MAHONING COUNTY
PUBLIC HEALTH
EMERGENCY RESPONSE PLAN

MAHONING COUNTY EMERGENCY OPERATIONS PLAN: ANNEX H
Version 1.1
Adoption Date: 4/18/2018

DISTRICT BOARD OF HEALTH – MAHONING COUNTY
YOUNGSTOWN CITY HEALTH DISTRICT

PUBLIC HEALTH PREPAREDNESS
AND RESPONSE

MAHONING COUNTY PUBLIC HEALTH
Emergency Response Plan
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Standard Operating Guides
Mass Care Standard Operating Guide

Primary Agencies:

Mahoning County District Board of Health
Youngstown City Health District

Support Agencies:

Mahoning County Emergency Management Agency
Mahoning County Fire Departments
Mahoning County Police Departments
Mahoning County Sherriff's Department
Ohio State Highway Patrol
Federal Bureau of Investigations
Mercy Health System: St Elizabeth's Youngstown & St. Elizabeth's Boardman
Steward Healthcare-Northside Medical Center
Akron Children's Hospital-Mahoning Valley
American Red Cross, Mahoning County Chapter
Private EMS
Mahoning County Coroner
Mahoning County Mental Health and Recovery Board
Mahoning County School Systems (Public and Private)
Public Works
Volunteer Services Agency/Medical Reserve Corps
All other agencies, public and private, that responds during a community crisis

Approval and Implementation

The Mahoning County Public Health Emergency Response Plan (MCERP*)* replaces and supersedes all previous versions of the MCERP. This plan shall serve as the operational framework for responding to all emergencies, minor disasters, major disasters and catastrophic disasters that impact the public health and medical system in Mahoning County including the City of Youngstown. This plan may be implemented as a stand-alone plan or in concert with the Mahoning County Emergency Operations Plan (MC EOP) when necessary.

Executive Summary

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

This MCERP plan covers all of the local cities townships and cities within the Mahoning County including the City of Youngstown and the Youngstown City Health District.

The plan assigns roles and responsibilities to Mahoning County District Board of Health (MCDBOH) and Youngstown City Health District program areas and specific response teams housed within these programs for responding to emergencies and events. The basic plan of the MCERP is not intended as a standalone document but rather is intended to be used in conjunction with both the more detailed annexes and attachments included as part of this document. Additionally, the MCERP is designed to work in conjunction with the Mahoning County Emergency Operations Plan. The Mahoning County Public Health ERP is Annex H to the Mahoning County Emergency Operations Plan.

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

Letter of Promulgation

The Mahoning County Public Health Emergency Response Plan (MCERP) establishes the basis for coordination of Mahoning County District Board of Health (MCDBOH) and Youngstown City Health District (YCHD) resources and response to provide public health and medical services during an emergency or disaster. The fundamental assumption is that a significant emergency or disaster may overwhelm the capability of the local government or the healthcare system to carry out operations necessary to save lives and protect public health. Consequently, MCDBOH and YCHD resources are used to provide public health and medical services assistance throughout the State.

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

This ERP is hereby adopted, and all MCDBOH and YCHD program areas are directed to implement it. All previous versions of the Mahoning County Public Health ERP are hereby rescinded.

Patricia M Sweeney JD MPH RN Date:
Health Commissioner, Mahoning County District Board of Health

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Erin Bishop MPH Date:
Health Commissioner, Youngstown City Health District

Record of Changes

The Director of Health authorizes all changes to the Mahoning County Public Health Emergency Response Plan (MCERP). The Emergency Preparedness Coordinator, Management Team, and Mahoning County Healthcare Coalition review all plans and annexes annually and recommend changes as needed. Change notifications are sent to those on the distribution list. The changes listed below are for the MC PH ERP and its Attachments and Appendices only. All of the Functional Annexes have their own record of change attached to them.

1.

Change Number	Date of Change	Print Name & Signature	Title
1	11/30/2017	Susan Kovach	EP Coordinator
Version Number: 1	[DESCRIPTION OF CHANGE] **New Version of Plan Created**		
Change Number	**Date of Change**	**Print Name & Signature**	**Title**
Version Number:	**[DESCRIPTION OF CHANGE]**		
Change Number	**Date of Change**	**Print Name & Signature**	**Title**
Version Number:	**[DESCRIPTION OF CHANGE]**		
Change Number	**Date of Change**	**Print Name & Signature**	**Title**
Version Number:	**[DESCRIPTION OF CHANGE]**		

Record of Distribution

An electronic copy of this Mahoning County Public Health Emergency Response Plan (MCERP) is distributed to each person in the positions listed below on USB Drive.

Date Received	Title	Name
	Health Commissioner	
	Administrative Assistant	
	Director of Nursing	
	Director of Environmental Health	
	Dep. Director Of Environmental Health	
	Dep Director of Community Health	
	Lab Director	
	WIC Director	

This plan is available to all agency staff via the MCDBOH Internal J Drive in electronic format and a hard copy can also be found in the Department Operations Center in the first floor conference room of 50 Westchester Drive Austintown in hard copy format.

1. Purpose

This Mahoning County Public Health Emergency Response Plan (Mahoning County Emergency Operations Plan-Annex H) includes provisions for accomplishing necessary actions concerning(but not limited to): disease control activities related to sanitation; prevention of contamination of water and food supplies; vector control; establishment of mass vaccination and mass care sites; surveillance, investigation, treatment, and reporting of communicable diseases; during emergency response operations and in a post-disaster environment.

This also includes responsibilities attributable to agencies/organizations involved with but not organizationally responsible to the Mahoning County District Board of Health. The Mahoning County Public Health Emergency Response Plan (MCERP) is the overarching Emergency Response plan for Public Health in the county. This plan is Annex H to the Mahoning County Emergency Operations Plan that is maintained by the Mahoning County Emergency Management Agency. This Public Health Emergency Response Plan contains supporting Annexes, Attachments and Appendixes that provide coverage of all public health responsibilities during an emergency.

The MCERP is designed to serve as the foundation by which all response operations at the agency are executed. As such, the basic plan is applicable in all incidents for which the MCERP is activated, and all components of this plan must be developed and maintained in accordance with statement of promulgation.

2. Scope and Applicability

This plan pertains to the Mahoning County District Board of Health and Youngstown City Health District. This plan is always in force and is activated whenever an incident impacts public health and/or medical systems anywhere within Mahoning County and requires a response by public health greater than day-to-day operations.

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

The MCERP incorporates NIMS and connects agency response actions to responses at the local, state and federal levels. This plan directs appropriate Mahoning County Public Health response operations to any incidents that either impact, or could potentially impact, public health or healthcare within Mahoning County.

3. Situation and Assumptions

<u>Situation defining a public health emergency</u>

Public health emergency preparedness is the capability of the public health and health care systems, communities, and individuals, to prevent, protect against, quickly respond to, and recover from health emergencies, particularly those whole scale, timing, or unpredictability threatens to overwhelm routine capabilities. Preparedness involves a

coordinated and continuous process of planning and implementation that relies on measuring performance and taking corrective action. Public health emergencies are defined as much by their health consequences as by their causes and precipitating events. A situation becomes emergent when its health consequences have the potential to overwhelm routine community capabilities to address them. Depending upon the nature of the incident, complications might include disease outbreaks, sanitation problems, contamination of food and water and community mental health problems.

Mahoning County covers 425 sq. miles in Northeast Ohio. Youngstown City is the largest city within the county. Approximately 67,000 of the 234,000 residents reside within the city limits. Mahoning County is made up of rural, suburban, and urban areas and many residents of the county experience high rates of poverty. Mahoning County is considered part of Appalachia. Our adjacent borders include Trumbull County to our north. Columbiana County is to our south, Portage and Stark Counties to our West and Pennsylvania to our east. We have a large metro park and recreational lakes that are frequented by residents in and outside of the county and state. There are no military installations in our county but the Vienna Air Force base is located in Trumbull County along with a Youngstown Regional Airport. Mahoning County has a moderate sized state university that has an enrollment of approximately 12,000, mostly local but some out of the state and international students.

Incidents in Mahoning County have largely been attributed to the geographic location and accessibility. The county is surrounded by 4 other counties, one that has an airport and a military base and the state of Pennsylvania where there is a nuclear power plant within the 50 mile radius of our borders. We have major highways and railway system that run through our county as well. These external factors have the ability to directly impact both public health and medical services by causing a demand for preventative and healthcare measures. Most notably, public health threats such as infectious diseases and hazmat transportation accidents have the ability to arrive to the county through a travel-related mechanism.

Hazards that could threaten Mahoning County, lead to impacts on health and may require MCDBOH to respond using this plan. Potential impacts include the following:

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

•Premature death.

