TRUMBULL COUNTY
COMBINED HEALTH DISTRICT (TCCHD)
EMERGENCY RESPONSE PLAN (ERP)
BASIC PLAN

Version 1.3
Date Originally Adopted: April 25, 2018
Jurisdictions Covered by this Plan:
Trumbull County Combined Health District and
Warren City Health District
Date of Last Revision: 17 February 2020
Date of Last Review: 9 January 2020
Date of Last Promulgation: 19 February 2020

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INTRODUCTION

APPROVAL AND IMPLEMENTATION

The Trumbull County Combined Health District/Warren City Health District (TCCHD) Emergency Response Plan (PH-ERP) replaces and supersedes all previous versions of the TCCHD ERP. This plan provides operational guidance for responding to emergencies which would have considerable impact on the health system and health of the residents of Trumbull County. This plan may be implemented independently or in conjunction with the Trumbull County Emergency Operations Plan (EOP) as needed.

EXECUTIVE SUMMARY

The TCCHD ERP is an all hazards plan that provides guidance for the management of public health's response to incidents that occur within Trumbull County. The TCCHD ERP is a response plan that encompasses both the Trumbull County Combined Health District (TCCHD) and the Warren City Health District (WCHD). For purposes of simplicity, TCCHD will be used throughout the plan but the plan pertains to and is endorsed by both health districts. This plan becomes activated when it becomes necessary to assess an incident, assist in an incident or to mobilize a response to an incident in order to protect the health of the pubic within Trumbull County. These incidents include, but are not limited to, infectious disease investigations and outbreaks, environmental issues, and disease clusters. It incorporates the National Incident Management System (NIMS) as the standard for incident management.

This plan designates roles and responsibilities for responding to emergencies to staff that are assigned to public health program areas in Trumbull County. This basic ERP provides the basis for planning with other county, regional and state partners and stakeholders. This plan is to be used in conjunction with the more detailed annexes and attachments included as part of this document or with the standalone plans held by TCCHD. Additionally, this TCCHD ERP is designed to work in conjunction with the Trumbull County Emergency Operating Plan (TC-EOP), administered by the Trumbull County Emergency Management Agency (TC-EMA).

The successful implementation of the TCCHD ERP is dependent upon the collaboration of Trumbull County partner agencies and organizations that are responsible for crucial resources and tasks during emergency incident operations.

STATEMENT OF PROMULGATION

The Trumbull County Combined Health District (TCCHD) Emergency Response Plan (ERP) is the foundation for coordination of public health resources and response to provide public health and medical services during an emergency or disaster. During an emergency or disaster, local government and healthcare systems may become overwhelmed and exhaust their resources. Therefore, public health resources will be used to provide public health and medical services to assist with mitigation of the emergency throughout Trumbull County and surrounding areas.

All TCCHD program areas are directed to provide training and exercise these plans in order to maintain the overall preparedness and response capabilities of the agencies. TCCHD will maintain this plan, reviewing it and reauthorizing it at least annually; and utilize exercise or real event After Action Reports (AAR) to make changes and updates.

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

This plan has been approved and adopted by the following individuals at TCCHD:

Robert Biery, Jr., Board President
Trumbull County Combined Health District — Date: 2/19/2020

Frank J. Migliozzi, MPH, REHS, RS, Health Commissioner
Trumbull County Combined Health District — Date: 2/19/2020

This plan has been approved and adopted by the following individuals at WCHD:

Robert Pinti, Deputy Health Commissioner
Warren City Health District — Date: 2/7/2020

Subhash Khaterpaul, M.D. Health Commissioner
Warren City Health District — Date: 2/7/2020

RECORD OF CHANGES

The Health Commissioner authorizes all changes to the Trumbull County Combined Health District Emergency Response Plan (TCCHD ERP). Change notifications are sent to those on the distribution list. The following should be completed when changes are made:

1. Add new pages and destroy obsolete pages.
2. Record changes on this page.
3. File copies of change notifications behind the last page of this ERP.

Date	Revision Number	Version Number	Description of Change	Pages Affected	Reviewed or Changed By (Name & Title)
08/26/2018	1	1.1	Added language how the agency engages the BOH during a response.	Page 22	S. Swann, EPC
08/26/2018	2	1.1	Added language describing how jurisdiction recovers cost of funds expended during emergency response operations.	Pages 45-47	S. Swann, EPC
08/26/2018	3	1.1	Added language for agency's policy on using volunteers.	Page 58	S. Swann, EPC
08/26/2018	4	1.1	Added language that describes the process by which agency provides resources to an IMAC/EMAC request.	Page 55	S. Swann, EPC
8/28/2018	5	1.1	Added Appendix 16 – Trumbull County SVI; also noted this Appendix on page 17 of the Basic Plan.	Appendix 16 & Page 17 ERP-BP	S. Swann, EPC
08/28/2018	6	1.1	Added Appendix 17 – Trumbull County Flood Map; also noted this Appendix on page 12 of Basic Plan.	Appendix 17 & Page 12 ERP-BP	S. Swann, EPC
08/28/2018	7	1.1	Added Section 9.5 – Language for psychological first aid.	Page 59	S. Swann, EPC
08/28/2018	8	1.1	Added language that describes the process for coordination with state agencies in large scale or complex incidents.	Pages 40-41	S. Swann, EPC
08/29/2018	9	1.1	Added language that describes the interface between ESF-8 and the healthcare coalition partners at the local and regional levels.	Pages 33-35	S. Swann, EPC
08/29/2018	10	1.1	Added language that describes the roles and responsibilities that directly support healthcare coalition members during response and recovery.	Pages 15-16	S. Swann, EPC
08/29/2018	11	1.1	Update Appendix 4 – TC CMIST Profile with 2016 census data.	Appendix 4	S. Swann, EPC
08/29/2018	12	1.1	Added Appendix 18 – NIMS 2017 Refresh; also noted this Appendix on page 10 of the Basic Plan.	Appendix 18 &Page 10 ERP-BP	S. Swann, EPC
09/06/2018	13	1.1	Added Appendix 19 – TCCHD MOUs, MAAs, and Contracts; also noted this Appendix on page 50 of Basic Plan.	Appendix 19 &Page 50 ERP-BP	S. Swann, EPC
09/06/2018	14	1.1	Added Section 7.6 to incorporate language of how emergency legal authorities used during a response differ from standard procedures.	Pages 49-50	S. Swann, EPC
09/11/2018	15	1.1	Completed TCCHD CMIST Partner Spreadsheet and added it to ERP-BP as Appendix 20 and noted this on page 32 of the Basic Plan.	Appendix 20 & Page 32	S. Swann, EPC
08/05/2019	16	1.2	Reviewed ERP Basic Plan; Added a new Annex, the Environmental Annex to the ERP Basic Plan.	Environmental Annex	S. Swann, EPC N. Markusic, Accreditation Coordinator Frank Migliozzi, HC Kris Wilster ED

08/05/2019	17	1.2	Revised Attachment II, PHE-1070, Initial Incident Assessment & Activation of TCCHD ERP. Added inclusion of environmental issues and reference to the new Environmental Annex to the ERP.	Attachment II, Section 2.0	S. Swann, EPC N. Markusic, Accreditation Coordinator
01/09/2020	18	1.3	Updated Trumbull County CMIST profile with current data.	Appendix 4	S. Swann, EPC
01/22/2020	19	1.3	Developed updated Job Action Sheets (JAS) per the ERP rubric requirements and combined them with current JAS checklists. Added to the ERP as new Appendix 22.	Appendix 22	S. Swann, EPC Frank Migliozzi HC
01/25/2020	20	1.3	Added a Table of Organization that correlates with TCCHD's ERP Activation Levels and a description of how these tables expand and/or collapse. Included a roster of staff to fill these positions. Combined to make Appendix 21.	Section 5.2.3, page 24; and Appendix 21.	S. Swann, EPC N. Markusic, Accreditation Coordinator Frank Migliozzi HC
01/30/2020	21	1.3	Changed Policy and Appendices naming system from ADM – number to PHE - newly assigned number.	All ERP Attachments, Appendices 10, 11, and 12; and all ERP Basic plan references to these.	S. Swann, EPC N. Markusic, Accreditation Coordinator Frank Migliozzi HC
01/30/2020	22	1.3	Updated Attachment III – PHE-1080 – Activation and Opening of the DOC to include the updated JASs; and referenced the JASs in Attachment II – PHE-1070 – Initial Incident Assessment and Activation of TCCHD ERP	Attachment II and Attachment III	S. Swann, EPC N. Markusic, Accreditation Coordinator Frank Migliozzi HC
01/30/2020	23	1.3	Added the reference in the ERP for the primary and back up TCCHD DOC locations; Updated Attachment III – PHE-1080 to include a list of equipment to support public health operations; distribution of sit reps to personnel, partners and volunteers; and the process of how people are selected, badged, and assigned positions.	Page 26 and Attachment III	S. Swann, EPC N. Markusic, Accreditation Coordinator Frank Migliozzi HC
02/20/2020	24	1.3	Updated the ERP Basic Plan V-1.3 with new signature page and update the cover page seals.	Page 6	S. Swann, EPC

For questions about this plan, contact:

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RECORD OF DISTRIBUTION

A single hard copy of the Trumbull County Combined Health District Emergency Response Plan (TCCHD ERP) is distributed to each person in the positions listed below.

Date Received	Program Area	Title	Name
April 26, 2018	TCCHD	Health Commissioner	Frank Migliozzi, MPH, REHS/RS
April 26, 2018	WCHD	Deputy Health Commissioner	Robert Pinti
August 15, 2019	TCCHD	Health Commissioner	Frank Migliozzi, MPH, REHS/RS
August 15, 2019	WCHD	Deputy Health Commissioner	Robert Pinti
		Title	Name
		Title	Name
		Title	Name
		Title	Name
		Title	Name
		Title	Name
		Title	Name

This plan is available to all agency staff through the TCCHD intranet site and the WCHD intranet site in electronic format. One hard copy and one electronic copy can be found in the TCCHD Department Operations Center (DOC). Additionally, each Department Coordinator possesses an individual copy. Staff may view the plan via the intranet at any time or request to view one of the available hard copies.

SECTION I

1.0 PURPOSE

Trumbull County Combined Health District (TCCHD) has developed this ***Emergency Response Plan – Basic Plan*** (ERP) in order to support TCCHD's mission to protect and promote the health and well-being of Trumbull County and prevent disease, disparity and harm to our residents. This plan, to the best of its ability, defines actions to be taken by public health and cooperating governmental, private and/or voluntary organizations to prevent the spread of disease, mitigate disasters, reduce the vulnerability of residents to disasters, respond effectively and efficiently to the actual occurrence of disasters, and provide assistance for recovery in the aftermath of any emergency involving a debilitating influence on the normal pattern of life within the community.

The primary goal of this document is to outline a general emergency response plan for public health for the response to a disaster or emergency situation. Trumbull County public health services include:

1. Public Health Nursing Services
2. Environmental Health Services
3. Emergency Preparedness Services
4. Vital Statistics Services
5. Health Education Services and Community Partnerships
6. Administrative and Fiscal Services

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

The ***TCCHD ERP – Basic Plan*** is designed to serve as the foundation by which all response operations at the health district(s) are executed. As such, the ***Basic Plan*** is applicable in all incidents for which the TCCHD ERP is activated, and all components of this plan must be developed and maintained in accordance with section three. This plan may be used as a stand-

alone document, or executed in concert with the ***Trumbull County Emergency Operations Plan*** (TC EOP), other TCCHD plans, or annexes.

This plan is a supplemental plan to Annex H of the Trumbull County EOP and is posted on the TCCHD's web site www.tcchd.org for public review and input. Trumbull County Public Health will refer to the Trumbull County Emergency Operations Plan (TC-EOP) when the incident requires the involvement of more than our agency or when we are only involved in the incident as a support agency.

2.0 SCOPE AND APPLICABILITY

This plan pertains to TCCHD and all of its offices and program areas; and to the Warren City Health District (WCHD) and all of its offices and program areas. This plan is always in effect and is activated whenever an incident impacts public health and/or medical systems anywhere within Trumbull County and requires a response by public health that is greater than day-to-day operations.

