Medina County Health Department Emergency Response Plan (ERP)
-Basic Plan-

Version Number: 3.0
Date Originally Adopted: 3/10/2008
Date of Last Revision: 06/18/2020
Medina County, Ohio

CREATED BY:
Medina County Health Department
Division of Community Health
Emergency Preparedness Program

Table of Contents

Record of Changes:

Change Number	Date of Change	Version	Changes Made By:	Changes Made:
1	03/10/2008	1.0	Laura Cerrito, Emergency Planner	Document Developed
2	07/13/2011	2.0	Justin S. Bechtel, MEP, RS, Emergency Planner	Complete Basic Plan Revision
3	05/08/2014	2.5	Olivia C. Houck, MPH, CPH, Emergency Planner and Epidemiologist	Annual review, addition of ERP section descriptions and provision for evaluating ERP (Section VI.C.)
4	07/13/2015	2.5	Olivia C. Houck, MPH, CPH, Emergency Planner and Epidemiologist	Annual review. No changes made.
5	8/7/2017	3.0	Brent Styer, MPH, Emergency Planner and Epidemiologist	Started ODH ERP Plan Rubric Reviews and Updates
6	9/29/2017	3.0	Brent Styer, MPH, Emergency Planner and Epidemiologist	Major Revisions. Made updates and revisions to the Introduction section, Concept of Operations Section, Added new HDOC levels
7	8/1/17-11/28/2017	3.0	Brent Styer, MPH, Emergency Planner and Epidemiologist	Completed ODH ERP Plan Rubric Reviews and Updates
8	4/23/2018	3.0	Brent Styer, MPH, Emergency Planner and Epidemiologist	Added New MCHD Logo and Finalized Plan for Promulgation
9	4/14/2019	3.0	Brent Styer, MPH, Emergency Planner and Epidemiologist	Annual Review Completed
10	4/1/2020	3.0	Brent Styer, MPH, Emergency Planner and Epidemiologist	Annual Review Completed
11	6/1/20 to 6/19/20	3.0	Brent Styer, MPH, Emergency Planner and Epidemiologist	Added SitRep and IAP Methods of Communication and CMIST Profile for Medina County

Record of Distribution

A single copy of this *__Medina County Health Department Emergency Response Plan (MCHD ERP)__* is distributed to each person in the positions listed below.

Date Received	Program Area	Title	Name
	Community Health	Director of Community Health	Name: Kristen Hildreth
	All	Health Commissioner	Name: Krista Wasowski
	Health Promotion	Emergency Planner/Epidemiologist	Name: Brent Styer
	Health Promotion	Preparedness Planner & MRC Coordinator	Name: Jessica Miles
	Nursing	Director of Nursing	Name: Lisa Strebler
	Environment	Director of Environment	Name: Colin Johnson
	Administration	Director of Administrative Services	Name: David McElhatten
	Health Promotion	Health Promotion & Planning Supervisor	Name: Christy Rickbrodt
		Title	Name
		Title	Name
		Title	Name
		Title	Name
		Title	Name
		Title	Name
		Title	Name

This plan is available to all agency staff via the MCHD intranet web page in electronic format and two complete hard copies, with all attachments and appendixes, can also be found in the health promotion office and department operations center. Additionally, each MCHD division director and each MCHD planner possess an individual copy.

Mission Statement:

The mission of the Medina County Health Department is to prevent disease, assure a healthful environment, prolong life, and promote well-being for the citizens of Medina County.

Strategic Statement:

As a Medina County government agency, the Medina County Health Department is tasked with the protection of the health and welfare of its citizens, workforce, and visitors. Since the Medina County Health Department is the only public health department in Medina County, Ohio, it has been assigned additional duties as an emergency response agency. As an emergency response agency, the Medina County Health Department will make every attempt to protect the public's health and welfare in terms of traditional public health and emergency response duties. Therefore, the Medina County Health Department will plan, develop, train, and exercise emergency operations and management plans with an all-hazards approach. This will be performed in cooperation with partner agencies to protect the citizens, workforce, and visitors of Medina County, Ohio against situations that may adversely affect their health. These emergency response and management plans will be compliant with the most current laws and regulations of both the United States federal government and the State of Ohio. This includes, but is not limited to, the National Incident Management System (NIMS), and shall cover the phases of emergency management: mitigation, preparedness, response, and recovery.

Promulgation Statement:

Pursuant to the Medina County Board of Health Resolution #071-2018, this version 3.0 of the Medina County Health Department's Emergency Response Plan has been approved for enactment as a living legal document. As a result, the Medina County Board of Health grants its approval of authority to develop, modify, and activate, when necessary, this Medina County Health Department Emergency Response Plan and its components. Furthermore, the Medina County Board of Health recognizes that the Medina County Health Department's Emergency Response Plan will be developed to mitigate against, prepare for, respond to, and recover from emergencies that may involve the Medina County Health Department.

All MCHD 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. MCHD will maintain this plan, reviewing it, and reauthorizing it at least annually; findings from its utilization in exercises or real incidents will additionally inform updates.

Approval:

By approval, version 3.0 of the Medina County Health Department Emergency Response Plan will supersede all previous versions of the Medina County Health Department Emergency Response Plan. However, minor changes may be made to this document as guidance and regulations change. Conversely, a substantial change to this document shall not occur or supersede this document without the approval of the Medina County Health Commissioner and the Medina County Board of Health.

--Original Signed--	/ /
Medina County Health Commissioner	Date

--Original Signed--	/ /
Medina County Board of Health President	Date

SECTION ONE

INTRODUCTION

1.0 Purpose:

- The primary purpose of the Medina County Health Department (MCHD) Emergency Response Plan (ERP) is to provide a framework for emergency management functions that may involve MCHD. More specifically, this section—the Basic Plan—is designed to address the specialized functions within the MCHD and how they will be organized for the four emergency management phases: mitigation, preparedness, response, and recovery.
- This ERP is organized into three (3) principle sections designed to guide a response at MCHD. Section one (1) describes the details and context necessary for planning. This section provides an overview of the situational context, assumptions, and describes existing hazards with potential to impact public health and medical services. Section two (2) provides detailed direction in how response operations are executed at MCHD. This section covers the preliminary steps necessary for incident assessment, response activation, provides guidance on the execution of response operations, and details the processes that take place after a response. Finally, section three (3) provides guidance on development and maintenance of this ERP, associated plans and annexes. This section discusses the necessary stakeholders that should be engaged in the development and review process as well as, provides the guidelines by which all MCHD ERPs, plans and annexes are developed.
- The MCHD ERP is designed to serve as the foundation by which all response operations at the agency are executed. As such, it is applicable in all incidents for which the MCHD ERP is activated, and all components of this plan must be developed and maintained in accordance with section three. This plan may be used as a stand-alone document, or executed in concert with the Medina County Emergency Management Agency (EMA) Emergency Response Plan (County ERP), other MCHD plans, or annexes.