In an effort to foster preparedness planning and coordination throughout the county and region, Mahoning County has a local Healthcare Coalition that is headed by the Emergency Preparedness Coordinator at the Mahoning County District Board of Health. The coalition meets quarterly and consists of response partners from Emergency Management, Red Cross, Hospitals, University, etc. Mahoning County Preparedness Coordinator then represents Mahoning County at the Region 5 NECO Healthcare Coalition.

As part of Public Health and Medical partnerships, MCDBOH partners with a wide range of organizations, including other health departments/districts (LHDs) inside and outside our region, 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 depending on the incident type, severity and scale.

A. Hazard Vulnerability Analysis (HVA)

Hazard mitigation describes the action that can help reduce or eliminate long term risks by natural or man-made disaster. This includes but is not limited to floods, earthquakes, tornadoes, or disease epidemic. The latest HVA was updated in December 2016.

1. These classifications were utilized to develop the hazard probability, risk, and preparedness chart.
2. The Mahoning County EMA as a Multi-Jurisdictional Hazard Mitigation Plan which contains a detailed hazard risk assessment for Mahoning County.
3. The public health hazard analysis for Mahoning County supplements the EMAs County Hazard Analysis. It provides specific information on events that directly affect public health.

Complete Mahoning County Hazard Vulnerability Analysis is found in Appendix 1 of this ERP

In Mahoning County there are diverse events that reoccur yearly (e.g., county fair, shows, concerts, festivals, college and high school sports teams, etc.), with occasional nationally recognized events. An incident that occurs at any major event may significantly affect public health and medical services both within the hosting county and have cascading effects potentially across adjacent counties, the region, or statewide depending on the nature of the incident.

Mahoning County hosts the largest county fair in Ohio each Labor Day Weekend. The fair has over 350 food vendors and exhibitors from multiple counties and states. The county also has numerous university athletic programs which host regular games at their respective locations. Youngstown State University athletic stadium may hold up to 21,000 spectators. The stadium is also used for concerts and high school sporting events. Within the city of Youngstown there is the Covelli Centre convention center that hosts

multiple events including hockey, basketball, concerts, ice shows, etc. throughout the year. Depending on the event type its capacity could hold up to 7000 people. MCDBOH personnel refer daily to the State Homeland Security (SHS)/Strategic Analysis Information Center (SAIC) State Daily Briefing for a list of events occurring within the State. Events and festivals occurring in the State can also be found on the "State. Find it Here." website at http://www.state.org/interests/festivals-events.

B. Assumptions

With respect to the demands that will be placed on health and medical services in the county following a disaster, several assumptions should be considered:

1. Mahoning County is vulnerable to multiple hazards that could dictate a public health emergency and public health response.
2. An incident may occur with little or no warning.
3. A large-scale emergency will result in increased demands on the multiple responding agencies including but not limited to: health departments, hospitals, the American Red Cross, the Salvation Army, and safety forces.
4. Mahoning County District Board of Health and Youngstown City Health District do not have enough staff to respond to a large scale public health emergency and will require assistance.
5. Additional assistance for health and medical personnel may be available from neighboring counties, hospitals, state and federal agencies, and the American Red Cross depending on the extent of the emergency.
6. Most incidents in Mahoning County will not result in a disaster declaration.

4. Concept of Operations

General Operations

1. Emergency Operations will be coordinated at the agency level (Department Operations Center) but multiple agencies' operations will be coordinated at the Mahoning County Emergency Operations Center, when opened.
2. Each responding agency will have an Incident Commander and Command Structure responsible for implementing their agency's response plans.
3. Each responding agency will create an Incident Action Plan using FEMA ICS Forms. If it is a coordinated event through the EOC, one Incident Action Plan will be created at the Command Center for the entire incident.
4. Each responding agency will send a trained representative to the Mahoning County Emergency Operations Center and to the Mahoning County Joint Information Center, if activated.
5. All agencies are required to have emergency plans and updated resource lists of personnel and equipment that will be brought with their representative to the Mahoning County Emergency Operations Center.
6. Mahoning County Emergency Operations Center becomes activated by request.

A. Activation

Incident Detection, Assessment and Activation
This section describes the process for activating the MCERP. The MCERP may be activated in one of two ways:

- The Health Commissioner personally authorizes activation of the MCERP upon determination that an incident requires implementation of one or more of the strategies or plans included herein. If the MCERP is activated in this way, response will begin with incident assessment, which is required to establish the activation level and define the incident response needs, but the need for activation will not be reevaluated.
- The Emergency Preparedness Coordinator employs the entire process described in this section of this plan and presents their recommendation for activation to the Health Commissioner. Barring deactivation by the Health Commissioner, the Emergency Preparedness Coordinator will then complete identified response actions. Activation of the ERP marks the beginning of the response.

MCERP will follow **Attachment F: Algorithm to Guide Public Health ICS Activation**
Incident Detection

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

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

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

Incident Assessment
Department Directors will immediately inform the Health Commissioner and Emergency Preparedness Coordinator of any incident they believe is likely to require activation of the MCERP. This notification will trigger an initial assessment meeting which must take place via phone or face to face meeting within one hour of the initial detection of the threat. The Health Commissioner or Emergency Preparedness Coordinator will coordinate and facilitate the meeting.

Activation
The MCDBOH will activate the Public Health Emergency Response Plan and the appropriate coordinating Annexes and Appendixes in a situation defined as a public health emergency or

when a situation becomes emergent and its health consequences have the potential to overwhelm routine community capabilities to address them.
The initial assessment meeting will be used to determine if the plan will be activated and the activation level. After determining the necessary activation level during the initial assessment meeting, activation or the ERP and appropriate Annexes will occur. Depending upon the nature of the incident, complications might include disease outbreaks, sanitation problems, contamination of food and water and community mental health problems.

Activation levels and their associated recommended minimum staffing levels supplied from trained agency staff members within the agency are detailed in the table on the page 15.

The Emergency Preparedness Coordinator at the MCDBOH has the primary responsibility for coordinating emergency preparedness and response for Mahoning County Public Health. The Mahoning County Health Commissioner has primary responsibility for facilitating the activation of the MCERP and the Department Operations Center (DOC). If the Health Commissioner is unavailable or chooses to delegate the responsibility, activation may be successively facilitated by the Emergency Preparedness Coordinator or another MCDBOH manager.

Activation Level	Description	Minimum Command Function & Staffing Recommendations
Routine Operations	Routine incidents to which MCDBOH responds on a daily basis and for which day-to-day Operational Policies and 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 within the department. • Requires a minimal amount of coordination and agency engagement to conduct response; situational awareness and limited coordination are the primary activities	Response Lead • Public Information • Planning Chief • Logistics Chief (potentially) Consider activation of the DOC
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 local partners; and potentially request assistance from NECO partners. DOC will be activated. Potentially county EOC may be activated	Response Lead •Public Information •Public Health Liaison •Planning Chief •Operations Chief •Logistics Chief DOC activation required Mahoning County 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 local, regional and potentially state partners; County EOC most likely activated	Incident Commander Incident Management Assignments Management Team and key support staff All other functions and positions, as identified by activated plans DOC activation required Mahoning County EOC activated

5. Department Operations Center (DOC) and Emergency Operations Center (EOC) Activation

Emergency Response Plan and Department Operations Center (DOC) Activation

1. The DOC will be activated in accordance with the level of activation determined for the event.
2. The Health Commissioner after consultation with the Emergency Preparedness Coordinator and the MCDBOH management team may elect to go into ICS and open the Department Operations Center.
3. The level of activation will determine which ICS roles will be filled. The MCERP will be activated and the coordinating Annex will be activate as well
4. The level of activation will also determine if the DOC will be staffed for the entire operational period or just for daily briefings.
5. The Incident Commander or Health Commissioner will initiate activation through Notify Now Alert to all employees and their expected actions.
6. The urgency of the event response will dictate the notification time frame. A situational awareness notification message will be sent within one hour of activation. The following information will be forwarded to all staff:
    - What has happened
    - Current information
    - Which staff members are needed
    - Where and what time should needed staff report
    - How to respond to the alert

Emergency Response Plan and Emergency Operations Center (EOC) Activation

1. The Health Commissioner after consultation with the Emergency Preparedness Coordinator and the MCDBOH management team may elect to go into ICS and open the Department Operations Center. If a disaster is declared or the Mahoning County Emergency Operations Center is opened due to an event that is or could result in a public health emergency, the DOC will be opened immediately and ICS roles will be assigned.

2. If MCDBOH goes into ICS prior to a county activation, the health department's Incident Commander can request the activation of the Mahoning County EOC. Each public health agency and each area hospital will send a trained EOC representative to the EOC along with other EOC representatives from other responding county agencies.

