHD that has an existing agreement. The Emergency Planning Coordinator retains the compilation of original/official agreements. Additionally, each LHD 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 appropriate leadership to determine whether any MOUs and MAAs are applicable to the response activities.
4) If an MOU or MAA is determined to be needed during an incident, the IC and appropriate LHD Health Commissioner, Director, or designee will collaborate on execution of the MOU/MAA.

XI. STAFFING

A. Activation Levels

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.

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

Staffing Pools

LHD offices will be tapped to provide staffing for incidents that can be effectively supported by their staff. The following SHD staffing pools could consider for fulfilling staffing requirements:

1. Qualified program staff from involved health departments;
2. Specific roles for program personnel that are defined in functional or incident-specific;
3. ICS roles may be filled by any LHD employee that has completed required training.

B. Mobilization

Mobilization Alert and Notification

The Health Commissioner, Director, or designee will prepare a mobilization message for dissemination to response personnel. This message will be shared with the appropriate Directors/Unit Managers to be passed to their engaged staff. Staff notified for mobilization/deployment will follow these instructions:

1. **Where to report**: All personnel alerted for mobilization/deployment for an incident will report to the LHD DOC, unless otherwise specified.
2. **When to report**; Staff alerted will report within the required time established by the IC or Health Commissioner. The goal for initiating deployment is within 30 minutes of notification; arrival times may vary depending on the distance the staff must travel.
3. **Whom to report to**: The staff alerted will report to the DOC Manager or other individual, if designated. The IC, Health Commissioner, or designee 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 LHD employees who will be deployed to another location, on what to prepare for in relation to time expected for deployment and providing the appropriate packing list information. **No** LHD **staff member will self-deploy to an incident response.**

C. Demobilization

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 responsibility 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

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 LHD asset or resource used in an incident, a full accountability of equipment returning to the LHD will be done in collaboration with the OM unit, the IC, and the equipment custodian (LHD employee). The asset will be inventoried and matched against the asset tag or EDH number, and serial number, then inspected for damage, serviceability and cleanliness. If all equipment serviceability and cleanliness requirements are met, the assets or resource will be transferred to the Bureau 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 LHD incident lead, or designee and stakeholder, or equipment custodian will collaborate with the LHD OM unit and the LHD Financial Officer to determine next steps in the reconditioning of the asset, salvage or the purchase of a replacement item. The costs for reconditioning and or replacement of the item will be included in the post-incident cost recovery process.

XII. 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.

Process for Declaration of Disaster Emergency

The LHD's role in the emergency declaration process is to provide subject matter expertise and situational information. The LHD cannot declare an emergency or disaster; only the Governor may do so. The LHD may be asked by the EMA to weigh in on the effects of a disaster and its public health implications. The Health Commissioners and any LHD staff member that ODH, EMA and/or the Governor deems necessary to include will act as consultants to inform the State-EMA-led disaster declaration process. As a participant in the declaration process, the LHDs 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 LHDs will coordinate with other federal, state and local agencies through the county EOC.

XIII. EDUCATION/TRAINING/AAR/IP

A. Education & training public health issues and the PHERP will be provided as needed/requested to community agencies and public health staff.

B. Drills and exercises will be conducted periodically to assess the level of preparedness. All drills and exercises will be coordinated through the use of an HSEEP Multi Year Training and Exercise Plan. When at all possible health department exercises will be coordinated with partnering agencies including hospitals, MRC, EMA, and the LEPC. *(See Multiyear Training and Exercise Annex)*

C. A Hotwash will be conducted immediately following the exercise or real event. This may only take 30 minutes to conduct. A more extensive Hotwash will be conducting within a week of the exercise or real event.

D. An After Action Report/Improvement Plan (AAR/IP) must be produced whenever the ERP is activated.

E. The PHEP Training Coordinator will be responsible for completing the AAR/IP documents within 60 days after an exercise or real event including incidents that the agency did not lead.