2.0 Scope and Applicability:

- The ERP will address the following emergency management topics:
  - Authority for the activation of the MCHD ERP
  - Expectations of MCHD during emergency response activities
  - Emergency preparedness plan composition and the format utilized
- The ERP is a response-oriented document. The plan serves as the administrative document and concept plan (or CONPLAN) that provides the authority to develop the response and operational components—or operations plan (OPLAN)—of the MCHD ERP during the preparedness phase of emergency management.

- This plan pertains to the Medina County Health Department (MCHD) and all of its offices and program areas. This plan is always utilized and is activated whenever an incident impacts public health and/or medical systems anywhere within Medina County and requires a response by MCHD 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 Medina County residents.
- The MCHD ERP incorporates the National Incident Management System (NIMS) and connects agency response actions to responses at the local, state and federal levels. This plan directs appropriate MCHD response operations to any incidents that either impact, or could potentially impact, public health or healthcare within Medina County. The MCHD ERP supports the Medina County EMA ERP through direction of MCHD response activities, and provides needed detail for operations at the agency level. It describes the roles and responsibilities of each MCHD program area's emergency response.
- Many health-related impacts are beyond the scope of MCHD alone and require involvement of other regional and state partners with responsibilities for addressing incidents with impacts on health. These partners comprise the Northeast Central Ohio (NECO) planning region. In the event that the response first occurs within Medina County, MCHD will serve as the lead for the ESF-8 (ERF #9) for the region.
- There are several diverse events that reoccur yearly within the county (e.g., fairs, shows, concerts, festivals, sporting events, etc.). An incident that occurs at any event may significantly affect public health and medical services both within the county and have cascading effects potentially across adjacent counties, the region, or statewide depending on the nature of the incident.

3.0 Situation:

- MCHD is the only public health agency in Medina County, Ohio.
  - Medina County, Ohio has an approximate population of 172,332 people (per U.S. Census Bureau 2010 update).
  - Medina County is a suburban county with the metropolitan areas of Akron, Ohio (east of Medina County) and Cleveland, Ohio (north of Medina County).
  - Medina County, Ohio consists of approximately 425 square miles of land and water, to include three cities, seven villages, and 17 townships.
  - Medina County shares its borders with the counties of Cuyahoga (northeast), Summit (east), Wayne (south), Ashland (southwest), and Lorain (northwest)
  - Medina County has two drainage basins, the Lake Erie Basin and the Ohio River Valley. The East Branch Black River flows north draining most of western Medina County, and the Rocky River with its tributaries, Plum, and Mallet Creek, drain northeast Medina County. The Wolf, Chippewa and River Styx Creeks flow southward into the Tuscarawas River, and Camel and Killbuck creeks drain into the Mohican River.

- o Medina County has eight lakes within its borders. These lakes are the following: Chippewa Lake, Demings Arbor Lake, Eds Lake, Lake Sleepy Hollow, Montville Lakes, R Farm Lake, Spencer Lake, and Valley View Lake
- There are no public health hazards; rather, all hazards could lead to impacts on health, which may require MCHD to respond using this plan. Potential impacts include the following:
  - o Community-wide limitations on maximal health for residents;
  - o Widespread disease and illness;
  - o Establishment of new diseases in the State or the County;
  - o Heat-related illnesses and injuries;
  - o Hypothermia;
  - o Dehydration;
  - o Widespread injuries or trauma;
  - o Overwhelmed medical facilities;
  - o Insufficient resources for response, especially medical countermeasures;
  - o Insufficient personnel to provide adequate public health response;
  - o Development of chronic health conditions within a population;
  - o Lasting impairments of function or cognition;
  - o Development of birth defects;
  - o Premature death.

- Due to Medina County's close proximity to the large metropolitan cities of Cleveland and Akron, there is the threat of external events that may directly impact both public health and medical services within the county. Most notably, public health threats such as infectious diseases, have the ability to arrive in the county through a travel related mechanism originating from possible travel through either the Cleveland or Akron airports.
- Medina County shares a fairly large Amish population (approximately 2,000) with neighboring Ashland and Wayne Counties. The Amish group found in Medina County is the Swartzentruber which is one of the most conservative groups of Amish. This Amish group does not vaccinate which can present the public health threat of vaccine preventable infectious disease such as measles, mumps, pertussis, etc.
- A hazard analysis (**Appendix 12: Medina County Hazard Analysis**) has been completed by the Medina County EMA to identify the top hazards/threats in the county. The top hazards/threats in ranking order are the following: Floods, drought, winter storms, tornadoes, and severe storms.
- The state of Ohio has established eight regions within the state by which planning is conducted. The MCHD is located within Region 5 which is also known as the Northeast Central Ohio (NECO) planning region. The NECO planning region works together to prepare for, respond to and recover from disasters that may occur regionally. MCHD will act as a support agency for regional responses outside of its jurisdiction and will be the lead agency for regional responses located within the county.
- Access and functional needs include anything that may make it more difficult-or even impossible-to access, without accommodations, the resources, support and interventions available during an emergency. The access and functional needs identified in Medina County have been detailed in **Appendix 1: Medina County CMIST Profile**. Potential

impacts from an incident may require MCHD to respond by initiating or supporting the following activities to address an incident:
- o Prophylaxis and dispensing
- o Epidemiological Investigations and Surveillance
- o Infection Control
- o Prevention
- o Morgue Management
- o Medical Surge
- MCHD is designated as the primary lead agency in the Medina County Emergency Management Agency (MCEMA) ERP for the following Emergency Response Functions (ERFs):
  - o MCEMA ERP, ERF #9: Public Health
- Per the MCEMA ERP, MCHD is designated as a support agency in Medina County for the following ERFs:
  - o MCEMA ERP, ERF #1: Direction and Control (Emergency Operations Center)
  - o MCEMA ERP, ERF #8: Shelter - Mass Care
- MCHD can provide the following public health services during pre-emergency, emergency, and post-emergency situations:
  - o Environmental health services
  - o Public health nursing services
  - o Health promotion and education services
  - o Vital statistics services
  - o Women, Infants, and Children (WIC) services
  - o Epidemiological investigations and surveillance
  - o Dental services
- *Attachment AB- MCHD Primary and Support Agencies* details the primary and support agencies for MCHD by ERF