3. At the Mahoning County EOC, representatives will provide a coordination of services among the represented agencies in the field by (including but not limited to):
    - Reports on the response agencies progress in the field
    - Coordination of the response agencies activities
    - Amount of resources the agency can provide and/or needs

4. The following information serves a guide for the EOC representative from each responding agency when they report to the EOC:
    - Developing and maintaining SOGs, personnel emergency notification rosters including 24-hour telephone contact numbers, resource lists of supplies, equipment, personnel and local maps and charts.

5. Internal resources of all operating agencies will be managed by individual organizational procedures and policies under the direction of the agency's Incident Commander at the Department Operations Center (DOC).

6. Each agency's DOC will communicate directly with its own field forces and, in turn, inform their agency's EOC representative of the progress. They will report all activities performed and personnel and equipment needed to maintain adequate response and recovery efforts.

7. Each agency represented at the EOC will also send a Public Information Officer to represent their agency in a Joint Information Center (JIC), if established. This JIC can be located at or near the EOC or near the disaster site.

8. Each of the following agencies designees will be responsible for reporting out their progress, supply and personnel needs, etc. to the activated EOC. Decisions will be made between these designees and reported out to their agencies Incident Commander or the External Liaison.

9. Agency Representative at the EOC
    a. Maintain contact with Department Operations Center through contact with Incident Commander or External Liaison
    b. Assess needs of the agency (supplies, staff, etc.)
    c. Keep apprised of the agency's efforts in the field.
    d. Advise Incident Commander of additional resources
    e. Advise Incident Commander of other agency efforts
    f. Provide information to the JIC.
    g. Coordinate response with other represented agencies

6. Command, Control, and Coordination

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

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

A. Development of Incident Objectives

Development of objectives is part of the planning cycle. This will occur while creating the Incident Action Plan (Attachment A). 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. To ensure that the established objective are appropriate incident needs must inform the established objectives and their completion timeframes, rather than internal agency resources. 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.

Objectives should follow the SMART model:

- Specific
- Measurable
- Action oriented
- Realistic
- Time Sensitive

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), 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. Operational objectives are those objectives in the IAP that are applicable to the next operational period. These objectives may be continued from the previous IAP 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

Objective Tracking

Any time MCDBOH is actively engaged in an emergency response, whether leading response or supporting response, objectives will be documented and tracked, initially through the ICS 201 form, then through subsequent operational periods by utilizing IAPs. Requests may come in through WebEOC or the MCEOC. As needed, objectives will be revised to reflect current incident needs and response situation, These requests should also be documented and tracked independently of WebEOC (if used) in a spreadsheet maintained by response staff in the Planning Section.

B. Incident Command and Multiagency Coordination

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

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.

Incident Commander/Public Health Coordinator
MCDBOH response activities are managed by a single individual, who serves in the command function of the response organization.
The position title is different depending on whether MCDBOH is leading incident response or providing incident support. When leading the incident, MCDBOH uses the ICS title Incident Commander (IC); when supporting the response, MCDBOH uses the title Public Health Coordinator. The Incident Commander (IC) and Public Health Coordinator (PHC) have the same authorities, regardless of the title.

C. Basic Authorities for Response

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

- The IC/PHC may utilize and execute any approved component (i.e. Attachment, Appendix or Annex) of the MCERP;
- IC/PHC may direct all resources identified within any component of the MCERP in accordance with agency policies;
- IC/PHC may set response objectives and develop/approve an Incident Action Plan (IAP), as applicable, in accordance with overall priorities established by the agency administrator or EOC policy group;
- IC/PHC may engage the minimum requirements for staffing as outlined in the activation levels of the plan;
- The IC/PHC may authorize incident-related in-state travel for response personnel;
- IC/PHC may authorize exempt staff to work a schedule other than their normal schedule, as needed;
- IC/PHC or Health Commissioner can authorize funding for an emergency without convening an official board meeting by informally notifying the Board of Health of the action.

D. Continuity of Government

The line of succession, maintaining essential functions, and alternative facilities direction and guidance can be found in the Public Health Continuity of Operations Annex.

E. 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/PHC must engage human resources management when staffing levels begin to approach any level that is beyond those pre-approved within this plan.

Human Resources must authorize engagement of staff beyond those pre-approved levels;

- The IC/PHC may not authorize bargaining unit staff to work a schedule other than their normal schedule without prior authorization by Human Resources. 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/PHC must adhere to the policies of MCDBOH regarding overtime/comp-time and should clarification on these policies or exemption be required, the IC/DC must engage Human Resources management;

- The IC/PHC must seek approval from the Board of Health for incident expenditures totaling more than $1,000. An informal request can be made in lieu of a full board meeting to request additional emergency funding.

F. Incidents with Public Health as the Lead Agency

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

As the lead agency, MCDBOH 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, local EOC, and the State EOC as needed. Resources and support provided to MCDBOH for incident response will ultimately be directed by the MCDBOH IC, in accordance with the priorities and guidance established by the Health Commissioner and the parameters established by the supplying entities. MCDBOH 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.

G. Incidents When MCDBOH Is Integrated Into an ICS Structure Led By another Agency

For incidents in which MCDBOH is integrated into an existing ICS structure led by another agency, MCDBOH provides personnel and resources to support that agency's response. MCDBOH 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 MCDBOH 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, MCDBOH will determine the appropriate activation level and assign a Public Health Coordinator to lead the integration activities. In such responses, the Planning Support Section Chief will track engagement of MCDBOH 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 PHC of any attempt to circumvent the

established parameters, as well as of any unapproved use of MCDBOH resources. The PHC will then work with the incident's IC to determine an appropriate resolution.

Incidents with MCDBOH in A Supporting Role

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

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

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

H. Legal Counsel Engagement

During any activation of the emergency response plan, 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 Director of Health,
- Anything else for which legal counsel is normally sought.

MCDBOH legal counsel is contacted through the activation notification. There are no internal approvals required to engage the MCDBOH legal counsel ; the Incident Commander/Public Health Coordinator, their designee or any program staff who normally engage legal counsel may reach out. The MCDBOH contacts the Mahoning County Prosecutor's Office. The MCDBOH is assigned a prosecutor for daily issues but can utilize any partner in the office during an emergency situation that requires immediate assistance.

I. Incident Action Planning

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

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

For the documents included in an IAP, see Attachment A

J. Access and Functional Needs

Access and functional needs include anything that may make it more difficult—or even impossible—to access, without accommodations, the resources, support and interventions available during an emergency. The MCDBOH identified access and functional needs in the county by creating a **Mahoning County CMIST profile (Appendix B)**

Potential impacts from an incident may require MCDBOH to respond by initiating or supporting the following activities to address an incident: Prophylaxis, Investigation and Surveillance, Infections Control, Prevention, and Medical Surge. MCDBOH coordinates response actions with the Emergency Management Agency and local functional needs agencies to ensure that access and functional needs are appropriately addressed during response. The agencies together address:

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

The Health Commissioner and the Emergency Preparedness Coordinator have the primary responsibility for engagement of the functional needs agencies during an emergency response.

The MCDBOH convened a functional needs workgroup. Through surveys with this workgroup it was decided that an all call system would be put into place that would quickly distribute messages to each of the participating agencies. The agencies would funnel the information to their clients using their standard communication mechanisms. The agencies are requested to update their contact information each year and the call down is tested each annually. The Notify Now call down process is documented in the **Mahoning County Comprehensive Communications Annex.**

In all communications during incident response, MCDBOH will utilize person-first language as described in **Appendix C – People First Language Planning.**

MCDBOH has access to translation and interpretation services through a county contract. The process for securing language support is detailed in **Appendix T of the Mahoning County Comprehensive Communications Annex.**

The MCDBOH works with partners to ensure that all such efforts, as well as any others to mitigate, plan for, respond to and assist in the recovery from hazards, adequately serve individuals with access and functional needs.

K. Demobilization

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

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

In every incident, a Demobilization Plan will be developed along with the Planning Team. This plan will include incident-specific demobilization procedures, priority resources for release, and section responsibly related to down-sizing the incident. The Demobilization Unit Leader should be part of the Planning Meetings and prepare to release, debrief, and account for staff and resources that will no longer be needed in the next Operational Period. These teams will work to return resources to a condition of "normal state of operation" as appropriate and conduct final incident close out of operations including documentation turnover, incident debriefing, and a final closeout with responsible agency or jurisdiction executives.

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

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

Incident specific demobilization is described in each of the attached Annexes but some activities that may occur in the transition to recovery include:

1. Coordination of documentation
2. Collecting data and contact information
3. Conducting after action reviews
4. Collect all finance documentation (time sheets, mileage, supply purchase receipts)
5. Continuing with public information throughout recovery and demobilization.