The ***TCCHD ERP Basic Plan*** is written to apply to all hazards that impact public health and healthcare whether they are naturally occurring or manmade, intentional or unintentional, or they threaten the health of Trumbull County residents.

This plan integrates NIMS ***(Appendix 18 – National Incident Management System (NIMS) 2017 Refresh)*** so that the response to threats and hazards are managed seamlessly with local, regional, state and federal partners, regardless of cause, size, or location. It directs response operations to incidents that either impact or could potentially impact public health or healthcare within Trumbull County or would require TCCHD to execute its role(s) described in Annex H of the TC-EOP. This ERP supports the TC EOP by providing public health's response activities, roles, and responsibilities.

This plan does not address issues related to Continuity of Operations (COOP) and coordination of communications. These plans, TCCHD – COOP Plan and TCCHD Communications Plan are separate Annexes that supplement the TCCHD ERP. However, communications is addressed to ensure information is effectively managed to support all TCCHD response activities.

3.0 SITUATION

According to the 2016 population estimate by the US Census Bureau, Trumbull County has a population of 201,825 residents. The highest concentration of residents lives in the cities of Warren, Niles, Girard, and Hubbard. Several large townships also have high population concentrations, these include: Howland, Liberty, Bazetta, Weathersfield, Warren, Hubbard, and

Brookfield. The heaviest population concentration lives in the urbanized southern section of the county. The southern portion of Trumbull County is heavily industrialized with steel mills, automobile related assembly, and other industrial facilities. The Northern rural areas are less populated. Farming and light industry are the primary businesses in the remainder (Northern half) of the county.

The population is comprised of 89% Caucasian, 8.6% African American, 1.7% Hispanic, and less than 1% other (includes Asian, Native American, and other); and 5.3% speak a language other than English. The average family size is 2.95 and the median age is 42.8 with approximately 21% children under the age of 18 years and 20.4% persons 65 years of age and older. There are 51.4% females and 48.6 males. There is 17.6 percent of the population living in poverty; and there are 10.3% persons under the age of 65 years that have a disability.

There are about 7,500 Amish residents living in Trumbull County. The greatest concentration of Amish is in Mesopotamia and Farmington Townships, located in the northwest section of the county. The Amish present some unique needs due to their religious beliefs, lack of modern communication and transportation services.

Major business and industry in Trumbull County include: Delphi Corporation, General Motors, Steward Healthcare System, Mercy Healthcare System, Giant Eagle, Sears / Kmart, Trumbull County Government, Trumbull County School Systems, Covelli Enterprises, Cafaro Company and Alorica. According to Department of Job and Family Services July 2017 data, Trumbull County's unemployment rate is 8.7 percent and ranks number one for unemployment out of 88 Ohio counties.

Geographically, Trumbull County is in the northeastern part of Ohio and is mostly rural with a land area of 618.30 square miles and 70% of this land being woodland and cropland. It is one of the 32 Ohio counties that are part of the Appalachian region. Trumbull County is made up of 25 townships, and each township is about 25 square miles in size. The three largest cities are Warren City with a population of 39,898 (2016), Niles City with a population of 18,458 (2016) and Girard City with a population of 9,477 (2016). Trumbull County is bordered by Ashtabula County to the North, by Mahoning County to the south, equally by Geauga and Portage counties to the west, and the state of Pennsylvania (Mercer and Crawford counties) to the east (see ***Appendix 1 – Map of Trumbull County***).

Trumbull County's highway systems are used as the main arteries through the industrialized heartland of mid-America; unfortunately this also brings the constant dangers associated with heavily used industrial transportation routes. Interstate I-80 and the Ohio Turnpike, passes through the southern part of the county. Other major routes in the county include Route (Rt.) US 422, Rt. 11, Rt. 82, Rt. 46 and a host of other state routes. Rail lines are concentrated along the southern half of the county and presents potential threats when hazardous and radiological materials are transported by train cars.

Trumbull County has one military installation within its borders, Youngstown-Warren Air Reserve Station, which is the home of the 910th Airlift Wing and its eight C-130H Hercules aircraft operated by one C-130 squadrons. It's the primary installation for aerial treatment spraying for vectors throughout the United States; has nearly 1,450 military personnel and is located in Vienna Township. There is one major public airport, Youngstown-Warren Regional airport, which is also located in Vienna Township. It is a public commercial airport as well as a military support airport and is home to the Youngstown-Warren Air Reserve Station. Air travel and military bases are always a concern for spread of disease and terrorism.

Trumbull County has three main watersheds: Grand River Watershed, Mahoning Watershed and Shenango Watershed; as well as two reservoirs: Meander Creek Reservoir and Mosquito Lake Reservoir. The Meander Creek Reservoir is located along Meander Creek in Mahoning County, near Austintown; and also in Weathersfield Township in Trumbull County. Meander Creek supplies Mahoning County and southern Trumbull County's drinking water. The Mosquito Creek Reservoir is a man-made reservoir located in Trumbull County, Ohio, approximately six miles northeast of Warren. It is fed by Mosquito Creek and Walnut Creek; and supplies the drinking water for Warren City. The Shenango River Reservoir, which is located in Pennsylvania, also provides drinking water supplied by Aqua Ohio to Brookfield, Hubbard and Vienna Townships within Trumbull County. There is a river that runs through Trumbull County called the Mahoning River. This river traverses five Ohio counties, Columbiana, Stark, Portage, Trumbull and Mahoning; as well as Lawrence County, Pennsylvania. These water sources bring constant concerns of contaminated drinking water and flooding. See ***Appendix 16 – Trumbull County Flood Plain Map***.

As described, highways, railways, airways, and waterways that traverse in and outside of Trumbull County are all potential avenues of delivering incidents or events from outside its borders. These incidents can have the ability to directly impact both public health and medical services by causing an increase demand for preventative and healthcare measures.

Historically, Trumbull County has experienced a multitude of events caused by ongoing threats and hazards. The State Emergency Management Agency (State EMA) reports that eight major emergency events in Trumbull County have received a Presidential Declaration of Disaster since 1964. These events have impacted public health and medical services in the past and continue to pose a threat to health security for Trumbull County residents.

According to the most recent TC EMA Hazard Analysis (see ***Appendix 2 – Trumbull County EMA Hazard Analysis***) for Trumbull County, the following are potential threats (not in order of prevalence) that can affect the infrastructure and health of this community:

Natural Hazards	Biological	Epidemics - Pandemics - Emerging Diseases

		Infestations
	Geological	Earthquakes
		Dam Failure
		Land/Mine Subsidence
	Meteorological	Drought
		Flooding
		Hailstorm/Snow
		Severe Thunderstorm
		Severe Winds
		Tornado
		Severe Winter Storm
		Temperature Extremes
		Wildfire
Human-Caused Hazards	Accidental	Hazardous Material Spills
	Intentional	Terrorism

In addition, there are diverse events that happen yearly in Trumbull County, e.g. county fair, festivals, shows, concerts, and sporting events; with occasional nationally recognized events such as the airshow and presidential visits. Events occurring in Trumbull County can be found at Explore Trumbull County Ohio: http://www.exploretrumbullcounty.com/home These events often bring more people into Trumbull County and have the potential to significantly affect public health and medical services in this county and have cascading effect potentially across adjacent counties, the region or statewide depending on the nature of the incident.

As a result of the above mentioned potential hazards and threats, there may be impacts to the health of the public in Trumbull County which may require TCCHD to respond using this plan. Potential impacts include:

• Widespread disease and illness; • Surveillance and response to novel diseases; • Heat related illnesses and injuries; • Hypothermia; • Dehydration • Widespread injuries or trauma; • Overwhelmed medical facilities; • Relocation to shelters; • Loss of infrastructure;	• Insufficient resources for response, especially medical countermeasures; • Insufficient personnel to provide adequate public health response; • Contamination to water supplies; • Development of chronic health conditions within a population; • Premature deaths; • Development of birth defects; • Long-term debilitation.

Trumbull County has been threatened by many hazards all of which have the potential to disrupt the community and cause damage and casualties which can impact public health and medical services. Consequentially, these hazards have mostly been caused by natural events such as wind storms, tornados, floods, droughts, ice storms, and blizzards; along with some man made events e.g. hazardous spills and derailments. Complications affecting the health of our residents as a result of these events and hazards include disease, sanitation problems, and food and water contamination. The following are examples of TCCHD roles during events that could occur in Trumbull County:

1. During emergencies involving floods, wildfires, earthquakes and weather related hazards; TCCHD would have a supportive role and would provide some or all of the following services:

• Environmental Health: - Well and water evaluation - Mold education - Vector control - Hazardous material evaluation / education - Animal removal - Food and shelter inspections - Solid waste/debris removal • Epidemiology - Disease surveillance and investigation - Statistical analysis - Health trends	• Nursing - Vaccinations - Prophylaxis • Health Education - Public information and education - Public health emergency alerts - Public notification • General - Facility relocation or remediation - Management of supply and personnel requests - Remediation of damage or loss to technology

2. During emergencies involving epidemics / pandemics, biological incidents (either intentional or unintentional), or other disease related hazards, TCCHD would have a lead role and would provide some or all of the following services:

• Environmental Health: - Well and water evaluation - Mold education - Vector control - Hazardous material evaluation / education - Animal removal - Food and shelter inspections - Solid waste/debris removal	• Nursing - Vaccinations - Prophylaxis • Health Education - Public information and education - Public health emergency alerts - Public notification

• Epidemiology - Disease surveillance and investigation - Statistical analysis - Health trends	• General - Activation of the DOC - Isolation and Quarantine - Facility relocation or remediation - Management of increase call volume - Implementation of public information operations - Management of supply and personnel requests - Management of disaster recovery operations

In an effort to foster preparedness planning and coordination within Trumbull County, TCCHD has established a local health preparedness committee named the TC Healthcare Coalition (HCC) that meets regularly to work together to prepare for, respond to and recover from disasters. TCCHD's Emergency Preparedness Coordinator (EPC) is the chair of this committee and convenes meetings to discuss and plan for emergency preparedness in Trumbull County. In addition, TCCHD is a member of the Northeast Central Ohio (NECO) Region V Planning Committee and the NECO Region V Healthcare Coalition (HCC) which is both comprised of public health agencies, hospitals and emergency management agencies from thirteen contingent counties that work together to prepare and plan for emergencies and disasters. TCCHD attends and participates in the NECO Region V meetings, trainings, and activities.

TCCHD's overarching role in the local and regional HCCs is to support the community as a whole and to assist with mitigation of scarce resources. TCCHD may also:

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

During and after a response, TCCHD may support HCCs by the following:

- Information sharing with the HCCs;
- Conduct assessments of public health/medical needs e.g. health surveillance, medical surge;
- Provide health/medical equipment and supplies;

- Provide public health and medical information;
- Assist with mass fatality management;
- Support facility operations through provision of expedited inspections; and
- Actively participate in a coordinated response between the healthcare and public health sectors for successful management.

Many health-related impacts are beyond the scope of TCCHD alone and require involvement of other partners with responsibilities for addressing incidents with impacts on health. These agencies and organizations comprise Emergency Support Function (ESF) – 8 Public Health and Medical Services in Trumbull County. As part of ESF-8, TCCHD partners with a wide range of organizations, including local health departments/districts (LHDs), public and private healthcare organizations, the business and medical communities, and other state and federal agencies. State, federal and local agencies may perform response operations in either a primary or support role dependent on the incident type, severity and scale.