4.0 Planning Assumptions:

- MCHD will have adequate time, information, and resources to effectively respond to an emergency.
- MCHD will assume the lead role for public health emergency operations and response in Medina County, Ohio.
- MCHD and other local emergency plans have a common format, and are compliant with NIMS for effective response coordination and collaboration between agencies.
- MCHD will utilize the Incident Command System (ICS) to manage emergency operations and response.
- These assumptions will also apply to all additional documents related to this Basic Plan, unless stated otherwise. Individual supporting documents may also include their own document-specific assumptions.

SECTION TWO

5.0 CONCEPT OF OPERATIONS (CONOPS):

5.1 Mitigation Phase:

- MCHD, by its function alone, acts as a mitigation and prevention agency during normal, daily operations.
  - Refer to Section 9.0: Organization and Assignment of Responsibilities of this document for specific duties and responsibilities of each MCHD division or program.

5.2 Preparedness Phase:

- During the preparedness phase of emergency response, MCHD will be trained according to guidelines set forth in the MCHD ERP and conduct exercises to ensure readiness and overall agency emergency preparedness. Standards and guidance set forth by state and federal agencies governing emergency preparedness initiatives should help advise the creation of these trainings and exercises.
- MCHD will develop, maintain, and revise the ERP and its components. This ERP development and revision will be based upon corrective action and improvement planning from public health trainings and exercises, as well as state and federal planning guidance.
- MCHD is expected to collaborate and coordinate emergency preparedness activities in conjunction with other local, state, and federal agencies as needed to maintain the highest level of emergency preparedness.

5.3 Response Phase:

- During the response phase of emergency management, one or more components of this plan may be activated that may warrant a shift from normal day-to-day operations to emergency operations.
- Consequently, some normal day-to-day operations may be temporarily suspended in order to effectively respond to a given emergency. This plan, specifically the MCHD Continuity of Operations Plan (COOP, a stand-alone document), will outline this shift from daily operations to emergency operations, and vice versa. This will prevent adverse effects on operations from occurring for a prolonged period.

5.4 Activation

- Activation of the MCHD ERP is dependent upon the scope and complexity of the situation, and is limited to the public health capabilities of MCHD. The MCHD ERP's activation and implementation authority lays with the MCHD Health Commissioner or their designee. If the MCHD Health Commissioner is not available or chooses to delegate the responsibility, activation may be successively facilitated by the Environmental Health Division Director, Public Health Nursing Director, or the Administration Director

- Activation of the ERP marks the beginning of the response. In order to facilitate a consistent application of the ERP in all incidents, MCHD will utilize *Attachment A: ERF#1- Direction and Control*. The Initial Incident Assessment Meeting will take place via phone or face-to-face within 1 hour of the initial detection of the threat.

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

  o Anticipated impact on or involvement of divisions beyond the currently involved division(s), with an expectation for significant, interdivision coordination;

  o Potential for escalation of either the scope or impact of the incident;

  o Novel, epidemic or otherwise unique situation that likely requires a greater-than-normal response from MCHD;

  o Need for resources or support from outside MCHD;

  o Significant or potentially significant mortality or morbidity;

- The MCHD Health Commissioner will immediately be notified if any incident that is believed to likely require activation of the ERP. This notification will trigger the MCHD to contact and work with relevant local partners to assess the incident for community, public health, mental health, and medical needs. This will likely involve a meeting or conference call between representatives from relevant partner organizations. (See *Attachment A: ERF#1- Direction and Control* for more details)

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

- Activation levels and their associated recommended minimum staffing levels supplied from trained agency staff members within the agency are detailed below. (See *Attachment H: MCHD HDOC Activation Decision Algorithm* for more additional details)

5.5 HDOC Activation Levels

Incident / Event Complexity	Incident Characteristics
Level 5	- The Incident or Event is considered common/routine and can be handled with less than six people. - ICS is not required - No Incident Action Plan (IAP) is required. - Resources Required: MCHD only - MCHD ERP Activation: As Required - MCHD COOP Activation: As Required - MCHD DOC Activation: As Required
Level 4	- The Incident or Event is considered uncommon or non-routine and requires multiple agency resources to address. - ICS is optional (only if needed) - No Incident Action Plan (IAP) is required (An Operational Brief is required) - Resources Required: MCHD only (Medina County EMA if needed) - MCHD ERP Activation: As Required - MCHD COOP Activation: As Required - MCHD DOC Activation: As Required
Level 3	- The Incident or Event requires coordination with multiple jurisdictions and the region - ICS is required. - No Incident Action Plan (IAP) is required (An Operational Brief is required, IAP can be used if needed) - Resources Required: MCHD, Medina County EMA and regional partner's - MCHD ERP Activation: Yes (Activation Level: Standby/Plan or Partial Plan Activation) - MCHD COOP Activation: As Required - MCHD DOC Activation: As Required
Level 2	- The Incident or Event requires coordination with multiple jurisdictions, regions, and the state. - ICS is required. - An Incident Action Plan (IAP) is required - Resources Required: MCHD, Medina County EMA, regional partners, and the state - MCHD ERP Activation: Yes (Activation Level: Partial or Full Plan Activation) - MCHD COOP Activation: Yes - MCHD DOC Activation: Yes

Level 1	- The Incident/Event requires coordination with multiple regions, state(s), and will involve federal support. - ICS is required. - An Incident Action Plan (IAP) is required - Resources Required: MCHD, Medina County EMA, regional partners, the state and federal agencies - MCHD ERP Activation: Yes (Activation Level: Full Plan Activation) - MCHD COOP Activation: Yes - MCHD DOC Activation: Yes

Note: The characteristics associated with each type is subject to incident generated demands, characteristics may change.

5.6 Incident Command, Control, and Coordination

- Depending on the incident, MCHD may either lead or support the response. MCHD uses the Incident Command System (ICS) to structure and organize response activities when leading an incident response. Similarly, when supporting an incident response, MCHD utilizes the NIMS principles for a multiagency coordination system to coordinate response efforts with those efforts of the existing incident command structure and other supporting agencies/entities. See Attachment A: ERF#1- Direction and Control for details on implementation.