L. 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 the agency to review actions taken, identify equipment shortcomings, improve operational readiness, highlight strengths/initiatives, and support stronger response to future incidents. The AAR/IP template for real world events will be used in order to document this exercise. **The AAR/IP Template for Real World Incident can be found in Attachment B.**

The hotwash should occur as soon as possible but no later than three days after the conclusion of response operations. The Emergency Preparedness Coordinator will provide the AAR/IP for all incidents for which the MC ERP was activated. The Emergency Preparedness Coordinator will develop an improvement plan, an analysis of the response operations, review all documentation, and feedback from the hot wash. All of this information will be included in the AAR/IP.

The Emergency Preparedness Coordinator is responsible for coordinating/ communicating with participating response partners and stakeholders to implement corrective actions identified in the AAR/IP and for tracking completion of corrective actions. The identified items for the AAR/IP provide opportunities for future improvement upon response shortcomings and highlight the response strengths. The MC Emergency Preparedness Coordinator regularly follows up with the responsible assigned parties to confirm movement and, ultimately, completion of the corrective action.

M. Plan Integration

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

At the local level, the MCDBOH ERP interfaces with the Mahoning County Emergency Operations Plan (MC EOP) maintained by the Mahoning County EMA. All responses are local and the MCDBOH and MCEMA will activate the MC EOP and MC ERP to respond during an incident.

At the regional level, MCDBOH interfaces with the Northeast Central Ohio Region (NECO), which is a collection of public health agencies in Ohio 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.

At the state level, the MCDBOH ERP interfaces with the State Emergency Operations Plan (ODH EOP). ODH provides specificity for how the agency will complete the actions assigned to MCDBOH in the Local EOP.

At the federal level, MCDBOH interfaces with CDC to support public health and medical response. Although MCDBOH does not review response plans from our federal partners, MCDBOH plans are designed to identify, access and integrate with federal plans for support and resources made available to the state. Example of such a resource is the Strategic National Stockpile (SNS). These resources and how to access them are included in each of the annexes they support.

Situation Reports

In general, situation reports 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. MCDBOH will utilize ICS Forms 201 and 209 (located in **Attachment A of the Basic ERP Plan**) to provide the situation report for responses, these will be referred to as the SITREP for the purposes of this section. In addition to these core SITREP informational elements, incident specific information will be added based on the informational needs of the incident response.

SITREPs will be sent electronically to MCDBOH Leadership Team for their situational awareness. Hardcopies of SITREPs will also be available in the MCDBOH DOC, if the DOC is active. At the discretion of MCDBOH Health Commissioner, any SITREP may be forwarded electronically to ODH, MCEMA, NECO Public Health and Hospital Coordinators or other LHDs 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, 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 A– IAP Development and ICS Forms**

Staff Schedule (Battle Rhythm)
MCDBOH staffing unit will maintain staff scheduling and communicate the schedule to assigned staff. The completed staff schedule form will be distributed via email or by hard copy.

The battle rhythm will also detail essential command staff meetings, established reporting timelines and other necessary coordination requirements. The battle rhythm for each operational period will be created by the Planning Section Chief and distributed to all response staff at the beginning of their shift. The **MCDBOH Battle Rhythm Template that includes all required items is located in Attachment C**

Shift Change
Upon shift change, staff will be provided a shift change form utilizing **Attachment D Shift Change Briefing Template**. The Shift Change Briefing Template will be created by the Planning Section and distributed to all responders at the beginning of their shift to foster situational awareness of the current state of the operational response activities.

7. Information Collection, Analysis and Dissemination

Information Tracking
WebEOC is the mission tasking and tracking system, as well as a portal for information sharing. It is the primary source for distributing documentation to response partners across state and local levels and documenting response actions. All high-level response actions must be documented in WebEOC for accountability and reimbursement. MCDBOH 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.
Information will be compiled and analyzed in a spreadsheet format, including a timeline of events, a directory of involved personnel, and any other data that might be pertinent to response within the network directory folder. Information will be reported via situation reports to the recipients of those reports at the times and disbursement schedules established.

Response staff maintains an IS 214 Activity log that will be turned in at the end of each shift to their supervisor.

Essential Elements of Information

Essential Elements of Information (EEIs) address situational awareness information that is critical to the command and control decisions. EEIs represent the evolution of the localized data sharing components from the custodial owners of data into a hierarchical system that allows for specific information requirements to be shared and understood

MCDBOH will include a list of the current EEIs with the completed ICS 201 form and with each IAP. This list will be reviewed during IAP development and refined for each operational period. At a minimum, the IC, PIO, Planning Chief, and Operations lead will contribute to this refinement.
To identify sources of information for EEIs, consult Internal Division Directors and SMEs and external partners for assistance with information as needed.

Essential elements of information may be gathered by following the timeline below and finding answers to the listed questions.

Initial Response

- What is the scope of the incident and the response?
- How will it affect MCDBOH services?
- Where are the impacted communities?
- What population is impacted? What access and functional needs are present in this population?
- What is the anticipated medical surge?
- Determine communication means for the incident
- Evaluate healthcare organization, staff and supplies
- Determine health department status
- Identify who needs to know
- Identify resources needed for the response

Ongoing Response

- Projections for MCDBOH, staff and supplies:
    - Identify additional resources
    - Responder safety and health
    - Identify capabilities by divisions
    - Prioritize routine health services per MCDBOH COOP
- 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

Recovery

- Prioritize essential functions to come back online
- Identify support resource systems including staff
- Identify documentation needed
- Address regulatory requirements for reimbursements
- Assess MCDBOH staff (i.e., physical, mental screening, vaccinations)

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

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

Information Sharing

To ensure that MCDBOH maintains a common operating picture across all the locations response personnel are engaged, MCDBOH will identify a Public Health Liaison Officer that will interface with the county EOC through either in person EOC operations or Web EOC. Coordination of all county response agencies will flow through the EOC or Web EOC. The Public Health Liaison Officer will report to the Public Health and Medical Desk in the MC EOC as needed and follow guidelines for the EOC set forth by the Mahoning County EMA.

When activated, the EOC holds briefings every four (4) hours. The MCDBOH DOC will provide a report to the MC EOC every four hours, at least one (1) hour before the scheduled briefings. If this schedule is revised, MCDBOH will update the frequency of information exchange, continuing to provide a report one (1) hour before scheduled briefings.
The MCDBOH DOC will interface directly with the Public Health Liaison Officer at the MC EOC. The MCDBOH DOC will provide updates via WebEOC or through the Liaison Officer at the EOC and by sharing the developed MCDBOH SITREPs on the ICS 201 and 209 Forms. Additionally, MCDBOH may provide 213RR Resource Request Document, as necessary. These can be uploaded in Web EOC or sent to the physical EOC to the Public Health Liaison at the Public Health and Medical desk.

8. Communications

The Mahoning County District Board of Health (MCDBOH) maintains communication throughout an event from the Department Operations Center and through coordination with the Emergency Operations Center. Depending on the situation communication will be maintained locally, regionally, statewide, or federally.

The MCDBOH Comprehensive Communications Annex will be activated when the Emergency Response Plan is activated to dictate effective communications throughout the incident.
When engaged in a response the MCDBOH will ensure information sharing is occurring to maintain continuity of response operations including but not limited to:

- Mahoning County Emergency Management Agency
- Youngstown City Health District
- Mercy Health, Northside, and Akron Children's Hospitals
- Local safety forces
- NECO Regional Coordinator: Public Health and Hospital
- Ohio Department of Health
- Non-governmental partners
- Other state and federal agencies required during the response.
- Communication will be maintained during an event through a combination of communications systems and decided used on a day to day basis.
    - Phone lines
    - Cell phones
    - Email
    - OPHCS
    - Fax lines
    - MARCS radios
    - Notify Now

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

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

When notifications or alerts must be sent, MCDBOH utilizes OPHCS, email, and Notify Now messaging systems. All messaging and notifications are described in the **MCDBOH Comprehensive Communications Annex**. OPHCS is a reliable and secure web-based messaging and alerting system used to communicate incident information to relevant groups via email, fax, phone, pagers and other messaging modalities to support notifications on a 24/7/365 basis. This system is used by MCDBOH, hospitals, and EMA, but is not available to the general public. Notify Now is a phone based system that a voice message can be sent to a preselected group for notification. Notify Now is used for internal MCDBOH

communications, local schools and food establishments, and for local functional needs agencies communications during an emergency.

In the event that we cannot use the internet the **MCDBOH Comprehensive Communications Annex** dictate that we use land lines, cellular communication, and MARCS radios for communications.