In addition to ESF-8, TCCHD may also support other ESFs during a response. Table 2 of the ESF Annexes Introduction (January 2008) details Emergency Support Function Coordinating, and Primary and Support Agencies Designation on the FEMA website at: https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency_support_function_annexes_introduction_2008_.pdf

In general, TCCHD coordinates with other local entities involved in the event on public health matters, with support from other healthcare organizations for medical service provision and response. TCCHD may partner with the following agencies during a response in Trumbull County:

• American Red Cross • TC Area Agencies on Aging • TC Mental Health and Recovery Board • TC Law Enforcement • Other TC non-governmental organizations in a supporting response role • Geauga, Trumbull Solid Waste District • Mercy Healthcare System • Kent State University Trumbull Branch • TC Educational Service Center • TC Hazmat/LEPC	• TC Coroner • TC Developmental Disabilities • TC Emergency Management Agency • TC Engineers • TC Fire Departments • TC Emergency Medical Services • NECO Region 5 • TC Commissioner Office • Steward Healthcare System • TC Veterinarian Association • TC Airbase and Airport • TC Medical Reserve Corps

Delineation of responsibilities at the federal level can be found in ***Appendix 3 – Emergency Support Function Annexes Introduction***. This information can also be accessed at

https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency_support_function_annexes_introduction_2008_.pdf

TCCHD may coordinate with state and federal entities when the event escalates beyond local control. TCCHD may partner with the following state or federal agencies:

STATE AGENCIES	FEDERAL AGENCIES
• OSP • OEMA • OEPA • ODH • ODNR • ODA • ODOT • DMORT	• FBI • FEMA • EPA • CDC • HHS • USDA • FDA • Department of Justice

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 and Social Vulnerability Indexes identified for Trumbull County have been detailed in ***Appendix 4 – Trumbull County CMIST Profile*** and ***Appendix 16 – Trumbull County SVI*** respectively. Potential impacts from an incident may require TCCHD to respond by initiating or supporting the following activities to address and incident:

• Prophylaxis and Dispensing • Epidemiological Investigation and Surveillance • Infection Control • Prevention	• Morgue Management • Medical Surge • Interpreting Services

As Trumbull County's lead public health agency, TCCHD works with partners to ensure that all such efforts, as well as any other to mitigate, plan for, respond to and assist in the recovery from hazards, adequately serve individuals with access and functional needs (see section 5.3.9 for additional details).

4.0 ASSUMPTIONS

- Trumbull County is potentially vulnerable to weather related emergencies, naturally occurring disease outbreaks, and terrorist threats.

- The location and extent of some emergencies can be predetermined, other emergencies may occur with little or no warning.

- Incidents are unique, but they all have common elements that can be effectively managed through plans.

- Emergencies may require coordination and cooperation among diverse governmental and private organizations in order to protect the lives and property of Trumbull County residents.

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

- All response agencies will operate under in accordance with NIMS and respond as necessary to the extent of their available resources.

- While it is possible that outside assistance would be available in most major disaster situations and while plans have been developed to facilitate coordination of this assistance, it is necessary for TCCHD to plan for and be prepared to carry out disaster response and short-term recovery operations on an independent basis.
- TCCHD has many legal and administrative responsibilities as part of its routine duties. These include the responsibility to react to and assist in a wide variety of possible emergency situations that range from an extremely limited geographically isolated situation to a county-wide, regional or pandemic scenario.
- TCCHD has integrated this emergency response plan into the Trumbull County Emergency Operations Plan (EOP) to ensure a comprehensive approach to both public health and county-wide emergency response efforts.
- Testing and exercising TCCHD plans yields seamless implementation.

SECTION II

5.0 CONCEPT OF OPERATIONS

5.1 ORGANIZATION AND RESPONSIBILITIES

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

5.1.1 BOARD OF HEALTH

As the governing body of TCCHD, the Trumbull County Board of Health (TCBH) delegates their authority to the Trumbull County Health Commissioner to act in times of emergency.

- Local, state, and federal laws regulate Trumbull County Public Health. The TCBH appoint, advise and assign responsibilities to the Health Commissioner.
- The TCBH approves all TCCHD plans, policies and procedures.
- Approve financial allocations related to the incident.

5.1.2 HEALTH COMMISSIONER

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

- Assessing the hazard(s) relating to existing or anticipated public health threats and the environmental impact of such incidents.
- Inform the Board of Health of actual or potential health emergencies.
- Facilitate the activation of the ERP and the DOC.
- Develop policy and guidance for TCCHD and present to the Board of Health for public health response.
- Assume or authorize the role of Incident Commander (IC) to lead agency response.

- Monitor the response progress through briefings and updates on the situation.
- Provide additional guidance and direction to TCCHD response staff, as needed.
- Represent or appoint TCCHD personnel at the Trumbull County EOC, as necessary.
- Engage local, regional, state and federal partners as identified in Section 3, as appropriate.
- Serve as or appoint Public Information Officer (PIO) for TCCHD.
- Oversee financial allocations related to the incident.

5.1.3 MEDICAL DIRECTOR

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

- Provide medical consultation to the Health Commissioner, the Nursing and Environmental Directors, and response personnel.
- Provide medical direction and oversight to personnel during medical emergencies and at Points of Dispensing (POD) sites.
- Inform medical policy and guidance for TCCHD and local health response.
- Engage local partners regarding medical decisions and guidance.
- Serve as or support the PIO.

5.1.4 EMERGENCY RESPONSE COORDINATOR

The Emergency Preparedness Coordinator (EPC) has the primary responsibility for coordinating emergency preparedness and response for TCCHD. Besides the Health Commissioner, the Emergency Response Coordinator has primary responsibility for facilitating the activation of the ERP and the Department Operations Center (DOC). If the Health Commissioner or EPC is unavailable or chooses to delegate the responsibility, activation may be successively facilitated by a Department Coordinator (DC) e.g. Environmental Director, Nursing Director and/or the Medical Director.

5.1.5 COMMON RESPONSIBLITIES FOR TCCHD STAFF

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

All response personnel are expected to do the following:

- Maintain appropriate timekeeping records/documents, to include an ICS Form 204 as prescribed by **Attachment I – PHE-1190 Policy for Administration of ICS**.
- Assume and perform the duties of ICS Command and General Posts as assigned.
- Follow any organizational procedures set by the individual leading the response.
- Support execution of the Trumbull County EOP; the TCCHD responsibilities are listed in Annex H.

5.2 INCIDENT DETECTION, ASSESSMENT AND ACTIVATION

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

- The Health Commissioner 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 re-evaluated.
- Response personnel employ the entire process described in this section of this plan and present their recommendation for activation to the Health Commissioner. Barring deactivation by the Health Commissioner, response personnel then complete identified response actions.

Activation of the ERP marks the beginning of the response.

5.2.1 INCIDENT DETECTION

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

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

- Incidents that occur outside of the scope of normal work activities;

- Anticipated impact on or involvement of divisions beyond the currently involved division(s), with an expectation for significant, interdivision coordination;
- An immediate threat or harm to public health;
- Any hazard as described in Section 1, Sub-section 3.0 of this plan;
- Potential for escalation of either the scope or impact of the incident;
- Any unusual event such as a novel, epidemic or otherwise unique situation that likely requires a greater-than-normal response from TCCHD;
- Need for resources or support from outside TCCHD;
- 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 regional or state jurisdiction's health department.

5.2.2 INCIDENT ASSESSMENT

Department Supervisors and/or the Emergency Preparedness Coordinator will immediately inform the Health Commissioner of any incident that they are made aware of and believe is likely to require activation of the ERP. The TCCHD Board of Health (BOH) will be engaged and notified whenever the ***TCCHD ERP-Basic Plan*** is activated. Unless delegated, the Health Commissioner will contact the Board of Health and Medical Director by phone. At a minimum, the BOH President will be contacted to inform the board of the incident and response operation initiation. The BOH may also be engaged and notified at the Health Commissioner's discretion for any incident which may adversely affect public health but not rise to the level of necessitation ERP activation. Following this notification, the Emergency Preparedness Coordinator will initiate and follow the TCCHD procedure for initial incident assessment and activation of the ***TCCHD ERP-Basic Plan***. See **Attachment II – PHE-1070 Initial Incident Assessment & Activation of TCCHD ERP.** This notification will trigger the Initial Incident Assessment Meeting, which must take place via phone or face-to-face within 1 hour of the initial detection of the threat.

5.2.3 ACTIVATION

The Initial Incident Assessment Meeting supports the completion of Incident Briefing Form, as found in document **Attachment 1 PHE-1190**, to determine if the plan will be activated and at which Activation Level. After determining the necessary activation level during the Initial Incident Assessment Meeting, activation of the plan will occur through utilization of **Attachment II – PHE-1070 Initial Incident Assessment & Activation of TCCHD ERP.**

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. Consequently, this will result in flexible organizational structures as depicted in Figure 1, Figure 2, and Figure 3 (***Appendix 21 – Tables of Organization and Roster for ERP Activation Levels***). Staffing and organizational levels will be evaluated in development of the IAP and updated as needed for each operational period. Activation levels and their associated recommended minimum staffing levels supplied from trained agency staff members are detailed in the table on the next page.