- MCHD response activities are managed by a single individual ("Response Lead"), who serves in the command function of the response organization. The MCHD Health Commissioner is the "Response Lead" for all responses unless the Health Commissioner designates someone else for the position. The position titles are different depending on whether MCHD is leading incident response or providing incident support. When leading the incident, MCHD uses the ICS title Incident Commander (IC); when supporting the response, MCHD uses the title Department Commander (DC). A "Response Lead" has the same authorities, regardless of the title.

- Basic authorities define essential authorities vested in the IC. These authorities are listed below:
    o The IC may utilize and execute any approved component (i.e., attachment, appendix or annex) of the ERP;
    o IC may direct all resources identified within any component of the ERP in accordance with agency policies;
    o IC may set response objectives and develop/approve an incident action plan (IAP), as applicable, in accordance with overall priorities established by the agency administrator or policy group;
    o The IC will utilize the SMART model to develop response objectives (Refer to Attachment A: ERF#1- Direction and Control for details). As needed, objectives will be revised to reflect current incident needs and response situations.
    o IC may engage the minimum requirements for staffing as outlined in the activation levels of the plan;
    o The IC may authorize incident-related in-state travel for response personnel;

         o IC may authorize exempt staff to work a schedule other than their normal schedule, as needed;
- Any authorities not included in the Basic Authorities require additional authorization to execute. Key limitations on authority are detailed below:
  - The IC must engage human resource 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 may not authorize staff to work a schedule other than their normal schedule without prior authorization by Human Resources and their direct supervisor. This includes approval of overtime, changing the number of days staff work in a week, changing the specific days staff work in a week, or changing the number of hours staff work in a day
  - The IC must adhere to the policies of MCHD regarding overtime/comp-time and should clarification on these policies or exemption be required, the IC must engage Human Resources
  - The IC must seek approval from Fiscal for any incident expenditures. This is to be understood as total incident expenditures, not just the total cost for a single transaction
- At the local level, the MCHD ERP interfaces with response plans for public health, health care organizations, EMA, Fire, and Law Enforcement. MCHD recognizes that all responses are local and will activate the MCHD ERP to support the actions directed by local response plans
- At the regional level, MCHD interfaces with the Northeast Central Ohio (NECO) region, which is a collection of public health agencies in Region 5. 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 MCHD ERP interfaces with the State Emergency Operations Plan (State EOP) and the ODH ERP. The MCHD provides specificity for how the agency will complete the actions assigned to MCHD in the State EOP and the ODH ERP.

5.7 Incident Action Plan (IAP) Development and Situation Reports

- Development of an incident action plan is required for all HDOC responses that are levels III, II, or I (Optional for the lower levels)
- For the documents included in an IAP, see *Attachment I- Incident Action Plan Template*
- In general, situation reports (SITREP) will be produced regardless of HDOC activation level, however the extent of content will vary depending on the operational complexity, scale, and length of the response. For response operations that require lower numbers of resources (both staff and materials), a short yet concise SITREP will be produced. For a larger scale responses, the SITREP may include more defined response information as it relates to goals and objectives, communications, staffing, schedules, and background information. In addition to these core SITREP informational elements, incident specific information will be added based on the informational needs of the incident response.

- SITREPs and IAPs will be sent electronically to MCHD division directors and senior staff for their situational awareness. In addition, SITREPs and IAPs will be sent

electronically to all operational staff. Hardcopies of SITREPs and IAPs will also be available in the MCHD DOC, if the DOC is active. At the discretion of the MCHD Incident Commander, any SITREP or IAP may be forwarded electronically to the Medina County EMA and other federal, state or local partners for their situational awareness and to foster a common operating picture. Additional SITREP and IAP 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 Officer, the IC, and operational staff.

- SITREPs and IAP will be provided to partners by one or more of the following methods:
- Ohio Public Health Communication System (OPHCS)
- WebEOC
- Email

- 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 M – MCHD Situation Report Template* for a situation report template.

5.8 Staff Schedule (Battle Rhythm)

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

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

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

5.9 Information Collection, Analysis, and Dissemination

- 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. MCHD will also track all agency objectives to ensure that they remain on track for completion. Any incidents that are off-track will immediately be identified to the IC.

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

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

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

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

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

- To identify sources of information for EEIs, consult *Attachment T - External POCs* and *Attachment R – MCHD Internal Call Tree POCs*.

- To ensure that MCHD maintains a common operating picture across all the locations response personnel are engaged, MCHD will execute *Attachment S - Interface between MCHD and the Medina County EOC Standard Operating Guide (SOG)*. This procedure defines the coordination between MCHD, the Medina County EMA EOC, and the State EOC, when activated.

6.0 Communications

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

- The *Attachment U- MCHD ERF#2 Communications and Attachment F- ERF#3 Notification and Warning* operates in concert with the ongoing response activities to

ensure accurate and efficient communication with internal and external partners. When engaged in a response, MCHD will ensure the dissemination of information and maintain communication with the points of contact (POCs) as detailed in *External POCs* and *MCHD Internal Call Tree POCs* to ensure continuity of response operations:

- Applicable MCHD employees
- County EOC, as applicable
- MCHD DOC, as applicable
- Local Health Departments
- Regional Public Health Coordinators
- Regional Healthcare Coordinators
- City, county, state and federal officials
- Non-governmental partners
- Other support systems, agencies, and/or organizations involved in the incident response

- In an event, communication between the above personnel and groups will be accomplished through a combination of communications systems and devices currently used on a day-to-day basis. These include:
  - Voice over internet protocol (VOIP)
  - Phone lines
  - Email
  - Fax machines
  - Web-based applications, including the Ohio Public Health Communication System (OPHCS), WebEOC, and the Wireless Emergency Notification System (WENS)

- There are four (4) alert levels employed by MCHD during emergencies; these designations will be included in the message subject line:
  - **Immediate**, requires a response within one (1) hour of receipt of the message;
  - **Urgent**, requires a response within two (2) hours of receipt of receipt of the message;
  - **Important**, requires a response within four (4) hours of receipt of the message; or
  - **Standard**, requires a response within eight (8) hours of receipt of the message.