MCDBOH maintains Multi-Agency Radio Communications (MARCS) and currently houses three MARC's radios that can be deployed to response staff should MCDBOH experience power failure. MCDBOH participates in monthly MARCS radio checks with ODH to verify distributed MARCS radios are operational for emergency use.
When responses require the engagement of the MC EOC, MCDBOH assumes its role at the Public Health and Medical desk. From the desk, MCDBOH may require additional collaboration with other agencies, ODH, Ohio EMA staff, and other regional and state partners. The EOC facilitates an environment for situational awareness, information flow and coordination with partners.

A list of external response partners can be found in the Attachment E

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

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

Public Information
The MCDBOH maintains 4 trained PIOs to plan and review public communications and messaging. They follow the MCDBOH Comprehensive Communications Annex. This Annex will be active when the MC ERP is activated.

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.

All financial, administrative and cost-recovery activities or records will be captured daily (or incident operational period) by the Finance & Administration Section Chief. The documents selected for use during an incident response will adhere to the operational period time frames determined by the IC, but will not exceed a 24 hour period**.**

Cost-recovery Documentation is vital to all cost recovery, administration actions regarding personnel, payroll, benefits, financial and procurement recordkeeping. The Finance/Administration Chief will use activity/incident logs/forms or chronology as the tracking mechanisms for determining resources expended and initiating any follow on/additional documentation (e.g., receipts, injury reports, accident investigations).
All reports and forms will be turned into the Finance/Administration Chief at the end of each operational period.
Cost recovery for an incident includes all costs reasonably incurred by MCDBOH 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. At the individual level, all response staff will maintain an Activity Log, using ICS form 214. These logs will be turned in at the end of the shift and filed.
- Equipment: 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 and only if MCDBOH cars are unavailable.
- Supplies: These may include items that are used exclusively for incidents that cannot or should not be reused.
- 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

Legal Support Documentation
The Mahoning County Prosecutor's office and Clemans Nelson Associates will provide legal counsel and 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.
- Improper uses of funds or resources.

IAP and After Action Report Documentation
All ICS forms and documentation will be provided to the Planning Chief each day in order to use the current situation and progress to determine the following day's activities during a response. These same activity logs, ICS forms, etc. will be used during the review of the incident in the development of the AAR/IP document.
After Action/IP Template for Real World events can be found in Attachment C of MCERP Basic Plan

Records Security

During an incident, MCDBOH will collect, receive, create and maintain a large amount of data and records. Some of this data is protected or confidential pursuant to numerous laws (e.g., R.C. 3701.17, 45 CFR Parts 160 and 164 [HIPAA Privacy Rule]), the violation of which may result in civil, criminal, or administrative penalties, as well as adverse employment action by MCDBOH. The MCDBOH staff participate in yearly HIPAA training and review of the HIPAA policy and procedures.

Immediately upon discovery that there has been an unauthorized disclosure or suspected unauthorized disclosure of the information, the person who discovers the disclosure or suspected disclosure will notify his or her direct supervisor, the responsible MCDBOH staff supervisor and/or incident commander.

Records Retention. During an incident all staff will abide by the MCDBOH Records Retention Policy. See the Mahoning County District Board of Health **Records Retention policy Appendix D of the MCERP Basic Plan**

During the response, an incident folder will be created on the Shared J drive. Confidential information documents will be protected by a password.

1. Inform response personnel of the location of file and password as needed.
2. Each incident supervisor will be responsible for the organization and orderliness of their respective file (e.g., Operations, Logistics, Administration)
3. Reminders of recordkeeping and locations of files will be reviewed during each change of shift brief.
4. Response Folders will be backed up daily on the server.
5. Post-incident documents (hard copies) will be kept and managed by the Emergency Preparedness Coordinator.
6. All documents will be stored and maintained based on the MCDBOH's Record Retention Policy.
7. All supervisors within the MCDBOH and the Emergency Preparedness Coordinator will be allowed access to records. Requests to view records from other divisional employees such as the epidemiologist will funnel through their direct supervisor or the Emergency Preparedness Coordinator.

Expedited Actions
Expedited actions can occur in the form of approval for personnel actions and procurement of resources. The Health Commissioner or designee has the authority to authorize staff

overtime and purchase of materials without a formal board meeting but has to provide some notification to the board members of the needed actions.
During an event an immediate need for staff overtime, resources, contract staffing, or any purchase exceeding $1000 that would normally require board approval can be approved without an official board approval as long as the Health Commissioner/designee documents the immediate need and it is documented to be discussed at the next scheduled Finance Committee and Board of Health meetings.

All expedited actions will be briefed during the incident operational briefings and also during shift change briefs. These actions will be tracked in the operational activity log ICS 214 form and reviewed with the Finance/Administration Chief as needed. All necessary agency forms will also be completed, in addition to the incident forms. All forms will be presented to the Health Commissioner or designee by the Finance/Administration Chief for expedited approval.

9. Logistics and Resource Management

MCDBOH has a limited amount of materiel 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: MCDBOH internal human resource/personnel and inventory management systems. All resources will be queried internally prior to engaging other local health departments or the regional coordinator. When all MCDBOH requires resources that are not on-hand or have been exhausted the agency will pursue with Regional and State agency partners for resources.
- Source 2: State Agency resources. When MCDBOH resource avenues have been exhausted, the acting Logistics Chief will work through the Mahoning County EMA to engage ODH and OEMA to secure a resource. OEMA may choose to activate the State Emergency Operations Center (STATE EOC) and Emergency Support Function (ESF) Partners to identify and secure a resource
- Source 3: MOUs and MAAs. When a required resource is needed, the Logistics Chief will refer to existing county and regional MOUs to fulfill resource shortfalls. Assistance will be sought from Mahoning County EMA.
- Source 4: Emergency Purchasing and Contracts. Special provisions have been described in Expedited purchases section of this plan detail how emergency procurement and contracts can be executed.
- Source 5: Emergency Management Assistance Compact (EMAC). When a resource for MCDBOH use is not available and cannot be found in state, the logistics section chief will work with the Mahoning County EMA to request interstate resources from the State EMA using the EMAC Process.

- Source 6: Federal Assets. Specialized federal assets to include subject matter experts and material may be required to support local incident response. Federal agencies that are requested by ODH to support local response include but are not limited to the Centers for Disease Control (CDC), Department of Health and Human Services (HHS) and the Department of Energy (DOE). These assets range from requests from the CDC for Strategic National Stockpile (SNS) Medical Countermeasures (MCM) and the Department of Energy for radiation incidents.

MCDBOH Resources
MCDBOH has identified the two resource priorities for fill during an incident: personnel, material/supplies and transportation.

Personnel Resources
The Planning and Logistics Section Chief will work with MCDBOH Human Resources staff to fill the shortfalls. If there are insufficient MCDBOH personnel staffing assets available internally, a request will be made for additional personnel from the Youngstown City Health District. If they are unavailable or their assets do not fulfill our needs then we will contact the NECO Regional Coordinator for a public health personnel request from our surrounding counties.

Materiel Resources
In an effort to fulfill materiel resource gaps the acting Logistics Chief will research for the asset internally. If the Logistics chief cannot fulfill the request internally they will contact the Mahoning County EMA for assisting in locating the material resource.
Management of Internal and External Resources

Management of MCDBOH Internal Resources
The management of MCDBOH internal resources and assets used in support of an incident will be tracked using HDIS.
The Logistics Section Chief will manage all internal and external resources and will log the following minimum information for all MCDBOH material assets involved in response activities:

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

Management of External Resources
Upon receipt of an external resource, the MCDBOH Finance/Administration in collaboration with the Logistics Chief will accept responsibility of the asset, by logging the item onto a Resource Form and then entering in relevant information into HDIS.
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.

Responsibilities and Systems in Place for Managing Resources

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

1) When an individual MCDBOH employee responds or deploys to an incident with an MCDBOH 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 MCDBOH (internal and external) will be compiled at the beginning of and end of each operational period for the MCDBOH IC 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 Forms can be found in Attachment A of the MCERP Basic Plan.

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

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 MCDBOH asset or resource used in an incident, a full accountability of equipment returning to MCDBOH will be done in collaboration with the Logistics Chief, Incident Commander, and the Finance/Administration Chief. The asset will be inventoried and matched against the asset tag and serial number, then inspected for damage, serviceability and cleanliness. If all equipment serviceability and cleanliness requirements are met, the assets or resource will be returned to normal service. This can be done using the ICS Form 221 Demobilization Check-Out Form.

- If the equipment deployed is lost, damaged or does not meet serviceability requirements, the MCDBOH IC or designee will collaborate with the Logistics unit and the Finance/Administration Chief to determine next steps in the reconditioning of the asset, salvage or the purchase of a replacement item. The costs for reconditioning and or replacement of the item will be included in the post-incident cost recovery process.

10. Emergency Management Assistance Compact (EMAC) and Incident Management Assistance Compact (IMAC)

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

EMAC: State to State Aid Request: If the Mahoning County EMA cannot find the needed resources within the state of Ohio through contact with other EMA, they will contact the Ohio EMA to request assistance from out of the state to support our local response.