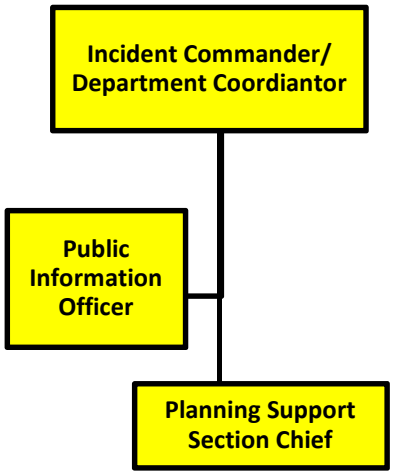

Figure 1: Situational Awareness Organizational Structure

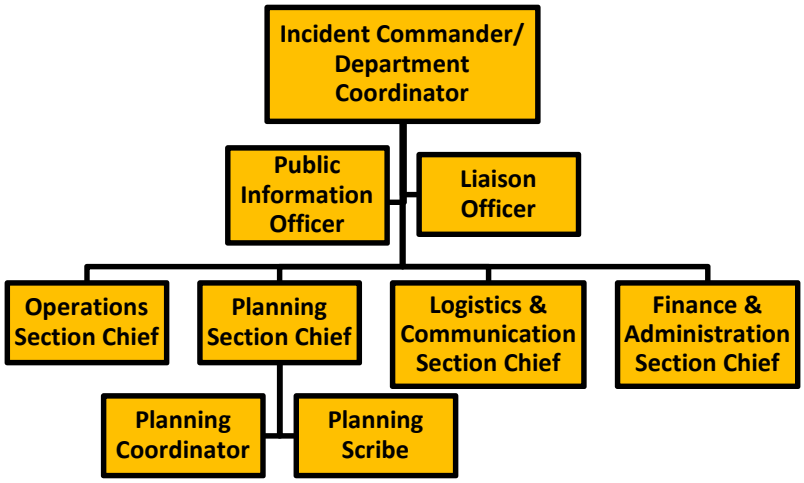

Figure 2: Partial Activation Organizational Structure

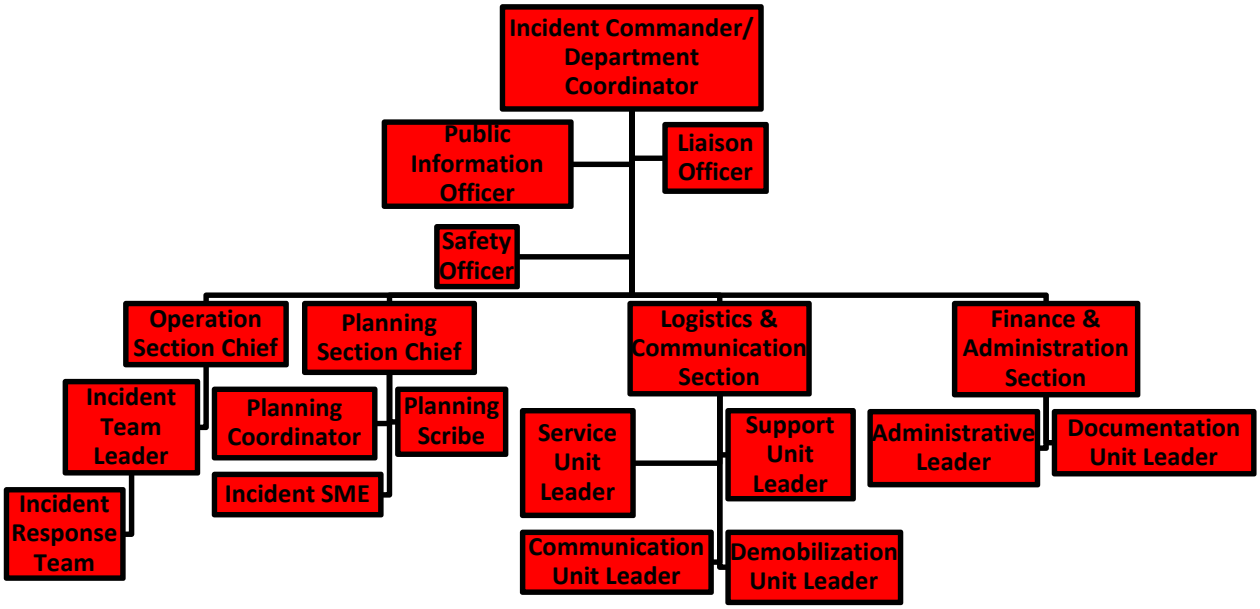

Figure 3: Full Activation Organizational Structure

ACTIVATION LEVEL	DESCRIPTION	MINIMUM COMMAND FUNCTION & STAFFING RECOMMENDATIONS
Routine Operations	• Routine incidents to which TCCHD responds on a daily basis and for which day-to-day policies, procedures and programmatic resources are sufficient.	• Normal, Day-to-Day Staff • DOC not activated
Situation Awareness & Monitoring	• An emergency with limited severity, size, or actual/potential impact on health or welfare but that cannot be handled at the programmatic level. • Requires a minimal amount of coordination and agency engagement to conduct response. • Situational awareness and limited coordination are the primary activities. • Examples: Increase influenza activity; power outage limited to an area in Trumbull County; contained hazmat spill.	• Response Lead (1) • Public Information (1) • Situation Awareness Section (1) • Consider increase surveillance activity; • Review plans; • County EOC unlikely to be activated
Partial Activation	• An emergency with moderate-to-high severity, size, or actual/potential impact on health or welfare. • Requires significant coordination and agency engagement to conduct response, likely with significant engagement from other county, regional and/or state partners; County EOC may be activated. • Examples: County wide disease outbreak requiring significant local support; water disruption requiring substantial county support and guidance.	• Response Lead (1) • Public Information (1) • Partner engagement (1) • Situational Awareness (2) • Planning Support (1) • Operational Coordination (1) • Resources Support (1) • Staffing Support (1) • DOC activation required • State EOC may be activated
Full Activation	• An incident with extensive severity, size, or actual/potential impact on health or welfare; may be of such magnitude that the available assets that were put in place for the response are completely overwhelmed. • Requires an extreme amount of coordination and agency engagement to conduct response; almost certain engagement of multiple county, regional and/or state partners; County EOC most likely activated • Examples: Pandemic influenza; mass casualty incident from chemical plume; bioterrorism attack.	• FULL STAFFING: • Response Lead (1) • All Section/Function Leads and key support staff (34+) • All other functions and positions, as identified by activated plans • DOC activation required • County EOC activated

Execution of the ERP may require staff mobilization and activation of the TCCHD Department Operations Center (DOC). The TCCHD DOC is a facility where the agency's response personnel can be collocated to promote coordination of response activities. The activation of the DOC, primary and secondary DOC locations, equipment necessary to support Public Health operations and release of situation reports is described in **Attachment III – PHE-1080 Activation & Opening TCCHD DOC.**

5.3 COMMAND, CONTROL, AND COORDINATION

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

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

5.3.1 INCIDENT COMMANDER AND MULTI-AGENCY COORDINATION

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

5.3.2 INCIDENT COMMANDER/DEPARTMENT COORDINATOR

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

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

5.3.3 BASIC AUTHORITIES FOR RESPONSE

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

- The IC/DC may utilize and execute any approved component (i.e., attachment, appendix or annex) of the ERP;

- IC/DC may direct all resources identified within any component of the ERP in accordance with agency policies and procedures;

- IC/DC may set response objectives and develop/approve an incident action plan (IAP), as applicable, in accordance with overall priorities established by the Health Commissioner;

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

- The IC/DC may authorize incident-related in-county travel for response personnel; and

- IC/DC may approve incident expenditures totaling up to $1,000 or as established in the Incident Action Plan (IAP).

LIMITATIONS OF AUTHORITIES:

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

- The IC/DC must engage management when staffing levels begin to approach any level that is beyond those pre-approved within this plan. The Health Commissioner must authorize engagement of staff beyond those pre-approved levels;

- The IC/DC may not authorize bargaining unit staff to work a schedule other than their normal schedule without prior authorization by the Health Commissioner. This includes approval of overtime, changing the number of days staff work in a week, changing the specific days staff work in a week, or changing the number of hours staff work in a day;

- The IC/DC must adhere to the policies of TCCHD regarding overtime/comp-time and should clarification on these policies or exemption be required, the IC/DC must engage the Health Commissioner; and

- The IC/DC must seek approval from the Health Commissioner 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.

5.3.4 INCIDENTS WITH TCCHD AS THE LEAD AGENCY

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

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

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

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

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

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

If such support is needed, Health Commissioner, EPC or designee will determine the appropriate activation level and assign a DC to lead the integration activities. In such responses, the Planning Support Section Chief will track engagement of TCCHD 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 TCCHD resources. The DC will then work with the incident's IC to determine an appropriate resolution.

5.3.6 INCIDENTS WITH TCCHD IN A SUPPORTING ROLE

For incidents in which TCCHD is a support agency, the Incident Commander is supplied by another agency. For these incidents, TCCHD 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; and/or
- Coordinate and resolve interagency and intergovernmental issues regarding incident management policies, priorities, and strategies.

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

Interface between TCCHD and the TC EOC is further detailed in **Attachment IV – PHE-1090 TCCHD/TC EOC Interface Procedure.**

5.3.7 LEGAL COUNSEL ENGAGEMENT

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

- Isolation and quarantine;
- Drafting of public health orders;
- Execution of emergency contracts;
- Immediate jeopardy;
- Any topic that requires engagement of local legal counsel;
- Protected health information;
- Interpretation of rules, statutes, codes and agreements;
- Other applications of the authority of the Health Commissioner;

- Anything else for which legal counsel is normally sought.

TCCHD legal counsel is integrated at the outset through the activation notification. There are no internal approvals required to engage the TCCHD legal counsel; the IC/DC, their designee or any program staff who normally engage legal may reach out. Contact information for legal counsel can be found in ***Appendix 5 – TCCHD Contact List***.

5.3.8 INCIDENT ACTION PLANNING

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

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

The IAP is a written plan that defines the incident objectives and reflects the tactics necessary to manage an incident during an operational period. There is only one IAP for each incident, and that IAP is developed at the incident level. The IAP is developed through the incident action planning process. The IAP is a directive, "downward-looking" tool that is operational at its core; it is not primarily an assessment tool, feedback mechanism, or report. However, a well-crafted IAP helps senior leadership understand incident objectives and issues. Each page of the IAP will contain the following information:

- ❒ Date(s) of the incident;
- ❒ Name of the incident;
- ❒ Operational period; and
- ❒ Name and title of the person who prepared the IAP

The Battle Rhythm Form will be used to set the pace of operational period activities and meetings.

The IAP will also include, but is not limited to, the following information (through the use of associated ICS forms):

Required Information:	Associated ICS Form
Incident goals	ICS Form 202
Operational period objectives (major areas that must be addressed in the specified	ICS Form 202

operational period to achieve the goals or control objectives);	ICS Form 202
Response strategies (priorities and the general approach to accomplish the objectives)	ICS Form 201 ICS Form 202
Organization list showing primary roles and relationships	ICS Form 201 ICS Form 204
Critical situation updates and assessments	ICS Form 201 ICS Form 202 ICS Form 208 ICS Form 213
Health and Safety plan (to prevent responder injury or illness)	ICS Form 206 ICS Form 208 (as needed)

TCCHD's required ICS forms for the IAP will include the following:

FORM (FEMA-ICS FORM)	TITLE	REQUIRED	PREPARED BY
201	Incident Briefing	Always	IC/DC/EPC/Planning Chief
202	Incident Objective Form	Always	IC/DC/EPC/Planning Chief/Safety Officer
204	Incident Assignment List	Always	IC/DC/General Staff
205	Radio Communication Plan	As the incident requires	Communications Leader
206	Medical Plan	Always	IC/DC/Medical Director/Planning Chief
208	Safety Plan	Always	Safety Officer
213	General Message	As the incident requires	Command/General Staff
221	Demobilization Plan	Always	IC, DC, EPC,

			Demobilization Unit Leader

TCCHD will include a list of the current EEIs with the IAP. This list will be reviewed during IAP development and refined for each operational period. At a minimum, the IC/DC, PIO, Planning Chief, and Operations Chief will contribute to the refinement of the EEI list.

For the documents included in an IAP, see **Attachment I – PHE-1190.**

For additional information on the planning process, see ***Appendix 6 – The Planning Process*.**

5.3.9 ACCESS AND FUNCTINAL NEEDS

TCCHD coordinates response actions with the TC Emergency Management Agency (EMA) to ensure that access and functional needs are appropriately addressed during response. The support available through this agency includes the following:

- Collaborative assistance with identifying TC residents with access and functional needs;
- 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; and

The director of the TC EMA has primary responsibility for provision of these services.

Additionally, TCCHD works with a number of county partners who support access and functional needs ***(Appendix 20 – TCCHD CMIST Partner List)***. These include the following:

- TC Area on Aging Agency
- TC 911 Center – ***Appendix 9 – Trumbull County Functional Needs Registry***
- TC Health Preparedness Committee
- TC Mental Health and Recovery Board (MHRB)
- TC American Red Cross (ARC)

- TC Department of Jobs & Family Services (DJFS)
- TC Women, Infants, & Children (WIC)
- Trumbull Advocacy and Protective Network (TAPN)
- Trumbull County Board of Developmental Disabilities (TCBDD)
- Trumbull County Family and Children First Council (FCFC)

In all communications during incident response, TCCHD will utilize person-first language as described in ***Appendix 7 – Communicating with & About People with Functional Needs***.

TCCHD has access to translation and interpretation services through Affordable Language Services as well as other services to assist people with functional needs. These services are outlined in ***Appendix 8 – ADM-1330 Cultural Diversity Policy***.

5.3.10 DEMOBILIZATION

Demobilization planning establishes the process by which resources and functions are released from the incident. Planning for demobilization begins as soon as the incident begins to facilitate the accountability of resources, and should be coordinated with other incident management and response structures. Demobilization ends when all allocated resources are returned to their original location and status.

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

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

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

The Demobilization Unit Leader will utilize the Demobilization Unit Leader Position Checklist and be assigned to minimally complete the following:

- Support development and implementation of the Demobilization Plan **(Attachment I – PHE-1190)**;
- Submit all documentation and completed forms to the Command Staff; Section Chiefs and/or the Planning Section;

- Respond to and support demobilization orders and procedures;
- Return all assigned equipment to appropriate location;
- Complete demobilization process checklist;
- Follow proper checkout/closeout procedures;
- Facilitate the return of assigned personnel and equipment to their normal status;
- As directed, participate in after action debriefings and activities;
- If requested, participate with any special after incident studies or after action reviews (AAR).

For additional information on the demobilization Unit Leader Position Checklist see **Attachment III – PHE-1080 Activation & Opening TCCHD DOC.**

5.3.11 AFTER ACTION REPORT/IMPROVEMENT PLAN

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

See **Attachment V – PHE-1100 Development of an After Action Report & Improvement Plan.**

5.3.12 PLAN INTEGRATION

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

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

- TCCHD ERP-Basic Plan;
- TC Emergency Operations Plan (TC EOP), specifically Annex H – Public Health and Annex I - Medical;
- NECO Region V Public Health Basic Plan – Direction, Control and Coordination Concept Plan; and
- NECO Region V Healthcare Coalition (HCC) By-Laws

At the local level, the TCCHD ERP interfaces with the TC EOP and TCCHD will serve as both the primary and coordinating agency for the EOC Emergency Support Function (ESF) #8 desk when

the TC EOC is activated. The TC EOP Annex H – Public Health provides specifically what roles are the responsibilities of TCCHD. **Attachment IV – PHE-1090 TCCHD/TC EOC Interface Procedure** describes how TCCHD will interface with the TC EOC and complete the roles assigned**.**

Locally, the TCCHD Healthcare Coalition comprises ESF-8 partners as well as other agency stakeholders in Trumbull County. For responses that trigger engagement of the ESF-8 partners, the following actions are anticipated by each partner type:

- Trumbull County Combined Health District (TCCHD) takes the lead role in coordinating all public health related response and recovery activities (Annex H) when the Trumbull County (TC) EOC is activated and all activities will be coordinated with response partners through the TC EOC. TCCHD will send a representative to the TC EOC. Medical is addressed in Annex I, but close coordination is required to fulfill the overall responsibility of safeguarding and minimizing the adverse health factors which may affect persons during and/or after an emergency or disaster.