F. When another agency is preparing the AAR/IP, the Stark County Emergency Planning Coordinator will work to ensure the agency's findings and lessons learned are reflected in the AAR/IP.

G. The PHEP Training Coordinator will ensure that AAR/IP documents are communicated with stakeholder and all response partners to implement corrective action identified in the AAR/IP 60 days after an exercise or real event.

H. The Stark County Emergency Planning Coordinator will develop lessons learned as part of the response through a thorough analysis of response events, documentation, and the feedback provided at the hotwash. This analysis will feed into the AAR/IP to provide necessary information to identify corrective actions.

I. The Stark County Emergency Planning Coordinator is responsible for coordinating/ communicating with participating response partners and stakeholders to implement corrective actions identified in the AAR/IP and for tracking completion of corrective actions.

J. The Stark County Emergency Planning Coordinator notifies the responsible party of the corrective action and confirms the completion date. For actions that lead to the update of an ERP component, the Stark County Emergency Planning Coordinator will make the corrections in the identified plan. The Stark County Emergency Planning Coordinator regularly follows up with the responsible party to confirm movement and, ultimately, completion of the corrective action.

K. See **14 - Attachment 7– Development of AAR/IP and Completion of Corrective Actions**.

XIV. PUBLIC INPUT

A. The Stark County Public Health Emergency Response Plan will be available for public review on each of the four health department's websites.

B. The Stark County Emergency Planning Coordinator will be responsible for communicating to the LHDs Public Information Officer (PIO) when the emergency response plan has been revised and new version is available for public publishing.

C. The contact number and email for the Stark County Emergency Planning Coordinator will be provided for the public to contact with any questions, comments, suggestions, and/or concerns. Public comment to the ERP will be accepted via email and tabled in addition to the proposed changes between revision cycles for consideration.

D. During the month of September for Preparedness Month, a press release and social media posts will be disseminated to guide the public to our website to

view our plan and provide any questions, comments, suggestions and/or concerns to the contact information provided.

XV. DEFINITIONS AND ACRONYMS

Definitions and Acronyms related to the PHERP are ***in 15-Appendix 5 – Definitions & Acronyms.***

XVI. AUTHORITIES AND REFERENCES

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.

A. Federal

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

B. State

Authorities are detailed in ***16*-Appendix 6 - Authorities**. They include: Infectious Disease Control, Emergencies, Management of People, Monetary, License and Regulatory Authority, Support Services, Registries, General Confidentiality.

C. References

<u>Federal</u>

1) National Response Framework (NRF), 2016

2) The National Incident Management System (NIMS), 2008

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.
8) State Department of Health Emergency Response Plan Basic Plan Rubric
9) State Department of Health Sample Emergency Response Plan

XVII. FUNCTIONAL ANNEXES

Local Health Department Contacts Annex
Stark Health Alert Network (HAN) Annex
Pharmacy Annex
Command and Control/ICS Annex
Hospital Surge Capacity Annex
Epi Annex
Point of Distribution (POD) Annex
Pandemic Flu Annex *(including Mass Fatality and Non-Pharmaceutical Interventions/Quarantine)*
Continuity of Operations Plan (COOP) Annex
Excessive Temperature and Utility Disruption Annex
Antiviral/SNS Distribution/MCM Annex
MultiYear Training and Exercise (MTEP)Annex
Stark County Public Health and Healthcare Tactical Interoperable Communications Annex
Functional Needs Annex
Public Information & Joint Information Center Annex
Public Health Hazard Identification Risk Analysis (HIRA)
Volunteer Annex
High-Risk Communicable Disease Annex (Ebola)
Fatality Management

Additional SOGs include:

- Call-Down List

- Notification and Activation
- Sending HAN Messages
- MARCS
- Release of HAN
- OPHCS
- Cell Phone
- Alternate Care Sites
- PPE/Exposure Control
- Mass Care (Red Cross/Shelters)
- MRC Activation