Memorandums of Understanding, Mutual Aid Agreements and Other Agreements

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

capacity of MCDBOH 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 all entities involved.

2. Established MCDBOH and NECO MOUs and MAAs are retained by each local health department and the regional coordinator. The MCDBOH retains the compilation of original/official agreements between local health departments in the county and the local health departments in the region. Additionally, the NECO Regional Coordinator retains the original signed copy of the NECO MOU.

3. Upon an incident response, it is incumbent upon the Logistics Section Chief to inquire with the Emergency Preparedness Coordinator and Health Commissioner to determine whether any MOUs and MAAs are applicable to the response activities.

4. If an MOU or MAA is determined to be needed during an incident, the appropriate MCDBOH division, Emergency Preparedness Coordinator, and Health Commissioner will collaborate on execution of the MOU/MAA.

11. Staffing

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.

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

Staffing Pools

All MCDBOH staff members will be utilized in the event of an emergency. Human Resources and the Health Commissioner will work with the individual supervisors to determine work hours; everyday services that will need suspended, and overtime opportunities. In the event this is not enough staffing to effectively run the incident the following entities could provide assistance:

1. Qualified staff from the Youngstown City Heath District
2. Medical Reserve Corps volunteers
3. Surrounding local health departments (NECO Region): through MOU agreements
4. Mahoning County Emergency Management Agency request

12. Mobilization Alert and Notification

The Logistics Chief will prepare a mobilization message for dissemination to response personnel. This message will be shared with the Operations Chief to be passed to their engaged staff. Staff notified for mobilization/deployment will follow these instructions:

1**. Where to report**: All personnel alerted for mobilization/deployment for an incident will report to the designated reception center, unless otherwise specified.
2. **When to report**; Staff alerted will report within the required time established by the IC/PHC. The goal for initiating deployment is within 30 minutes of notification; arrival times may vary depending on the distance the staff must travel.
3**. Whom to report to**: The staff alerted will report to the Incident Commander or other individual, if designated. The Operations Chief will review the responsibilities of assigned staff and consult with them to ensure they are able to receive and process responding personnel.
Upon reporting to the designated Reception Center, the staff will be received, checked in, provided an incident summary, assigned and integrated into their role. At this time, the staff could be deployed to another location in support of the incident response. All reasonable efforts will be made to inform MCDBOH 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.

13. Disaster Declaration

Non Declared Disasters
MCDBOH may respond to non-declared disasters following the Emergency Response Plan with the understanding that there will be no reimbursement of cost. The Health Commissioner and Finance Director may redirect and deploy agency resources and assets as necessary to prepare for, respond to, and recover from an event.

Declared Disasters
The difference between a disaster declaration and declaration of a state of emergency is that a state of emergency can be declared as the result of an event that is not perceived as a disaster. Also, an emergency declaration is generally of lesser scope and impact than a major disaster declaration. However, in both cases, additional resources can be requested.
A state of emergency may be declared by the board of county commissioners of any county, the board of township trustees of any township, or the mayor or city manager of any municipal corporation.
Either a disaster declaration or a state of emergency issued by the Governor of the State provides the affected jurisdictions access to resources and assistance of state agencies and departments, including the National Guard. A declaration also releases emergency funds.
The Governor may declare a disaster without an official local declaration. When the Governor declares a disaster, it allows state agencies some additional abilities. These abilities may include but are not limited to request waivers of purchasing requirements, such as competitive bidding, for emergency needs or the allotment of monies to be used or the purpose of providing disaster and emergency aid to state agencies and political subdivisions or for other purposes approved by the controlling board, as stated by ORC 127.19.
The Governor may also declare a disaster if the threat of a disaster or emergency is imminent. A state of emergency may also be declared whenever the Governor believes that an emergency exists.

Process for Local Declaration of Disaster Emergency

MCDBOH's role in the emergency declaration process is to provide subject matter expertise and situational information. MCDBOH cannot declare an emergency or disaster; 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. The MCDBOH may be asked by the Mahoning County EMA to weigh in in the effects of the disaster and its public health implications. The Health Commissioner and the Division Directors will act as consultants to the MC EMA and elected officials in the disaster declaration process.

If the elected officials declare a disaster, then the MCDBOH will coordinate with other local response agencies through the Mahoning County Emergency Operations Center.

14. Employee Training and Exercises

Training

New Employees

New employees, within their first year, will be trained in the National Incident Management System (NIMS). The required NIMS courses are found in the New Public Health Employee Orientation Master Curriculum. The curriculum item, *Introduction to the National Incident Management System,* dictates the required NIMS courses that must be taken by each employee to understand the key concepts and principles of the NIMS. Upon completion of each NIMS course, the corresponding certificate of completion will be provided to the Personnel Officer. A copy of the NIMS certificate will be maintained in the employee's permanent file. A second copy will be placed in the NIMS binder located in Community Health Division.

Public Information Officers

The Public Information Officer (PIO) has additional NIMS course requirements for primary and continuous education, which are outlined in the Comprehensive Communication Plan. Please reference sub-heading "Training and Plan Maintenance".

Exercising

This Emergency Response Plan is exercised functionally annually during the NECO Regional Functional Exercise. Each year as part of the exercise, The Emergency Operations Capability is tested and this plan is utilized to activate ICS, the Department of Operations Center and the Incident Action Plan for the incident. This is always reflected in the After Action Report/Improvement Plan and changes are made to the plan based on the yearly exercises.

15. Assignment of Responsibilities

At the local-level, responses involving public health and medical services may differ from county to county, or city to city. The state is a "Home Rule" state, and deference is given to local decisions, provided that such decisions to not harm or endanger the residents who live there. The following are the responsibilities of the local response agencies.

Many health-related impacts are beyond the scope of MCDBOH alone and require involvement of other partners with responsibilities for addressing incidents with impacts on health. MCDBOH partner agencies include other 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 local partner agencies, MCDBOH may also support additional response partners 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, MCDBOH 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. MCDBOH may partner with the following agencies during a response in Mahoning County:

• American Red Cross • MC Area Agencies on Aging • MC Mental Health and Recovery Board • MC Law Enforcement • Other MC non-governmental organizations in a supporting response role • Mahoning County Solid Waste District • Mercy Healthcare System • Youngstown State University • MC Educational Service Center • MC Hazmat/LEPC	• MC Coroner • MC Developmental Disabilities • MC Emergency Management Agency • MC Engineers • MC Fire Departments • MC Emergency Medical Services • NECO Region 5 • MC Commissioners Office • Steward Healthcare System • MC/CC Medical Reserve Corps

C. <u>Specific Operations for Health/Medical Emergency Response Operations</u>

<u>Public Health</u>

1. The Mahoning County District Board of Health (MCDBOH) is a Public Health agency serving all communities in Mahoning County with the exception of Youngstown City who maintains their own Public Health agency. Youngstown City

Health District is included in the same Emergency Response Plan and Annexes as the Mahoning County Board of Health.

2. The Mahoning County District Board of Health is the designated lead agency in health related or bioterrorism events, with the capability to assist communities and/or their safety forces with the following:
   a. Medical/Nursing Services.
      - Vaccination and/or prophalaxing of individuals, if warranted by the threat of disease.
      - Disease detection, investigation, and surveillance
   b. Water consultation services
      - Provide guidance in the treatment of contaminated water supplies and the reconstruction of damaged private water systems.
      - Access well and septic safety through inspection and testing.
   c. Food consultation services
      - Provide guidance and determine possible contamination of food supplies, supervise food salvage and disposal operations.
      - Assess food safety through inspection and testing
   d. Vector control consultation services.
      - Provide guidance, plan vector control activities, and assist in control of mosquitoes, flies, and rodents.
   e. Refuse disposal consultation services.
      - Provide guidance in the collection, storage, and disposal of garbage and refuse.
   f. Bioterrorism Response
      - Plan and respond to a bioterrorism event within the county
   g. Community Reception Center
      - Coordinate CRC operations during a Radiological Incident
3. The Mahoning County District Board of Health will assume a secondary support role:
   - The MCDBOH will assist Red Cross in determining whether a facility is fit to be used as a long term Red Cross shelter (sanitary conditions acceptable). *See: Shelter Inspection Checklist* and work with Red Cross to prevent and mitigate infectious disease outbreaks within the shelters.
   - The MCDBOH will assist local hospitals in the identification of facilities that may be expanded into emergency treatment centers for disaster victims.
   - The MCDBOH will provide health (food and sanitary safety) and medical (disease assessment, surveillance, and vaccination, if needed) services at shelters and reception centers established by the MCDBOH or provide supplemental assistance at American Red Cross shelters as requested.
   - The MCDBOH will assist the coroner's office during a Mass Fatality event by providing support for vital statistics, Family Assistance Center, and other administrative duties as requested.