- During public health emerging situations, TCCHD will monitor the situation and communicate with partners through TCCHD's WENS (Wireless Emergency Network System) and e-mails for situational awareness and updates. A representative from Warren City Health District would be the Public Information Officer (PIO) who would also assist with coordination of information to the partners if a county JIC is set up.

- A Medical Care Coordinator (liaison) from each of the TC hospitals will report to the TC EOC upon its activation, <u>if requested</u>. Otherwise, coordination of medical activities in the hospitals and outside healthcare facilities will take place from each hospital's Department of Operations Center (DOC). Hospitals and medical care facilities will receive and evacuate patients, mobilize personnel, provide emergency treatment, provide medical guidance and support other agencies e.g. Coroner.

- TC Emergency Medical Services (EMS) will utilize the Incident Command System (ICS) and will be under direction and control of the Incident Commander at the scene. When the TC EOC is activated, an EMS liaison will report to the TC EOC to coordinate field triage activities. EMS primary role is to provide emergency treatment and transport patients.

- The TC Coroner will not respond to the EOC when activated. They will maintain communication and provide information to the EOC for coordination purposes. The Corner's primary role is to assess and determine when the dead are removed from the scene and coordinate resources for the collection, identification and disposition of deceased persons and human tissue.

- The TC Mental Health and Recovery Board (MHRB) will not respond to the EOC when activated. They will maintain communication and provide information to the EOC for coordination purposes. Their primary role is to provide mental health services to the victims and responders of the emergency event.

- The North East Ohio (NEO) Region American Red Cross (ARC) official will respond to the EOC and coordinate services that are needed by Public Health and/or Medical. They will manage emergency shelters and notify public health for any sanitation, vector control or communicable disease related concerns.

At the regional level, TCCHD interfaces with North East Central Ohio (NECO) Region V, which is a collection of public health agencies in the Public Health Emergency Preparedness (PHEP) Region V. 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.

In addition, TCCHD interfaces with the NECO Regional Healthcare Coalition. The TC Emergency Response Coordinator (ERC) and the TCCHD Health Commissioner serve as the vice-chair of the committee. The role of the NECO Region Healthcare Coordinator in multicounty incidents is to:

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

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

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

- The Regional Healthcare Coordinator (RHC) would not have a direct role at the TC EOC during response operations in Trumbull County. However, if needed for support, TCCHD may establish a virtual presence with the Regional HCC for coordination of public health and medical services.

At the state level, the TCCHD ERP interfaces with the Ohio Department of Health (ODH) plans to support local public health and medical response, respectively. Specifically, TCCHD plans are designed to meet ODH plan requirements and are designed to identify access and integrate with state plans for support and resources made available to Trumbull County. Examples of such resources include the Strategic National Stockpile (SNS), Ohio Responds, and medical consultation through ODH. These resources and how to access them are included in each of the annexes they support.

5.3.13 SITUATION REPORTS

In general, situation reports (SITREP) will be produced regardless of activation level; however the extent of content will vary depending on the operational complexity, scale, and length of the response. For purposes of simplicity, TCCHD will use the ICS 201 Incident Brief form (PHE-1190) for all situation reports, completing more or less of the form depending on the level of activation.

SITREPs will be sent electronically to TCCHD administrative staff and medical directors for their situational awareness. In addition, SITREPs will be electronically sent to all operational staff. Hardcopies of SITREPs will also be available in the TCCHD DOC, if the DOC is opened. At the discretion of the TCCHD IC/DC, any SITREP may be forwarded electronically to the TC EMA, NECO LHDs, ODH or other state or local partners for their situational awareness and to foster a common operating picture. Additional SITREP recipients will be based on a per-incident basis, based upon their informational needs and to maintain effective and efficient response coordination among partner responding agencies. These additional recipients will be identified by the staff responsible for disseminating the SITREPs, through discussion with Public Information, the IC/DC, and operational staff.

SITREPs frequency is detailed in the table below.

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

See **Attachment I – PHE-1190** for TCCHD situation report template ICS 201 Form.

5.3.14 STAFF SCHEDULE (BATTLE RHYTHM)

TCCHD staff schedules will be routine daily business hours for situational awareness and monitoring. During partial or full activation, TCCHD administrative staff will maintain staff scheduling and communicate the schedule to assigned staff utilizing **Attachment I – PHE-1190** for Operational Staff Schedule form. The completed staff schedule form will be distributed via email or by hard copy.

The operational tempo, also known as the battle rhythm, will detail essential command staff meetings, established reporting timelines and other necessary coordination requirements. The

battle rhythm for each operational period will be created by the IC, DC and the Planning (Support) Section Chief using the **Attachment I – PHE-1190** Battle Rhythm Template and distributed in print or electronically to all response staff at the beginning of their shift.

TCCHD IC, DC or General Staff Leaders will use the ICS 204 form (**Attachment 1 – PHE-1190**) to assign activities to staff during each operational period. TCCHD response staff will document their actions taken and/or accomplishments on the ICS 204 Form during each operational period. This information will be used to update the incident brief (ICS 201 Form – PHE-1190) which will be provided to staff during a shift change.

5.4 INFORMATION COLLECTION, ANALYSIS AND DISSEMINATION

5.4.1 INFORMATION TRACKING

Development of objectives is part of the planning cycle. Objectives should follow the **SMART** model:

- **S**pecific – Is the wording precise?
- **M**easurable – How will the achievements be measured?
- **A**ction-oriented – Is an action verb used to describe expected accomplishments?
- **R**ealistic – Is the outcome achievable with given available resources?
- **T**ime-sensitive – What is the timeframe?

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.

Command may divide incident objectives into general objectives and operational (or tactical) objectives in the IAP. General objectives are those broad objectives and policy statements that are usually replicated on each IAP or SP. Operational objectives are those objectives in the IAP/SP that are applicable to the next operational period. These objectives may be continued from the previous IAP/SP if they were not accomplished and/or may be newly stated objectives for the next operational period.

The objective development process works well when facilitated, and when all participants are motivated to work together and desire the best outcome for the incident response. As a rule, there should be no more than seven operational objectives for a given operational period. As objectives are realized, additional ones will naturally follow in subsequent operational periods.

Any time TCCHD is actively engaged in an emergency response, whether leading the response or supporting the response, objectives will be documented and tracked, initially through the ICS 202 form (PHE-1190), then through subsequent operational periods by utilizing IAPs/SPs and ICS 202 forms. 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.

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 local and state level EOC's and documenting response actions. All high-level response actions must be documented in WebEOC for accountability and reimbursement. TCCHD will also track all agency objectives to ensure that they remain on track for completion. Any incidents that are off-track will immediately be identified to the IC/DC.

To aide in centralized communication, TCCHD maintains a dedicated network directory for all response personnel to store incident-related documentation. Further, information will be compiled and analyzed in a spreadsheet format, including a timeline of events, a directory of involved personnel, and any other data that might be pertinent to response within the network directory folder. Information necessary for urgent tactical decisions will be reported to the supervisors of impacted response areas either electronically or by briefing, whichever is most appropriate. Information required to maintain a common operating picture 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 204. These logs will be turned in at the end of the shift, used to update the situation report and filed.

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

5.4.2 ESSENTIAL ELEMENTS OF INFORMATION

Essential Elements of Information (EEIs) address situational awareness information that is critical to the command and control decisions. EEIs will be defined and addressed as soon at the response begins, using the following EEI requirements:

1. **Status: INITIAL RESPONSE (IMMEDIATE):**
    - What is the scope of the incident and the response?
    - How will it affect service delivery?
    - Where are the impacted communities?
    - What population is impacted?
    - What is the anticipated medical surge?
    - Determine communication means
    - Evaluate healthcare organization, staff and supplies
        - Healthcare facility status
        - Consider healthcare facility incident command status
    - Determine health department status
    - Identify who need to know
    - Identify resources to be deployed
    - Consider healthcare facility decompression initiatives
2. **Status: ONGOING RESPONSE:**
    - Projections for healthcare organization, staff and supplies:
        - Identify additional resources;
        - Responder safety and health;

- Identify capabilities by specialties; and
- Prioritize routine health services.

- Forecast duration of incident
- Update response partners
- Status of critical infrastructure (i.e., hospitals, urgent care, EMS service, long term-care, public health department, behavioral health)
- Status of interoperable communication systems

3. **Status: RECOVERY:**
   - Prioritize essential functions
   - Identify support resource systems
     - Human resources; and
     - Infrastructure resources.

- Identify documentation
- Address regulatory requirements for reimbursements
- Assess functional staff (i.e., physical, mental screening, vaccinations)

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

To identify sources of EEI's, consult ***Appendix 5 – TCCHD Contact List***.

In large-scale responses, Ohio EMA will initiate a state-and-local coordination call with state and local response agencies. Local agencies will be identified by local EMA and invited to this call. Coordination between LHDs and ODH will be critical to ensuring an effective response from public health and participation in the state-and-local coordination call. The steps defined below align with the ODH resource on state and local response coordination.

1. Upon notification of a state-and-local coordination call, agency leads will prepare a list of completed and planned actions to share with key POCs at ODH. ODH POCs will contact their local counterparts to discuss key information and incident needs that must be reported throughout the incident. Both TCCHD and ODH will contribute to the establishment of these EEIs. Once finalized, TCCHD will identify the POCs within the agency who will lead the implementation/identification of each EEI.
2. TCCHD will review the agency's internal capacity to provide the needed response or information in accordance with the established EEI list. Any gaps in capacity will be

reported to ODH and assistance requested through established channels. ODH will identify available support and prepare to report during the state-and-local coordination call.

3. The TCCHD Health Commissioner, or otherwise designated spokesperson, will speak on behalf of the agency on all state-and-local coordination calls. The TCCHD Health Commissioner may appoint the Department Coordinators (DC) or a subject matter expert (SME) to speak on behalf of the agency in certain circumstances.
4. The Health Commissioner/designated spokesperson will address all the EEIs and clearly communicate both completed/planned actions and the response capacity of the agency. For any previously identified gaps in capacity, the Health Commissioner/designated spokesperson will identify the state agency that can provide assistance and defer to that state partner for an update.

5.4.3 INFORMATION SHARING

To ensure that TCCHD maintains a common operating picture across all locations response personnel are engaged, TCCHD will execute **Attachment IV – PHE-1090 TCCHD/TC EOC Interface Procedure.** This procedure defines the coordination between TCCHD and the TC EOC when activated.

6.0 COMMUNICATIONS

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

The **TCCHD 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, TCCHD will ensure the dissemination of information and maintain communication with the following entities to ensure continuity of response operations:

- Applicable TCCHD employees
- TC EOC, as applicable
- TCCHD DOC, as applicable
- TCCHD Healthcare Coalition HAN
- Local Healthcare facilities

- NECO Region V Health Departments
- NECO Region V Healthcare facilities
- City, county, state and federal officials
- Non-governmental partners
- Other support systems, agencies, and/or organizations involved in the incident response

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

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

There are three (3) levels of urgency employed by TCCHD during emergencies; these designations will be included in the message subject line:

- ***Health Alert*** – conveys the highest level of importance; warrant immediate action or attention;
- ***Health Advisory*** – provides key information for a specific incident or situation; might not require immediate action; or
- ***Health Update*** – provides updated information regarding an incident or situation; unlikely to require immediate action.

And, there are three (3) alert levels employed by TCCHD during emergencies; these designations will be determined by the Health Commissioner, and/or IC/DC; and will also be included in the message subject line:

- ***Immediate*** – within 2 hours;
- ***Intermediate*** – within 8 hours; or
- ***Delayed*** – within 48 hours or more.