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

- When notifications or alerts must be sent, MCHD utilizes OPHCS and/or WENS. 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 MCHD, other local health departments, hospitals, and other partners, but is not available to the general public. WENS is a mass notification platform used throughout Medina County to notify individuals of an emergency via email and phone. Both OPHCS and WENS operates under two messaging levels, these levels include:

- o Messages
- o Alerts

- Notifications or alerts that are designated level Urgent or Immediate must be first approved by the Health Commissioner or the designated IC/DC before the notification or alert can be sent.

- Notifications and alerts will be drafted with input from applicable subject matter experts in coordination with public information staff engaged in the incident. In addition to the content itself, the subject matter expert(s) will assign the appropriate alert level to the message. Incident staff who receive alerts will be expected to take the prescribed actions within the time frame prescribed.

- MCHD Emergency Planners, Directors and Health Commissioner have the access and ability to send notifications and alerts with OPHCS and WENS

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

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

- o Multi-Agency Radio Communications (MARCS) radios
- o Two-way radios
- o Governmental Emergency Telecommunication Service (GETS) cards

- GETS cards have been made available to the MCHD Health Commissioner. GETS cards consist of phone numbers that receive priority over regular calls, thereby greatly increasing the probability a wired call is received.

- MCHD maintains Multi-Agency Radio Communications (MARCS) internally. MCHD currently houses at least six MARC's radios that can be deployed to response staff should MCHD experience power failure or the inability to reach partners. MCHD takes part in monthly regional and state MARCS radio checks to verify distributed MARCS radios are operational for emergency use. Both GETS and MARCS radios are maintained and managed by the MCHD Emergency Preparedness Unit (EPU).

- MCHD may engage primary and redundant methods of communication both at the programmatic, DOC and county level. When responses require the engagement of the County EOC, MCHD assumes its role at the ERF-9 desk. From the desk, MCHD may require additional collaboration with other ERFs, State EMA staff and other state and federal partners. The ERF-9 desk facilitates an environment for situational awareness,

information flow and coordination with partners. The detail of the communication flow is detailed in *Attachment S - Interface between MCHD and the Medina County EOC SOG*.

- For a list of community partner contacts, please refer to *Attachment V- Public Health Emergency Planning Community Partners*

- MCHD 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

7.0 Access and Functional Needs

- MCHD will coordinate the following response actions, with assistance from appropriate emergency response partners, to ensure that access and functional needs are appropriately addressed during a response:
  - Evaluation of CMIST profile data to identify access and functional needs in the impact area;
  - Review of incident details to ensure all access and functional needs have been accounted for;
  - Outreach to partner organizations that serve access and functional needs;
  - Assistance with development of the IAP, to include points of contact for individuals and organizations who serve individuals with access and functional needs;
  - Provision of just-in-time training to response personnel regarding serving individuals with access and functional needs.
  - The MCHD Health Commissioner has primary responsibility for provision of these services or his/her designee
  - For additional information for MCHD's functional needs response, see *Attachment J- MCHD Functional Needs*

- Additionally, MCHD works with a number of state, regional and local partners who support access and functional needs. These include the following:
  - Ohio Department of Health
  - SHC, the ARC of Medina County
  - Medina County EMA
  - Medina County Sheriff
  - Medina County Office for Older Adults
  - Medina City Schools

- o Lodi Hospital
- o Medina District Library
- o Visiting Nurse Association
- o Red Cross of Medina/Summit County
- o Medina Health Ministry
- o Medina County Board of Developmental Disabilities
- o Medina Metro Housing Authority
- o Local Law Enforcement
- o Health Department Staff
- o Medical Reserve Corps Volunteers
- o Local Nursing Home Agency
- o Medina County Commissioners Office
- o Services for Independent Living

7.1 CMIST Profile for Medina County

Category	Data Element	Value
General	Jurisdiction population	176,362
	Total housing units	71,310
	Persons per household	2.5
	Median household income	$71,595
	Number of hospitals	3
	Number of federally qualified health centers	1
	Number of pharmacy services	35
	Number of dialysis units	6
	Number of nursing homes (certified & licensed)	13
	Number of residential care facilities	12
Disability	Total estimated population with a disability	18,834
	Estimated percentage of population with a disability	10.7%
	Estimated percent of persons with a hearing difficulty[C]	3.6%
	Estimated percent of persons with a vision difficulty[CST]	1.6%
	Estimated percent of persons with a cognitive difficulty[CMS]	3.5%
	Estimated percent of persons with an ambulatory difficulty[ST]	5.6%
	Estimated percent of persons with a self-care difficulty[S]	2.0%
	Estimated percent of persons with an independent living difficulty[S]	4.8%
Communication	Estimated percent of persons aged 16+ lacking basic prose literacy skills	6.0%
	Ten languages with the largest number of speakers who speak English less than "very well," in descending order by number of such speakers	Number of Speakers

	Language 1 (Most speakers who speak English less than very well)	529
	Language 2 (2nd-most speakers who speak English less than very well)	97
	Language 3 (3rd-most speakers who speak English less than very well)	227
	Language 4 (4th-most speakers who speak English less than very well)	204
	Language 5 (5th-most speakers who speak English less than very well)	6
	Language 6 (6th-most speakers who speak English less than very well)	55
	Language 7 (7th-most speakers who speak English less than very well)	105
	Language 8 (8th-most speakers who speak English less than very well)	32
	Language 9 (9th-most speakers who speak English less than very well)	5
	Language 10 (10th-most speakers who speak English less than very well)	29
Maintaining Health	Women of reproductive age (15 - 50)	39,276
	Estimated number of pregnant women	1,631
	Percentage of individuals who depend on electricity to maintain health	0.8%
	Estimated number of individuals who have had at least one prescription in the last 30 days	90,847
	Estimated number of individuals who have had at least three prescriptions in the last 30 days	45,080
	Estimated number of individuals who have had at least five prescriptions in the last 30 days	23,565
	Percentage of jurisdiction population who are over 65 years	16.1%
	Prescription opioid doses per patient	31.0
	Estimated percent of population with diabetes	13.8%
Safety and Support	Percentage of jurisdiction population who are less than 18 years of age	23.3%
	Estimate of persons below the poverty level	10,764
	Estimate of the percent of population below the poverty level	6.2%
	Total number of facilities where people are incarcerated	
	Average number of people who are incarcerated	
	Total number of licensed day care centers and homes	68
	Number of public schools	51
	Number of nonpublic schools	11
Health Insurance	Percent of persons without health insurance under 19 years of age	3.4%
	Percent of persons without health insurance who have a disability	3.7%
	Estimated number of women of child-bearing age without health insurance	1,846
Transportation	Number of households with no vehicle available	2,808

Percentage of households with no vehicle available	4.2%
Estimated population living in rural areas	19,468

8.0 Demobilization

- Demobilization planning establishes the process by which resources and functions are released from the incident. Planning for demobilization begins as soon as the incident begins and is informed by the targeted end state, which is the response goal that defines when the incident response may conclude.