Field Emergency Medical Services

1. Since EMS Services are based and dispatched from each fire department, EMS activities will be coordinated by the Fire Services Coordinator, Fire and Rescue. (P)
2. All field emergency medical services (EMS) will assist, if requested, in the transportation of injured persons to medical facilities. (S)
3. The Mahoning County Emergency Operations Plan will be followed.
4. EMA services may assist in patient transportation during medical facility transfers. (S)
5. EMA services may assist in patient transportation from Red Cross Shelter to medical facilities as needed. (S)

Hospitals and Definitive Care

1. Mahoning County Hospital systems (Steward Health, Mercy Health System, Akron Children's) coordinate hospital care in time of disaster and may send a representative to the county EOC. (P)
2. Mahoning County Hospital systems will follow their own disaster response and recovery plans. (P)
3. The MCDBOH will identify public health and/or other facilities that may be expanded into emergency treatment centers in conjunction with the American Red Cross if requested by the hospital through the EOC.(S)
4. Mahoning County Hospital systems will follow their established emergency response plans for releasing those patients not needing extensive and prolonged medical treatment to their families and providing additional beds for those injured in any disaster or who require extensive treatment and care. (P)
5. If the magnitude of the disaster causes all hospitals within Mahoning County to receive more patients than they can handle, temporary medical facilities will be established and/or patients, in compliance with the hospital's diversion plan, or patients will be moved to other health care facilities within the region.(P)
6. The Mahoning County hospitals systems will participate in the Emergency Operations Center if opened.(P)
7. The Mahoning County hospital systems will contribute to public information release. Either their internal or coordinate with external agencies in the Joint Information System to release a collaborative message. This is all events specific.(P or S)

Mental Health

1. The Mahoning County Mental Health and Recovery Board (MCMHRB) shall coordinate mental health activities (S).
2. All mental health clinics, facilities, and personnel will be utilized, as needed, to treat those emergency workers and persons affected by the emergency (S).
3. MCMHRB will be asked to assist public health in an Open Point of Dispensing. (S)
4. MCMHRB will be asked to assist in a Red Cross Shelter (S).

5. MCMHRB will be asked to assist outside agencies in any incident where public mental health may be affected and counselors would be needed to effectively calm the general public.(S)

Mortuary and Coroner

1. The Mahoning County Coroner will coordinate all mortuary services (refer to Mahoning County Emergency Management Plan).(P)
2. The Coroner will have the lead role in the execution of the Mahoning County Mass Fatality Plan (P).
3. The Mahoning County District Board of Health will assist with the Family Assistance Center as needed (S).

Red Cross

1. Requests for blood will be coordinated with the Northeast Ohio Red Cross Blood Center, through the Mahoning County Chapter American Red Cross.(P)
2. Open and staff shelters in Mahoning County, as requested. Depending on the event that has occurred (P)
3. Screen individuals coming into the shelter for acute and chronic medical conditions (P)
4. Monitor health of the shelter population on a daily basis and report any disease incidence to the local health department.(S)
5. Red Cross can assist local nursing homes and hospitals in housing high functioning individual during an evacuation (S).
6. Red Cross will work with EMA and other local agencies to release public information in regards to shelter location and accommodations. (S)

Medical Surge

1. Hospitals, Public Health, or other health and medical facilities may need additional personnel. They can request volunteers through the EOC from any of the following groups (including but not limited to this list)(S)
    a. Emergency Medical Technicians
    b. American Red Cross
    c. Private nurses or school nurses
    d. Registered Medical Reserve Corps volunteers
    e. Volunteer reception center may be required to process requested volunteers.

16. Organization and Assignment of Responsibilities

A. Organization

The Mahoning County District Board of Health& Youngstown City Health District, American Red Cross, hospitals, EMS units, ambulance services, health and medical personnel, clinics, funeral homes, the Mahoning County Coroner, nursing homes and mental health facilities comprise the health and medical components in Mahoning County.

B. Assignment of Responsibilities

This list includes the responsibilities of traditional response agencies during a health or medical emergency or disaster. These services are available 24/7 during an emergency situation. Additional agencies may be asked to respond during an emergency or disaster. Also, the task lists for each response agency includes the traditional roles of that agency. It is by no means a comprehensive list of the response agency's capabilities and roles during an emergency or disaster. **See Appendix A Hazard Vulnerability Analysis for public health roles in all CBRNE incidents.**

1. Public Health Departments Roles and Responsibilities:

a. Community Health (Nursing and Epidemiology) Services

1. Communicable disease surveillance, identification, controls, and reporting
2. Immunization, and vaccination
3. Prophylaxis
4. Emergency health screening
5. Issuance of health advisories
6. Supplemental assistance to emergency shelters, disaster sites, or as requested.
7. Maintain vaccine, medical supplies and resources
8. Medical Surge
9. Community Reception Center
10. Family Assistance Center/Vital Statistics: Support for Coroner's Office.
11. Assist Red Cross with disease surveillance and mitigation if necessary.

b. Environmental Health Services

1. Food and other consumables safety
2. Potable water and water disposal under disaster conditions
3. Sewage and waste water monitoring
4. Vector control
5. Epidemiological and toxicological assessments
6. Assistance with health advisories
7. Hazardous materials response and recovery procedure
8. Emergency solid waste and pollution control
9. Inspections of emergency shelters, medical and health facilities
10. Environmental cleanup
11. Food handling, mass feeding and sanitation in emergency and commercial feeding facilities
12. Support for general or mass emergency quarantine procedures
13. Coordinate with State Field Radiological Officer
14. Conduct Shelter Inspections as requested from Red Cross.
15. Outdoor air monitoring
16. Private water supplies and waste water
17. Recreational Water inspection

18. Lead poisoning and prevention

c. Public Health Laboratory Services

1. Assistance with packing and shipping of specimens to be sent to the Ohio Department of Health laboratory and/or CDC Laboratories, as requested.
2. Assistance in processing or performing environmental lab testing during an event, as needed and requested.

d. WIC

1. Identify number of women, infants and children in the county enrolled in their program.

e. Vital Statistics

1. The Youngstown City Health District hosts the Mahoning County Registrar for vital statistics and will be responsible to work with the coroner's office in the event of a Mass Fatality event.

2. Hospitals

a. Provide triage physician led team for disaster site as requested
b. Provide emergency treatment for disaster victims
c. Provide in-hospital treatment for disaster victims
d. Setup triage team in hospital as necessary
e. Provide temporary morgue for victims who expire in the hospital
f. Arrange for trans-shipment of patients to other hospitals as necessary
g. Provide EOC Liaison Officer
h. Assist with D-MORT Team/Coroner
i. Provide a liaison to the EOC when requested
j. Provide information to the JIC as needed for public information release.(S)
k. Provide assistance to Red Cross shelters if a shelter client requires advanced medical care.(S)

3. American Red Cross (EOC Liaison)

a. Provide blood through blood donor program and blood bank
b. Provide nursing staff as requested (S)
c. Provide volunteers as requested (S)
d. Provide mental health counseling for disaster victims (S)
e. Provide limited first aid, health screening, and referral at shelters and/or aid stations (P)
f. Provide support services for disaster victims, their families and emergency response personnel (food, clothing, and shelter) as outlined in the Mahoning County Emergency Operations Plan (P)
g. Implement shelter centers through EMA, as requested. (P)
h. Provide a liaison to the EOC as requested.(P)
i. Provide support to community entities such as nursing homes and home health agencies for assistance with housing of individuals during an evacuation. (S)

j. Provide public information on locations and types of sheltering available. (S)

4. EMS
   a. Respond to disaster site (P)
   b. Perform triage in mass casualties' disaster (P)
   c. Administer emergency treatment commensurate with certification and training(P)
   d. Establish liaison with hospital (S)
   e. Transport victims according to severity of injuries (S)
   f. Provide additional medical service in shelter if resources are available Liaison with EOC (S)
   g. EMA services may assist in patient transportation during medical facility transfers.(S)
   h. EMA services may assist in patient transportation from Red Cross Shelter to medical facilities as needed. (S)

5. Coroner/Funeral Home Directors (under direction of Coroner)
   a. Establish temporary morgue sites (P)
   b. Assist in transport of deceased using Funeral home vehicles (S)
   c. Identify deceased(P)
   d. Perform funeral services (P)
   e. Assist in the interment of the deceased (P)
   f. Notification of families of deceased (S)
   g. Contact State EMA for D Mort Teams (S)
   h. Request refrigerated trucks from the EOC, as needed(S)