TCCHD's process for developing and sending a Health Alert Network (HAN) message can be found in the **TCCHD's Communication Annex** and ***Appendix 10 – PHE-1010 Sending a HAN Message Policy*** of this plan.

Notifications and alerts will be drafted with input from applicable SMEs in coordination with public information staff engaged in the incident. In addition to the content itself, the

developing group will assign the appropriate urgency and alert level to the message. Incident staff who receives alerts will be expected to take the prescribed actions within the timeframe given.

When notifications or alerts must be sent, TCCHD utilizes fax or e-mail for local partners and OPHCS for regional and state partners. 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. Recipients must have an OPHCS license to utilize this system which may not be available to all TCCHD partners involved in the incident. This system is primarily used by local, regional, and state health departments, hospitals, and a few other partners, but is not available to the general public. TCCHD conducts OPHCS drills bi-monthly and participates in ODH OPHCS drills to verify response staff are able to utilize it and the system is operational.

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 TCCHD communication resources become overburdened or destroyed, redundant or back-up communication equipment include:

- Multi-Agency Radio Communications (MARCS) radios;
- TCCHD assigned and personal cells phones;
- Kenwood short range - Two-way radios (Walkie/Talkies);
- Kenwood programed mobile radios (programed with TC police/fire/EMA) and
- I-Phone Hot-Spot Wi-Fi.

Figure 4

TCCHD maintains Multi-Agency Radio Communications (MARCS) both internally and externally to local partners, e.g. hospitals, EMA. TCCHD currently houses two MARCS radios that can be deployed to response staff should TCCHD experience power failure or the inability to reach partners. TCCHD participates in monthly MARCS radio checks with ODH to verify MARCS radios are operational for emergency use.

TCCHD may engage primary and redundant methods of communication both at the programmatic, DOC and local level. When responses require the engagement of the TC EOC,

TCCHD assumes its role at the ESF-8 desk. From the desk, TCCHD may require additional collaboration with other ESFs, the State EMA staff and other local, regional and state partners. The ESF-8 desk facilitates an environment for situational awareness, information flow and coordination with partners. For a graphical illustration of the information flow, please see the flow chart Figure 4. Additional detail of the communication flow is detailed in **Attachment IV – PHE-1090 TCCHD/TC EOC Interface Procedure.**

For a list partner point of contacts, please refer to ***Appendix 5 – TCCHD Contact List*.**

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

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

6.1 PUBLIC COMMUNICATONS

TCCHD maintains a Public Information Officer (PIO) to plan and review public communications and messaging activities as outlined in the ***Appendix 11 – PHE-1040 PIO & Opening a JIC Procedure***. This plan will be active during all response activities of TCCHD and describes protocols by which Public Information will interface with the TCCHD response organization.

7.0 ADMINISTRATION AND FINANCE

7.1 GENERAL

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

a) In a TCCHD-led ICS response, finance and administration duties may be delegated by the IC to the Finance and Administration Section Chief.

b) When TCCHD is engaged in coordination, these duties may be delegated by the DC to the Staff Support Section Chief.

7.2 COST RECOVERY

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

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

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

Depending on whether an emergency response is declared a State Disaster or a Federal Disaster some emergency response costs may be reimbursed through State or Federal funding. Regardless of whether the emergency response is declared a State or Federal disaster, all requests for reimbursement will initiate from TCCHD through the TC EMA.

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

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

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

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

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

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

Eligible costs/work may include:

- Labor costs – All labor hours for TCCHD staff should be documented. Depending on the funding source, only overtime/comp time may be reimbursed.

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

- Material costs – Costs of materials and supplies used for response/repair (from stock or purchased for purposes of completed project).
- Rented equipment – Include invoices and proof of payment for any rented equipment.
- Mutual aid – If there is a written mutual aid agreement in effect between jurisdictions (political subdivisions) at the time of the disaster, then associated costs may be eligible. The receiving entity can claim these costs once they are billed by the providing entity and the receiving entity provides payment to them.

In addition to the incident documentation detailed in Section 7.4 and in **Attachment VI – Documentation during an Incident,** each funding source requires completion of specific forms to access available funds. To support preparation of these forms, TCCHD will scan invoices, timesheets and other applicable documents and save the copies in an incident cost-recovery folder on the TCCHD network drive. At the conclusion of the incident, the list of reimbursable expenses will be compiled into a spreadsheet by the TCCHD IT Specialist and saved into that same folder.

These efforts are led by the TCCHD Health Commissioner and Fiscal in coordination with the Logistics Chief and personnel assigned to fiscal roles in the Finance/Administration section during the incident response.

7.3 LEGAL SUPPORT

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

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

- Negligent planning or actions during an incident;
- Workers compensation claims;
- Union or bargaining unit grievances;
- Improper use or authority; and
- Improper uses of funds or resources.

Depending on the severity and scope of the incident, the TCCHD contracted or county legal council could be required to attend daily operational planning and briefing sessions for their situational awareness and to provide their opinions to ensure the applicable administrative law statutes are recognized and being adhered to.

The TCCHD contracted and county legal council will also support the execution of Memorandums of Understanding (MOUs), Mutual Aid Agreements (MAAs) and requests for resources through the TC Emergency Management Agency (EMA).

7.4 INCIDENT DOCUMENTATION

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

All forms completed or prepared for response will be collected at the end of each operational period. Staff will be required to turn in all required documentation before the end of their shifts.

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

Documentation procedures are further detailed in **Attachment VI – PHE-1110 Documentation during an Incident;** and TCCHD's ADM-1150 Confidentiality Policy; ADM-1050 Records Boxing-Storing-Destroying and ADM-1420 Data Protection and Security Policy.

7.5 EXPEDITED ADMINISTRATIVE AND FINANCIAL ACTIONS

Expedited actions can occur in the forms of approvals for personnel actions and procurement of resources. All expedited actions will be provided by the Finance & Administration Section Chief to the Health Commissioner and/ or IC/DC for immediate approval.

Any approvals beyond the basic authority of the IC/DC must engage the process detailed below:

- Expedited Personnel and Staffing Actions: All requests for expedited personnel actions, e.g. personnel staffing increases or overtime approval, require consultation with the TCCHD Health Commissioner and/or DCs.
- Expedited Financial Actions: All expedited financial actions will be coordinated by the Finance and Administrative Section Chief. No funding will be obligated or committed without the consent of the Health Commissioner and/or IC/DC.

- Expedited Procurement Actions: TCCHD will follow the TCCHD Emergency Procurement Process. See ***Appendix 12 – PHE-1130 Policy for Emergency Procurement*** for further details.

All expedited actions will be briefed during the incident operational briefings and also during shift change briefs. These actions will be tracked in the operational period incident brief ICS Form 201 under resources summary or chronology of events document and reviewed with the Finance and Administrative Chief as needed. All necessary agency forms will also be completed, in addition to the incident forms.

7.6 FEDERAL, STATE, and LOCAL FUNDS DURING A RESPONSE

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

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

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

To ensure rapid receipt of these funds, TCCHD will expedite the approval process through the Trumbull County MUNIS purchasing and reporting software program; and will work directly with key stakeholders to obtain approval of the contract relationship and support availability of additional funds. The Board of Health has authorized the TCCHD Health Commissioner to enter into contracts or receive funds on behalf of the agency during normal operations as well as emergencies, without prior BOH approval. During regular BOH meetings these contracts and funds are reviewed for approval.

Additionally, the BOH has authorized the Health Commissioner to allocate funds to critical programs during normal operations as well as emergencies. Those allocations will remain in force until the next, regularly scheduled BOH meeting, at which time they will be reviewed. Unless the BOH rejects the allocations made at that time, the funds may continue to be used as previously assigned.

Under PHE-1130 **(*Appendix 12 – PHE-1130 Emergency Procurement*)**, certain restrictions are waived, allowing the Health Commissioner as well as the Department Supervisors to apply

funds as needed to address "an imminent or critical public health incident."

8.0 LOGISTICS AND RESOURCE MANAGEMENT

8.1 GENERAL

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

- Source 1: TCCHD internal human resource/personnel and inventory management systems. All resources will be queried internally prior to engaging Trumbull County (TC) partners or stakeholders. When TCCHD requires resources that are not on-hand or have been exhausted the agency will pursue with Trumbull County agency partners and the TC Medical Reserve Corps (MRC) for resources.

- Source 2: Trumbull County agency resources. When TCCHD resource avenues have been exhausted, the acting logistics section chief will work through the TC EMA to engage TC partners to secure a resource. TC EMA may choose to activate the TC Emergency Operations Center (TC EOC) and Emergency Support Function (ESF) Partners to identify and secure a resource, e.g. TC Medical Reserve Corps (MRC).

- Source 3: MOUs and MAAs. When a required resource is needed, TCCHD will refer to existing MOUs or MAAs to fulfill resource shortfalls, e.g. NECO Region V MAA, TC Fire Departments, TC Hospitals, etc. Assistance will be sought from legal counsel, as necessary. See ***Appendix 19 – TCCHD MOUs, MAAs, and Contracts.***

- Source 4: Emergency Purchasing and Contracts. Special provisions have been described in ***Appendix 12 – PHE-1130 Policy for Emergency Procurement*** that detail how emergency procurement and contracts can be executed.

- Source 5: Regional Assets. Health Department's and/or Health District's in NECO Region V have entered into a MAA within the region; each jurisdiction reserves the right to execute the MAA to support local incident management activities.

- Source 6: State and Federal Assets. Specialized state and federal assets to include subject matter experts and material may be required to support TCCHD incident response. State agencies that support TCCHD responsibilities include but are not limited to the Ohio Department of Health (ODH), Ohio EMA, Ohio Environmental Protection Agency (EPA), Disaster Mortuary Operational Response Teams (DMORT)

and Ohio Department of Agriculture (ODA). Examples of federal assets would include Centers for Disease Control (CDC).

8.2 TCCHD RESOURCES

TCCHD has identified the three resource priorities needed during an incident: personnel, equipment/supplies and transportation.

8.2.1 PERSONNEL RESOURCES

The Planning/Planning Section chief will work with IC/DC and/or Emergency Preparedness Coordinator to fill the shortfalls. If there are insufficient TCCHD personnel staffing assets available internally, TCCHD will engage the staffing pools in section 9.3 of this plan.

8.2.2 EQUIPMENT/SUPPLY RESOURCES

In an effort to fulfill material resource gaps the acting Logistics and Finance Section Chief will research for the asset internally within TCCHD health district using one of TCCHD's current inventory systems, i.e., IBMAS 400, TCCHD Inventory List for the required asset or resource. If the resource is found, it will be indicated on the ICS 201 Resource Summary form and provided to the IC/DC, Logistics/Resource Section or manager responsible for that resource. The Logistics/Resource Section Chief, Demobilization Unit, and/or Operations Section Chief will be provided copies of the transaction for internal tracking purposes. If available, the resource will then be released and assigned to the appropriate response personnel for the duration of the incident and documentation of such as indication in **Attachment VI – PHE-1110 Documentation during an Incident**. Request for medical countermeasures will follow the procedures set forth in **TCCHD MASS CARE ANNEX**.

8.2.3 TRANSPORTATION RESOURCES

TCCHD transportation assets are limited for both personnel and material transportation. During an incident response, the Logistics/Resources Section Chief will collaborate with IC/DC to determine available TCCHD vehicle fleet/ transportation assets for use in the form of sedans for personnel transport, and SUV/trailers for material transportation requirements. Any transportation needs that remain unmet after this engagement will be addressed through the TC EMA.

8.3 MANAGEMENT AND ACCOUNTABLILITY OF RESOURCES

8.3.1 MANAGEMENT OF TCCHD INTERNAL RESOURCES

The management of TCCHD internal resources and assets used in support of an incident will be in compliance with ***Appendix 13 – ADM-1530 Policy for Management of TCCHD Assets.***

Assets and resources used to assist in the response will be tracked using IBMAS 400 and TCCHD Inventory List for supplies and material managed by the TCCHD.