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

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

1. Develop the Incident Demobilization Plan.

2. Assure completion of demobilization checkout forms by personnel and inspection of equipment as they are released from the incident.

3. Initiate data collection for the After Action Process.

For additional information on the demobilization process see *Attachment K – Demobilization Plan*

8.1 Recovery Phase:

- During the Recovery Phase of emergency management, MCHD will shift focus from emergency response operations to cost recovery, equipment re-servicing and replacement, return to normal day-to-day operations and the AAR/Improvement Plan. The MCHD COOP Plan and *Attachment AA- MCHD ERF #10: Recovery Operations* will outline measures to guide MCHD through the Recovery Phase.

8.2 After Action Plan/Improvement Plans

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

9.0 ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES:

9.1 General:

- It is the responsibility of MCHD to protect the public health of Medina County residents.
- MCHD is organized into four primary divisions, four secondary division, and one cross-discipline program (*Appendix 9: MCHD Staff Structure*):
  - Administration Division
  - Health Center Division
    - Dental Services Division
  - Environmental Health Division
  - Community Health Division
    - Health Promotion Division
    - Public Health Nursing Division
    - Women, Infants, and Children (WIC) Division
  - Epidemiology Investigation and Surveillance Program
- The following are the duties and responsibilities of MCHD's eight divisions. (This list of duties does not include the Epidemiology Investigation and Surveillance Program, which is made up of representatives from multiple MCHD divisions.)
  - Environmental Health Division:
    - *DUTIES*: Performs environmental health compliance inspections and investigations for the following:
      - Food safety
      - Residential and semi-public sewage systems (≤25,000 gallons per day)
      - Private water systems
      - Solid wastes
      - Construction and demolition debris
      - Infectious waste generators
      - Manufactured-home parks
      - School (institution) sanitation
      - Recreational campgrounds and temporary park-camps
      - Vector control
      - Residential and commercial plumbing
      - Public swimming pools and spas
      - Rabies control
      - Smoke free workplace
      - Public health nuisances

  - Community Health Division:
    - *DUTIES:* Consists of the following primary services and divisions: Nursing, WIC, and Health Promotion

  - Public Health Nursing Division (Community Health Division):
    - *DUTIES*: Performs health screenings and immunizations to include the following services and functions:

- - Communicable disease control (including epidemiology)
  - Bureau for Children with Medical Handicaps
  - School health nursing
  - Senior health services
  - Human lead testing

- o Women, Infants, and Children (WIC) Division (Community Health Division):
  - *DUTIES*: WIC performs the following services and functions:
    - Nutritional services to families
    - Nutrition education
    - Breastfeeding education and support
    - Assistance in locating infant formula for distribution
    - Assist in the provision of supplemental foods
    - Healthcare referrals

- o Dental Services Division (Health Center Division):
  - *DUTIES*: Provides preventive dental medicine and dental treatment

- o Administration Division:
  - *DUTIES*: The Administration Division performs the following duties:
    - MCHD's business operations
    - MCHD's human resources
    - MCHD's building maintenance
    - MCHD's Safety Program management
    - Vital statistics

- o Health Promotion Division (Community Health Division):
  - *DUTIES*: The Health Promotion Division performs the following duties:
    - MCHD's emergency preparedness coordination, ERP development and maintenance, exercise development and design, and training
    - Community health education and assessments
    - Child passenger safety seat compliance
    - Public relations and public information coordination
    - Media releases
    - Medical Reserve Corps (MRC) volunteer program management, training, and activation
    - Epidemiology surveillance

- o Health Center Division:
  - *DUTIES*: The Health Center Division performs the following duties:
    - Rural family health clinics
    - Adult immunizations
    - Blood pressure screenings
    - Pediatric immunization
    - Tuberculosis testing
    - Well child & adolescent health clinics

- Adult health clinics
- International travel health

9.2 Lead Role Emergency Response Operations:

- As per the MCEMA ERP, ERF #9: Public Health, MCHD is expected to assume the lead emergency operational role in response to incidents and emergency situations involving the following:
  o Communicable disease outbreaks
  o Environmental health
  o Mass prophylaxis of Medina County citizens in response to a naturally occurring, accidental release, or deliberate biological event
- When leading the response, MCHD employs ICS and organizes the response personnel and activities in accordance with the associated ICS resources and principles.
- As the lead agency, MCHD supplies the IC who is responsible for (a) protection of life and health, (b) incident stabilization, (c) property protection, and (d) environmental conservation. The IC will engage local/state partners and the County and/or State EOC as needed. Resources and support provided to MCHD for incident response will ultimately be directed by the MCHD IC, in accordance with the priorities and guidance established by the Health Commissioner and the parameters established by the supplying entities.
- MCHD 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.

9.3 Support Role Emergency Response Operations:

- MCHD has agreed to serve as a supporting agency, when tasked by the MCEMA or Medina County Emergency Operations Center (EOC), for incidents involving the activation of MCEMA ERP, ERF #1: Direction and Control (EOC) or MCEMA ERP, ERF #8: Shelter-Mass Care.
- MCHD may be called upon beyond the agreed to and referenced MCEMA ERFs in order to protect the citizens of Medina County.
- For incidents in which MCHD is integrated into an existing ICS structure led by another agency or regional partner, MCHD provides personnel and resources to support that agency's response. MCHD 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 MCHD staff may serve in any ICS role, except for Incident Commander.
- For incidents in which MCHD is a support agency, the Incident Commander is supplied by another agency. For these incidents, MCHD assigns a Department Commander (DC) who coordinates the agency's support of the incident. Support activities include the following:

- o Support incident management policies and priorities through the provision of guidance or resources.
  - o Facilitate logistical support and resource tracking.
  - o Inform resource allocation decisions using incident management priorities.
  - o Coordinate incident-related information.
  - o Coordinate and resolve interagency and intergovernmental issues regarding incident management policies, priorities, and strategies.
- If the MCEMA EOC is activated, the MCHD DC coordinates all agency actions that support any Emergency Response Functions (ERFs) in which MCHD has a role. In such incidents, the DC will ensure that all MCHD actions to address incidents for which the MCEMA EOC is activated are coordinated through the MCEMA EOC

10.0 ADMINISTRATION & LOGISTICS:

10.1 Administration:

- The Medina County Board of Health is the governing body of MCHD.
- In case of an emergency, the Board of Health may delegate its authority to the Health Commissioner or their designee (as per Medina County Board of Health Resolution #24-2007).
- The MCHD Health Commissioner is the senior official for MCHD, and is responsible for the overall operation and function of MCHD.
- Each division has a Director. Each Director is responsible for the specific functions, policies, and procedures of his or her own division.
- Each division may have specialized Manager, Supervisor, Coordinator, or Specialist positions to oversee specific programs or division functions.
- Special agreements that affect ERP maintenance activities:
  - o MCHD has entered into a Memorandum of Understanding (MOU) with the Ohio Homeland Security Northeast Central Ohio Region 5 (NECO-5) for public health planning and partnership. MCHD may activate its ERP in response to a request through this MOU from other public health jurisdictions within NECO.
  - o MCHD had a contract with the Ohio Homeland Security Northeast Ohio Region 2 (NEO-5) for the Cities Readiness Initiative (CRI) for partnership, preparedness, and planning for anthrax incidents. MCHD may activate its ERP in response to such an incident.

10.2 Cost Recovery

- Cost recovery for an incident includes all costs reasonably incurred by MCHD 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 an incident are the following
  - o Staffing/Labor: Actual wages and benefits and wages for overtime.

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

10.3 Legal Support Section

- During any activation of the emergency response plan, MCHD legal counsel may be engaged, depending on the incident type. The specific topics that require targeted engagement of legal counsel include the following:
  - o Isolation and quarantine,
  - o Drafting of public health orders,
  - o Execution of emergency contracts,
  - o Immediate jeopardy,
  - o Any topic that requires engagement of local legal counsel,
  - o Protected health information,
  - o Interpretation of rules, statutes, codes and agreements,
  - o Other applications of the authority of the Health Commissioner,
  - o Anything else for which legal counsel is normally sought.
- MCHD legal counsel are integrated at the outset through the activation notification. Approval from the Health Commissioner is required to engage the MCHD legal counsel; however, the IC or their designee may engage legal during an emergency. Contact information for MCHD legal counsel can be found in *Attachment V – Public Health Emergency Planning Community Partners and Information Sharing Pathways*.
- The statutory requirement under Ohio Revised Code (ORC) 3709.33 is the following: The prosecuting attorney shall be the legal adviser of the board of county commissioners, board of elections, all other county officers and boards, and all tax-supported public libraries, and any of them may require written opinions or instructions from the prosecuting attorney in matters connected with their official duties. The prosecuting attorney shall prosecute and defend all suits and actions that any such officer, board, or tax-supported public library directs or to which it is a party, and no county officer may employ any other counsel or attorney at the expense of the county, except as provided in section 305.14 of the Revised Code.

10.4 Incident Documentation

- Documentation is critical to response, review and recovery activities. Documentation supports (a) cost recovery, (b) resolution of legal matters, (c) evaluation of incident strategies, both during the incident and afterwards, (d) development of the IAPs, and (e) development of the AAR/IP. All forms completed or prepared for response will be collected at the end of each operational period. Staff will be required to turn in all required documentation before the end of their shifts.
- Cost-recovery Documentation is vital to all cost recovery, administration actions regarding personnel, payroll, benefits, financial and procurement recordkeeping. The Finance/Administration section will use activity/incident logs/forms or chronology as the tracking mechanisms for determining resources expended and initiating any follow on/additional documentation (e.g., receipts, injury reports, accidents investigations).
- Documentation procedures are further detailed in *Attachment W – MCHD Incident Documentation Guide*.

10.5 Expedited Administrative and Financial Actions

- Expedited actions can occur in the forms of approvals for personnel actions and procurement of resources. All expedited actions will be initially approved by the Finance & Administration Section Chief and provided to the IC for approval. Any approvals beyond the basic authority of the IC must engage the process detailed below.
  - Expedited Personnel and Staffing Actions: All requests for expedited personnel actions, e.g. personnel staffing increases or overtime approval, require consultation with the MCHD Director of Human Resources and Administrative Services.
  - Expedited Financial Actions: All expedited financial actions will be coordinated by the Finance Section Chief in consultation with the program directors involved in the incident.
  - Expedited Procurement Actions. MCHD will follow the MCHD Emergency Procurement Process.
- All expedited actions will be briefed during the incident operational briefings and also during shift change briefs. These actions will be tracked in the operational activity log ICS 214 form or chronology of events document and reviewed with the Finance & Administration Section Chief as needed. All necessary agency forms will also be completed, in addition to the incident forms. See *Attachment X- ERF #5 Resource Management* for more details

11.0 Logistics and Resource Management:

- MCHD's main resource is its personnel.
- MCHD 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:

- o Source 1: MCHD internal human resource/personnel and inventory management systems. All resources will be queried internally prior to engaging Regional Partners, State partners or stakeholders. When all MCHD resources that are not on-hand have been exhausted the agency will pursue County and Regional partners for resources.
  - o Source 2: MCHD agency resources. When MCHD resource avenues have been exhausted, the acting Logistics Section Chief will work through the County EMA to engage Regional and/or State Partners to secure a resource. The County EMA may choose to activate the County Emergency Operations Center (County EOC) and Emergency Response Function (ERF) Partners to identify and secure a resource.
  - o Source 3: MOUs and MAAs. When a required resource is needed, the Finance Section Chief will refer to existing MOUs or MAAs to fulfill resource shortfalls. Assistance will be sought from the Administration Office or Legal, as necessary.
  - o Source 4: Emergency Purchasing and Contracts. Special provisions have been described in *Attachment X- ERF #5 Resource Management* that detail how emergency procurement and contracts can be executed.
  - o Source 5: Emergency Management Assistance Compact (EMAC). When a resource for MCHD use is not available and cannot be found in the region or the state, the logistics section chief will work through the County and State EOC to request interstate resources using the EMAC Process.
  - o Source 6: Federal and State Assets. Specialized state and/or federal assets that include subject matter experts (SMEs) and material may be required to support MCHD incident response. State and Federal agencies that support MCHD responsibilities include but are not limited to the Ohio Department of Health (ODH), Ohio Department of Agriculture (ODA), Centers for Disease Control (CDC), and Department of Health and Human Services (HHS). These assets range from requests from the CDC for Strategic National Stockpile (SNS) Medical Countermeasures (MCM) and additional SME support from the Ohio Department of Health.