7. Mental Health Facilities
   a. Provide available areas as temporary hospital/clinic sites (S)
   b. Provide mental health professionals, as available, for assessment and referral of disaster victims and responders.(S)
   c. Mental Health professionals will be asked to assist during a response with Open Points of dispensing, Red Cross shelters, Community Reception centers, etc. (S)
   d. Assist with message crafting from the PIOs/JIC for proper public notifications of the event (S).
   e. Assist with public information call centers. (S)

8. Medical Clinics
   a. Provide emergency medical treatment for disaster victims (P)
   b. Provide medical staff for disaster response as available (P)
   c. Provide space, as available, for temporary hospital/medical treatment facilities for disaster victims in large-scale disasters (S)

9. Volunteer Groups (Salvation Army, American Red Cross, Volunteer Services Agency, Medical Reserve Corps, etc.)
   a. Provide food, clothing, shelter to disaster victims, their families and emergency response workers
   b. Provide medically trained personnel as available
   c. Provide disaster-counseling services
   d. Provide other support services as available (transportation, resources, supplies and personnel)

Additional External Information: See Attachment E: External Partner Contacts

State responsibilities
Tab A of the ***State EOP Base Plan*** (http://www.ema.ohio.gov/EOP_Overview.aspx) details Primary and Support Agencies by ESF, Annex and Other on the State EMA website at:

http://ema.ohio.gov/Documents/Ohio_EOP/D%20PRIMARY%20AND%20SUPPORT%20AGENCIES%20-%202013.pdf.

Federal responsibilities
Delineation of responsibilities at the federal level can be accessed at https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency_support_function_annexes_introduction_2008_.pdf.

17. Plan Development and Maintenance

The Mahoning County Emergency Preparedness Coordinator is responsible for conducting a review of this Public Health Emergency Response Plan (Mahoning County Emergency Operations Plan: Annex H) and submitting new/updated information to the County Emergency Management Director on an annual basis commencing one year from the approval date of this document or more often as necessary.

Plan Formatting
All plan components will align with the definitions, organization and formatting described below. Additionally, use both appropriate terminology for access and functional needs and person-first language throughout the ERP, consistent with the standards described in **Appendix C – People First Language in Plan Writing**

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. All documents will be labeled with the current version and the date of last approval. This will be on the title page and the header of each document.

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 a letter

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 a number

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 Roman Numerals.
- 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 letters
    - Appendices to annexes are designated by numbers
- Though developed independently from the primary document, an annex must be activated as part of the plan and cannot be activated apart from it

Review and Development Process

- The planning shall be initiated and coordinated by the Emergency Preparedness Coordinator. Planning shall address revisions to the ERP Basic Plan, as well as revision or development of any other ERP components. The Emergency Preparedness Coordinator will form a collaborative planning team to include the following:
    - MCDBOH managers including internal Subject Matter Experts (SME's)
    - Mahoning County Healthcare Coalition: that includes representative for access and functional needs and external Subject Matter Experts (SME's)
- Revisions will be will determined on an annual revision schedule and by identifying gaps and lessons learned through exercise and real-word events, or by the direction of the MCDBOH Management Team or Health Commissioner. 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.

- MCDBOH collaborative teams will identify the needs for improvement and update the plan component(s). Once the planning team has prepared the plan revisions, the components will be submitted to the Management Team, SMEs, and MC Healthcare Coalition prior to being submitted for approval from the Health Commissioner. Any feedback will be incorporated and then the updated document will be presented for approval to the MC Board of Health.
- Once these elements are identified, revised processes are developed for improvement or replacement. In order to maintain transparency and record of collaboration, MCDBOH will record planning and collaborating meetings by recording meeting minutes to sustain a record of recommendations from collaborative ERP meetings.
- Below are the established plan, annex, attachment and appendix review schedules. MCDBOH plans and supporting documents are reviewed by April each year. Based on the Hazard Analysis conducted the previous December.

Items	Cycle
Plan	Annual
Annex	Annual
Attachment	Annual
Appendix	Varies, Indicated on the document

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 MCDBOH Management Team and Healthcare Coalition. In the interim, the changes may be used for response if approved by the Emergency Preparedness Coordinator and Health Commissioner.

Review and adoption of the Emergency Response Plan, Annexes, Attachments, and Appendices

- The basic plan and its Annexes and Attachments shall be reviewed by MCDBOH management team and endorsed by the Health Commissioner. Once adopted by the Board of Health, the ERP Basic Plan, Annexes, Attachments and Appendices shall be reviewed annually, from the last date the plan was authorized. The purpose of this review will be to consider adoption of proposed changes, i.e., revisions, additions or deletions that were identified during the year. If adopted, the changes will be incorporated, and the basic plan and its attachments will be reauthorized.
- Any division may initiate changes to the basic plan and its attachments by submitting the proposed changes to the Emergency Preparedness Coordinator during the annual review.
- Proposed changes may be approved for use in response activities by the Emergency Preparedness Coordinator and Health Commissioner; the ERP Basic Plan, Annexes, Attachments and Appendices can then be updated and approved before the next annual review in order to incorporate the changes. The changes identified during a response can be reviewed at the next scheduled Management Team meeting and Healthcare Coalition Meeting. If both agree to the changes, it will be brought to the next scheduled Board of Health meeting.

Annual Review of Basic Plan, Annexes, Attachments, and Appendices

- Once adopted the ERP Basic Plan, Annexes, Attachments and Appendices shall be reviewed annually. Development and adoption will be facilitated by Emergency Preparedness Coordinator and conducted by two review teams. The initial review is conducted by the MCDBOH Management Team. The second review is by the Mahoning County Healthcare Coalition which is comprised of local response agencies. The purpose of this review will be to consider adoption of proposed changes that were identified during an exercise, event or throughout the year. If adopted, the changes will be incorporated, and the revised annexes will be reauthorized by the identified approvers.
- Anyone may initiate changes to annexes and its attachments by submitting the proposed changes to the Emergency Preparedness Coordinator for presentation to the identified reviewers.
- Please note that if an Appendix is a directive, then that appendix must be updated through the existing directive policy which is to be reviewed and approved by the Board of Health during the specified time frame on that Appendix.

  In order to maintain transparency and record of collaboration, MCDBOH will record planning and collaborating Management Team and MC Healthcare Coalition meeting minutes to sustain a record of recommendations from each group on the Basic Plan, Annexes, Attachments, and Appendices.

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 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, if an appendix is a directive, then that appendix must be updated through the existing directive policy which is to be reviewed and approved by the Board of Health during the specified time frame on that Appendix.

Plan Formatting

The MCDBOH does not dictate font type of size for any of its documents. The Emergency Response Plan will be layout in the following way:

Emergency Response Plan

A. Basic Emergency Response Plan and Attachments and Appendices

B. Annexes and Attachments and Appendix in each of the Annexes

Header will include the following:

- Version number; aligned left.
- Plan name; aligned center.
  - If it is an Annex, the Annex name will be listed in the center

- If it is an Attachment, the Attachment Letter will be listed after the Attachment in the center and listed as Attachment of the ERP/Annex
- If it is an Appendix, the Appendix Number will be listed after the Attachment in the center and listed as Attachment of the ERP/Annex

o Adoption date; aligned right.

Footer will include the following:

- Page number; aligned center

Plan Publishing

Emergency Response Plans will be made available for review by the public on-line on the MCDBOH website www.mahoninghealth.org Emergency Preparedness Coordinator will be responsible for communicating to MCDBOH web site manager 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, the MCDBOH Health Commissioner will determine the attachments, annexes and appendices that will be redacted from the public version of the plan. Once the plan is prepared for public viewing, the MCDBOH web site manager to publish the ERP and allowed Annexes online. Public comment to the ERP will be accepted via email and tabled in addition to the proposed changes between revision cycles for consideration.

Document Definitions and Acronyms

Definitions and acronyms related to the MC ERP Base Plan are in **Attachment G- Definitions & Acronyms.**

Authorities and References

The following list of Authorities and References includes Executive Orders, Agency Directives, statutes, rules, plans and procedures that provide authorization and operational guidelines for the allocation and assignment of state resources in response to emergencies. Authorities and References can be found in **MC ERP-Basic Plan Attachment H- Authorities and References**

Attachments
Attachment A: Incident Action Plan Procedure and ICS Forms
Attachment B: AAR/IP Template for Real World Incidents
Attachment C: MCDBOH Battle Rhythm Template
Attachment D: Shift Change Documentation
Attachment E: External Partners Contact List
Attachment F- Definitions & Acronyms
Attachment G: Authorities and References

Appendices
Appendix 1: Hazard Vulnerability Analysis
Appendix 2: Mahoning County CMIS Survey
Appendix 3 - Communicating with and about Individuals with Access and Functional Needs
Appendix 4: Records Retention Policy