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

- Asset tag number (equipment number asset tags) if applicable;
- Equipment custodian name;
- Description of asset/nomenclature;
- Asset storage location; and
- Asset assigned location.

8.3.2 MANAGEMENT OF EXTERNAL RESOURCES

Upon receipt of an external resource, the TCCHD IC/DC in collaboration with the Logistics/Resource Section Chief will accept responsibility of the asset, by entering in relevant information into the tracking system designated. For equipment, supplies or MCMs received, TCCHD will follow the procedures set forth in **TCCHD MASS CARE ANNEX**.

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

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

8.3.3 RESPONSIBILITIES AND SYSTEMS IN PLACE FOR MANAGING RESOURCES

Each Department Supervisor is responsible for managing the internal resources that belong to their department/division. When a TCCHD 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 ICS Form 221 **(Attachment I – PHE-1190)**. It is then the responsibility of the response lead to account for/track the resource, its use, sustainment and demobilization.

1. When an individual TCCHD employee responds or deploys to an incident with a TCCHD 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 TCCHD (internal and external) will be compiled at the beginning of and end of each operational period for the TCCHD 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 201	Incident Name	Block #17. Identifies resources allocated to for the incident.
ICS 204	Assignment List	Block #7-10. Identifies resources assigned during operational period assignment.
ICS 205	Radio Communication Plan	Block #4. Identifies assignment of radios.
ICS 221	Demobilization Plan – Resource Management List and Operational Schedule Form	Resource Management List – Identifies resource assignment for each operational period. Operational Schedule Form – Identifies personnel assignment for each operational period.

8.4 DEMOBILIZATION OF RESOURCES

Once the response has been scaled down, any remaining assets or equipment used during the incident will be returned to their place of origin. Upon demobilization and recovery of the asset or resource used in an incident, a full accountability of equipment returning to TCCHD will be done in collaboration with the Logistics/Resource Section, the IC/DC, and the equipment custodian. The asset will be inventoried and matched against the asset tag or equipment 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 TCCHD equipment custodian of origin and returned to normal service. This can be done using the ICS Form 221 **(Attachment I – PHE-1190)**.

If the equipment deployed is lost, damaged or does not meet serviceability requirements, the TCCHD incident lead, or designee and stakeholder, or equipment custodian will collaborate with the TCCHD DC to determine next steps in the reconditioning of the asset, salvage or the purchase of a replacement item ***Appendix 13 – ADM-1530 Policy for Management of TCCHD Assets***. The costs for reconditioning and or replacement of the item will be included in the post-incident cost recovery process.

8.5 EMERGENCY MANAGEMENT ASSITANCE COMPACT (EMAC)

1. **Intrastate Aid Request (IMAC):** If the TCCHD has exhausted the MOU and MAAs that are in place for local and regional support and still require additional support for staffing or other resources; the TCCHD will work through the TC EMA for a an IMAC request to other counties for assistance during the incident. The Logistics Chief will determine that the resource is needed and there is no local option for procurement. They will seek approval from the Incident Commander and the Finance Chief prior to the request for outside resources through the EMA. The Logistics Chief will work through the EOC Liaison if assigned or the EMA director to begin process of the request for resources.

2. **State to State Aid Request (EMAC):** If the TC EMA cannot find the needed resources within the state of Ohio through contact with other county EMAs, they will contact the Ohio EMA to request assistance from out of the state to support our local response:

    a. 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.

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

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

Conversely, TCCHD may receive requests for available resources that could be provided to address IMAC/EMAC requests from other jurisdictions. These could be for general resources that TCCHD may have or for public-health-specific resources that TCCHD is likely to have.

Nonetheless, internal processing of these IMAC/EMAC requests will be coordinated by the TCCHD Logistic Chief/Health Commissioner with the TC EMA Director and requires a rapid response.

1. **Intrastate Aid Request (IMAC):** When another jurisdiction within Ohio requests a resource: Following processing and approval of the request, the TC EMA Director will contact TCCHD for the availability of the resource and will collaborate with the Logistics Chief to query internal databases and the various TCCHD inventory systems for the required resource. As needed, the Logistics Chief will engage the Chief(s) or Department Coordinators (DC) of the section(s) where the potential resource exists. Upon receipt of the request, the Logistics Chief will obtain pre-approval from the Health Commissioner or designee to query available resources that would meet the request. If such resources are identified, provision of those resources is at the discretion of the applicable section Chief or DC, in consultation with the Logistics Chief and the Health Commissioner.

2. **State to State Aid Request (EMAC):** When another state requests a resource: Once the provision of the resource has been approved by the Health Commissioner, Ohio EMA will begin dialogue with the requesting state, in collaboration with TCCHD. If the requesting state accepts the resource(s) offered by TCCHD, Ohio EMA will execute an intergovernmental agreement with TCCHD. Receiving states will only accept resources from the State of Ohio. An intergovernmental agreement with Ohio EMA will allow TCCHD's resources to be designated as State of Ohio resources.

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

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

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

The processes for requesting resources and providing resources through IMAC or EMAC are detailed in **Attachment VII – PHE-1120 IMAC and EMAC Assistance during an Incident.**

8.6 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 defines how agencies will support one another and define the terms of that support (responsibility to pay staff, liability etc.). MOUs/MAAs is 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 TCCHD by allowing the agency access to resources held by the organizations with which agreements have been executed. Both types of agreements must be processed through and approved by TCCHD Health Commissioner.

2. Established TCCHD MOUs and MAAs are retained by each department/division that has an existing agreement. The TCCHD Department Supervisors retain the compilation of original/official agreements. Additionally, the TCCHD Administrative/Finance departments also retain copies that have financial commitments.

3. Upon an incident response, it is incumbent upon the Logistics/Resources Section Chief to inquire with the appropriate leadership and Administrative/Finance departments to determine whether any MOUs and MAAs are applicable to the response activities.

4. If an MOU or MAA is determined to be needed during an incident, the IC/DC, TCCHD Administrative/Finance department collaborate on execution of the MOU/MAA.

9.0 STAFFING

9.1 GENERAL

All TCCHD employees are designated as public health responders and can be called upon to fulfill response functions during an incident. The role assigned to any TCCHD employee in an incident is dependent upon the nature of the incident and the availability of staff to respond. With approval by the TCCHD Health Commissioner and/or Department Supervisors, staff may be asked to work outside of business hours or for periods of time longer than a standard work day. Staff rosters are maintained by each department/division and DC's. All staffing considerations will adhere to the respective collective bargaining unit agreement.

9.2 STAFFING ACTIVATION LEVELS

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

TCCHD will utilize the **TCCHD COOP Annex** to inform how staff is reallocated from their day-to-day activities to incident response, for back up DOC location, and equipment needs. This will be done as needed, as ERP activation does not automatically activate the **TCCHD COOP Annex**.

9.3 STAFFING POOLS

TCCHD departments/divisions will be tapped to provide staffing for incidents that can be effectively supported by their staff. The TCCHD administration has the capability to query their database for specially qualified personnel as needed. The following TCCHD staffing pools could be considered for fulfilling staffing requirements:

1. Qualified program staff from involved departments/divisions;
2. Specific roles for program personnel that are defined in functional or incident-specific annexes included in this plan;
3. The TCCHD has SMEs for each of TCCHD'S response areas (e.g. epidemiologist, medical director, infectious disease physician) and members of this group may be selected to serve key leadership roles during incident response; and
4. IC/DC role may be filled by their designee.

Other Partner Staffing pools include the following:

1. Staffing agreements in Mutual Aid Agreements, e.g. NECO Region V or county agency Memorandums of Understanding, e.g. hospitals, fire departments, schools, etc.;
2. Staffing request through TC EMA, e.g. Medical Reserve Corps (MRC), American Red Cross; and
3. State Entities.

TCCHD actively utilizes volunteers from the Trumbull County (TC) MRC and has a Standard Operation Guideline (SOG) (**TCCHD MRC/Volunteer Reception Annex**) for maintaining and accessing these volunteers. In the event this volunteer pool does not meet the requirements of the response, volunteers from other local volunteer programs can be utilized, e.g. American

Red Cross (ARC), by means of the TC EMA. All volunteers will be managed through the TC Volunteer Reception Center (VRC).

Volunteers can be used in any non-supervisory capacity for volunteer activities approved by the Health Commissioner, but they must be supervised by a TCCHD employee. Volunteers may not, at any time, operate TCCHD vehicles or equipment without prior authorization and appropriate licensing and/or training. Volunteers may not operate in any positions where they have access to patient data or any information protected by HIPPA.

TCCHD administrative staff will be engaged, as appropriate, prior to outreach efforts to these alternate staffing pools.

9.4 MOBILIZATION ALERT AND NOTIFICATION

The Planning Section Chief will prepare a mobilization message for dissemination to response personnel. This message will be shared with the appropriate Department Supervisors to be passed to their engaged staff. Mobilization notifications will always be passed to response personnel by their day-to-day supervisors. Staff notified for mobilization/deployment will follow these instructions:

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

When to report: Staff alerted will report within the required time established by the IC/DC. The goal for initiating deployment is within 60 minutes of notification; arrival times may vary depending on the distance the staff must travel.

Whom to report to: The staff alerted will report to the DOC Manager or other individual, if designated. The IC/DC and/or DOC manager will review the responsibilities of assigned staff and consult with them to ensure they are able to receive and process their assignment. Upon reporting to the DOC, a Sign-in Sheet and the specific Position Job Description/Checklist will be supplied and available to the DOC Manager to be used and distributed to the TCCHD staff assigned to ICS Command and General Staff positions. The staff will be received, checked in, provided an incident summary, wear their TCCHD issued official Identification (ID) badge, given a color-coded vest that correlates to their assigned position, 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 TCCHD 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 TCCHD staff member will self-deploy to an incident response. (see Attachment III – PHE-1080 Activation & Opening TCCHD DOC)**

9.5 PSYCHOLOGICAL FIRST AID (PFA) FOR RESPONSE STAFF

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

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

TCCHD works closely with Trumbull County Mental Health and Recovery Board (TC MHRB) to ensure PFA is available to response personnel during and after an incident. At least one PFA provider will be accessible during all incidents. For incidents in which higher demand for PFA is anticipated or requested, TCCHD will request additional personnel.

The PFA provider may be engaged by calling 211 or 330-393-1565. This call may be made by any incident personnel during or after a shift.

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

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

10.0 DISASTER DECLARATIONS

10.1 NON-DECLARED DISASTERS

TCCHD may respond to an incident as set forth in law and outlined in this plan without a formal declaration of a disaster or a state of emergency with the expectation that local resources will be used and that no reimbursement of costs will be requested. The Health Commissioner or designee may redirect and deploy Agency resources and assets as necessary to prepare for, respond to, and recover from an event.

10.2 DECLARED DISASTERS

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

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

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

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

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

10.2.1 PROCESS FOR COUNTY DECLARATION OF DISASTER EMERGENCY

TCCHD's role in the emergency declaration process is to provide subject matter expertise and situational information. TCCHD cannot declare an emergency or disaster; only the Trumbull County Board of Commissioners or Mayors may do so. TCCHD, as a collaborative level agency, may be asked by the County Commissioners to weigh in on the effects of a disaster and its public health implications. The TC Health Commissioner(s) and any TCCHD staff member that the County Commissioners deems necessary to include will act as consultants to the County

Commissioners and inform the TC-EMA-led disaster declaration process. As a participant in the declaration process, TCCHD 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 County Commissioners declares a disaster, then TCCHD will coordinate with other local, regional, and state agencies through the TC EOC. TCCHD functions as both a primary and support agency for multiple ESFs coordinated by the TC EOC Operation Room.

SECTION III

11.0 PLAN DEVELOPMENT AND MAINTENANCE

11.1 PLAN FORMATING

All plan components will align with the definitions, organization and formatting described below. Additionally, use both appropriate terminology for access and functional needs and person-first language throughout the ERP, consistent with the standards described in ***Appendix 7 – Communicating with & About People with Functional Needs.***

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

- Plans may include up to four types of documents, which are the following: Basic Plan, Attachment, Appendix and Annex.
- When referenced, plans are designated with ***bold, italicized, underlined font*.**

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

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

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

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

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

Annex: Something added to a primary document, e.g., an additional plan, procedure or protocol, to expand the functionality of the primary document to which it is attached; it is distinguished from both an attachment and an appendix in that it can be developed

independently of the primary document and, thus, is considered an expansion of the primary document and not merely a supplement or a complement.

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

11.2 REVEIW AND DEVELOPMENT PROCESS

1. The planning shall be initiated and coordinated by the TCCHD Emergency Preparedness Coordinator (EPC). Planning shall address revisions to the ERP Basic Plan, as well as revision or development of any other ERP components. TCCHD will form a collaborative planning team to include the following staff:
    - TCCHD Health Commissioner(s);
    - TCCHD Department Coordinators (DC);
    - TCCHD Accreditation Coordinator(s);
    - Representatives from Emergency Partner Agencies, e.g. TC EMA, hospitals, TC MHRB that work in emergency preparedness for their agency;
    - Representatives from access and functional needs agencies and individuals; and
    - Subject Matter Experts (SME's) from both within TCCHD and without, e.g. Medical Director(s), Epidemiologist.
2. Revisions will be 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 TCCHD Health Commissioner(s) and/or D/Cs.

3. 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.

4. TCCHD planning teams 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 these elements are identified, revised processes are developed for improvement or replacement. When the planning team has prepared the plan revisions, the components will be submitted to reviewers prior to being submitted for approval. Any feedback will be incorporated and then the updated document will be presented for approval.

5. In order to maintain transparency and record of collaboration, TCCHD will record planning and collaborating meetings by designating a scribe to record meeting minutes to sustain a record of recommendations from collaborative ERP meetings. These meeting minutes may be accessed by following the below file path:

    - Health(\\Health\Storage)(X)_Public_Plans_TCCHD ERP Meetings

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

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

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

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

1. The basic plan and its attachments shall be reviewed by TCCHD Health Commissioner(s) and DCs and endorsed by the Health Commissioner(s) and the TCCHD Board of Health. 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.
2. Any TCCHD Department may initiate changes to the basic plan and its attachments by submitting the proposed changes to EPC for presentation to the TCCHD collaborative planning group during the annual review.
3. Proposed changes may be approved for use in response activities by the EPC and/or Department Coordinators before adoption by the Health Commissioner(s); such approval is only valid until the annual review, after which the Health Commissioner(s) must have adopted the proposed changes for their continued use in response activities to be allowable.

11.4 REVIEW AND ADOPTION OF APPENDICES TO THE BASIC PLAN

Because appendices are complementary to the basic plan, they may be approved for inclusion, revision or expansion by the Emergency Preparedness Coordinator (EPC). Any TCCHD Department may initiate changes to appendices by submitting the proposed changes to the EPC. All appendices should be reviewed by EPC upon inclusion, revision or expansion, but it is not necessary, at any time, for the planning group or the Health Commissioner(s) to approve appendices.

11.5 DEVELOPMENT AND ADOPTION OF ANNEXES AND ITS ATTACHMENTS

1. Once adopted, annexes and their attachments shall be reviewed annually. Development and adoption will be facilitated by EPC and conducted by the collaborative planning group as indicated in 11.1. The review committee will be led by EPC; and approval of both new and existing annexes and their attachments will follow 11.3. The purpose of this review will be to consider adoption of proposed changes that were identified during the year. If adopted, the changes will be incorporated, and the revised annexes will be reauthorized as identified in 11.3.
2. Any TCCHD Department may initiate changes to annexes and its attachments by

submitting the proposed changes to the EPC for presentation to the identified reviewers. Please note that if an attachment is a directive, policy or procedure, then that attachment must be updated through the existing TCCHD Document Control Procedure (ADM-1000).

3. Proposed changes may be approved for interim use in response activities by the EPC, Health Commissioner(s) and/or DCs outside the review cycle; such approval is only valid until the annual review, after which the review committee must have adopted the proposed changes for their continued use in response activities to be allowable.

11.6 DEVELOPMENT AND ADOPTION OF APPENDICES TO AN ANNEX

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

11.7 VERSION NUMBERING AND DATING

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

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

11.8 PLAN FORMATING

For plan formatting, see ***Appendix 14 – Plan Style Guide.***

11.9 PLAN PUBLISHING

Emergency response plans will be made available for review by the public on-line on the TCCHD website http://www.tcbh.org/tcbh_plans.html. The TCCHD Emergency Preparedness Coordinator will be responsible for communicating to TCCHD's Information Technology (IT) Specialist when the emergency response plan has been revised and new version is available for public publishing. Prior to the web publishing of the revised plan, TCCHD DCs together with the TCCHD Health Commissioner(s) will determine the attachments, annexes and appendices that will be redacted from the public version of the plan. Once the plan is prepared for public viewing, PIO will coordinate with TC webmaster to publish the ERP online. Public comment to the ERP will be accepted via email and tabled for consideration, in addition to the proposed changes between revision cycles.

12.0 DOCUMENT DEFINITIONS AND ACRONYMS

Definitions and acronyms related to the TCCHD ERP Base Plan are in ***Appendix 15 - Definitions & Acronyms.***

13.0 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 resources in response to emergencies.

13.1 FEDERAL AUTHORITIES

1. Homeland Security Presidential Directive/HSPD-5: Management of Domestic Incidents 2003
2. Presidential Policy Directive/PPD-8: National Preparedness, March 2011
3. National Response Framework (NRF), 3rd Edition 2016
4. Occupational Health and Safety Administration Regulations: Standard – 29 CFR)

5. Robert T Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended, 42 U.S.C. 5121 et seq., and Related Authorities (August 2016)
6. Emergency Management Assistance Compact (EMAC) Public Law 104-321)
7. Public Health Emergency Preparedness (PHEP) Cooperative Agreement
8. Public Readiness and Emergency Preparedness Act, Public Law 113-5
9. Public Health Service Act Section 319, as amended, enacted December 2016
10. Pandemic and All Hazards Preparedness Act
11. Pandemic and All-Hazards Preparedness Reauthorization Act, Public Law No. 113-5
12. Emergency Use Authorizations, Section 564 Federal Food, Drug, and Cosmetic Act
13. National Strategy for Homeland Security, October 2007, U.S. Department of Homeland Security.
14. National Health Security Strategy of the United States of America, U.S. Department of Health and Human Services, December 2009
15. National Health Security Strategy and Implementation Plan 2015 - 2018

13.2 FEDERAL REFERENCES

1. National Incident Management System (NIMS), 2017
2. Center for Disease Control and Prevention: Office of Health Preparedness and Response – Publications, Directives, and Guidance
3. Center for Disease Control and Prevention: Public Health Preparedness Capabilities: National Standards for State and Local Planning, March 2011
4. Federal Emergency Management Agency. Comprehensive Preparedness Guide (CPG) 101, Version 2.0, November 2010
5. National Association of County and City Health Officials: Public Health Preparedness Association of State and Territorial Health Officials

13.3 STATE AUTHORITIES

1. Ohio Revised Code (ORC) Sections:

- 125.061: Suspension of purchasing and contracting requirements in case of emergency.
- 3701: Department of Health
- 3705: Vital Statistics
- 3727: Hospitals
- 3745: Environmental Protection Agency
- 3748: Radiation Control Program
- 3750: State Emergency Response Commission
- 3751: Hazardous Substances
- 3798: Protected Health Information
- 5502: Department of Public Safety
- 5502.28(C): National Incident Management System
- 5502.281: Volunteer Database; registration; privacy provisions; liability
- 5502.29: Mutual emergency management assistance or aid agreements
- 5502.41: Intrastate mutual aid compact

2. Ohio Administrative Code (OAC) Sections:
   - 3701: Department of Health
   - 3701-3: Communicable Disease
   - 3701-5: Vital Statistics
   - 3701-59: Hospitals
   - 3701-73: Public Health Investigation
   - 3701-75: Accessing Confidential Personal Information
   - 3750: State Emergency Response Commission
   - 4167: Public Employment Risk Reduction Program
   - 4501:3: Emergency Management Agency
   - 4501:5: Homeland Security
   - 5507: Emergency Response

13.4 STATE REFERENCES

1. State of Ohio: Emergency Operations Plan
2. Ohio Department of Health: Emergency Response Plan
3. Ohio Department of Health: Public Health Emergency Preparedness Grant
4. Ohio Department of Health: Publications, Directives, and Guidance

13.5 LOCAL AUTHORITIES

1. Ohio Revised Code (ORC) Sections:
    - 307: Board of County Commissioners – Powers
    - 313: Coroner
    - 339: Hospitals
    - 340: Alcohol, Drug Additional, and Mental Health Services
    - 3707: Board of Health
    - 3707.04: Quarantine Regulations
    - 3707.08: Isolation of Persons Exposed to Communicable Disease
    - 3707.09: Board may Employ Quarantine Guards
    - 3709: Health Districts
    - 3709.21: Orders and Regulations of Board of General Health District
    - 3709.22: Duties of Board of City or General Health Districts

2. Ohio Administrative Code (OAC) Sections:
    - 3701-36: Local Health Departments

13.6 LOCAL REFERENCES

1. Trumbull County Emergency Operations Plan
2. Trumbull County Hazards Mitigation Plan
3. Trumbull County Combined Health District Charter and Resolutions
4. Trumbull County Combined Health District Policy and Procedure Manual
5. Trumbull County Combined Health District Continuity of Operations Plan
6. Warren City Health District Charter and Resolutions
7. Warren City Health District Polity and Procedure Manual
8. Warren City Health District Continuity of Operations Plan

14.0 ATTACHMENTS AND APPENDICES

ATTACHMENT I – PHE-1190 POLICY FOR ADMINISTRATION OF ICS

ATTACHMENT II – PHE-1070 INITIAL ASSESSMENT & ACTIVATION OF TCCHD ERP

ATTACHMENT III – PHE-1080 ACTIVATION & OPENING TCCHD DOC

ATTACHMENT IV – PHE-1090 TCCHD/TC EOC INTERFACE PROCEDURE

ATTACHMENT V – PHE-1100 DEVELOPMENT OF AN AAR & IMPROVEMENT PLAN

ATTACHMENT VI – PHE-1110 DOCUMENTATION DURING AN INCIDENT

ATTACHMENT VII – PHE-1120 IMAC AND EMAC ASSITANCE DURING AN INCIDENT

APPENDIX 1 – MAP OF TRUMBULL COUNTY

APPENDIX 2 – TRUMBULL COUNTY EMA HAZARD ANALYSIS

APPENDIX 3 – EMERGENCY SUPPORT FUNCTION ANNEXES INTRODUCTION

APPENDIX 4 – TRUMBULL COUNTY C-MIST PROFILE

APPENDIX 5 – TCCHD CONTACT LIST

APPENDIX 6 – THE PLANNING PROCCESS

APPENDIX 7 – COMMUNICATING WITH & ABOUT PEOPLE WITH FUNCTIONAL NEEDS

APPENDIX 8 – ADM-1330 CULTURAL DIVERSITY POLICY

APPENDIX 9 – TRUMBULL COUNTY FUNCTIONAL NEEDS REGISTRY

APPENDIX 10 – PHE-1010 SENDING A HAN MESSAGE POLICY

APPENDIX 11 – PHE-1040 PIO & OPENING A JIC PROCEDURE

APPENDIX 12 – PHE-1130 POLICY FOR EMERGENCY PROCUREMENT

APPENDIX 13 – ADM-1530 POLICY FOR MANAGEMENT OF TCCHD ASSETS

APPENDIX 14 – PLAN STYLE GUIDE

APPENDIX 15 – DEFINITIONS & ACRONYMS

APPENDIX 16 – TRUMBULL COUNTY SOCIAL VULNERABILITY INDEXES (SVI)

APPENDIX 17 – TRUMBULL COUNTY FLOOD PLAIN MAP

APPENDIX 18 – NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) 2017

APPENDIX 19 – TCCHD MOUs, MAAs, AND CONTRACTS

APPENDIX 20 – TCCHD CMIST PARTNER LIST

APPENDIX 21 – TABLES OF ORGANIZATION AND ROSTER FOR ERP ACTIVATION LEVELS

APPENDIX 22 – JOB ACTION SHEETS