- MCHD has identified three resource priorities to fill during an incident: personnel, material/supplies and transportation
- The Planning Section chief will work with the MCHD Office of Human Resources and Administrative Services to fill staffing shortfalls. If there are insufficient MCHD personnel staffing assets available internally, MCHD will engage the County EMA and Regional Partners for additional assets.
- In an effort to fulfill materiel resource gaps the acting Logistics Section Chief will look for the asset internally within each MCHD office/division using the Inventory Management and Tracking System (IMATS), for the required asset or resource. If the resource is found, an ICS Form 213RR MCHD Adapted form will be completed and provided to the Sections Chief or manager responsible for that resource. The MCHD Operations Unit and the Resource Manager will be provided copies of the transaction for internal tracking purposes. If available, the resource will then be released and assigned to an equipment custodian for the duration of the incident. Request for medical

countermeasures will follow the procedures set forth in ==*Attachment Y- Medical Countermeasures Dispensing Plan.*==

- MCHD transportation assets are limited for both personnel and material transportation. During an incident response, the Logistics Section Chief will collaborate with MCHD's Division of Environment to determine available MCHD vehicles for personnel transport and for materiel transportation requirements. Any transportation needs that remain unmet after this engagement will be addressed through engagement of the County EMA.

11.1 Management and Accountability of Resources

- The management of MCHD internal resources and assets used in support of an incident can be found in the ==*Appendix 2- Internal Resource Requesting SOG*==
- The Logistics Section Chief will manage all internal and external resources and will log the following minimum information for all MCHD material assets involved in response activities:
  - Asset tag number (or EDH tag)
  - Serial number and model
  - Equipment custodian name
  - Description of asset/nomenclature
  - Asset storage location
  - Asset assigned location
- Upon receipt of an external resource, the MCHD IC/DC in collaboration with the MCHD Emergency Preparedness Unit will accept responsibility of the asset, by entering in relevant information into the tracking system designated. The management of MCHD external resources and assets used in support of an incident can be found in the ==*Appendix 3- External Resource Requesting SOG*==
- Each MCHD Section Chiefs and Managers are responsible for managing the internal resources that belong to their section or office. When an MCHD asset or resource is requested for internal or external use during a response, the responsibility for that resource will be transferred to the incident response lead, using the determined inventory system and asset/resource transfer and receipt documentation. It is then the responsibility of the response lead to account for/track the resource, its use, sustainment and demobilization.
  - When an individual MCHD employee responds or deploys to an incident with an MCHD asset, that employee becomes the equipment custodian and assumes responsibility for the asset throughout the response and demobilization phases.
  - During a response, an update of all resources deployed from MCHD (internal and external) will be compiled at the beginning of and end of each operational period for the MCHD incident lead or authorized designee throughout the response and demobilization phases.
  - The following Incident Command System (ICS) forms will be used to assist in resource accountability tracking and post incident cost recovery:

ICS Form Number	ICS Form Title	ICS Form Purpose
ICS 204	Assignment List	Block #5. Identifies resources assigned during operational period

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

11.2 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 MCHD asset or resource used in an incident, a full accountability of equipment returning to MCHD will be done in collaboration with the Operations unit, the IC, and the equipment custodian. The asset will be inventoried and matched against the asset tag or EDH number, and serial number, then inspected for damage, serviceability and cleanliness. If all equipment serviceability and cleanliness requirements are met, the assets or resource will be transferred to the Office and/or equipment custodian of origin and returned to normal service. This can be done using the ICS Form 221 Demobilization Check-Out Form
  - o If the equipment deployed is lost, damaged or does not meet serviceability requirements, the MCHD incident lead, or designee and stakeholder, or equipment custodian will collaborate with the MCHD Operations unit and the MCHD Finance unit 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

11.3 Emergency Management Assistance Compact (EMAC)

- Per State Revised Code (SRC) 5502.4, the purpose of this compact is to provide for mutual assistance between the states entering into this compact in managing any emergency or disaster that is duly declared by the governor of the affected state(s), whether arising from natural disaster, technological hazard, man-made disaster, civil emergency aspects of resources shortages, community disorders, insurgency, or enemy attack.
  - o This compact shall also provide for mutual cooperation in emergency-related exercises, testing, or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by party

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

- o The EMAC process may be used to support a Public Health Emergency at either a State or local jurisdiction level.
- o EMAC is more applicable at the State level

11.4 Ohio Intrastate Mutual Aid Compact (IMAC)

- The Ohio Intrastate Mutual Aid Compact (IMAC), Ohio Revised Code Section 5502.41 is a mutual aid agreement through which all political subdivisions can request and receive assistance from any other political subdivisions in the state; many of the administrative and legal issues are resolved in advance of an incident. All political subdivisions are automatically part of IMAC. The definition of political subdivision is broad and includes not only counties, municipal corporations, villages and townships, but also port authorities, local health districts, joint fire districts, and state institutions of higher education.
    - o The IMAC process may be used to support a Public Health Emergency in which MCHD may need assistance from another political subdivision.
    - o Political subdivisions are authorized to enter into mutual aid agreements and new language expressly authorizes political subdivisions to enter into mutual aid agreements with political subdivisions in neighboring states without a governor's declaration of emergency. Many of the same protections set forth in IMAC apply to this form of mutual aid as well. Several neighboring states also have similar provisions which should make working out these mutual aid agreements much easier.
    - o See *Appendix 4- Ohio IMAC* for more details on the agreement
    - o Requests for IMAC support are detailed in *Appendix 5- Mutual Aid Summary*

11.5 Memorandums of Understanding, Mutual Aid Agreements and Other Agreements

- 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/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 MCHD by allowing the agency access to resources held by the organizations with which agreements have been executed. Both types of agreements must be processed through and approved by the MCHD Health Commissioner.
- Established MCHD MOUs and MAAs are retained by each office that has an existing agreement and are maintained by the MCHD Administration and Preparedness Offices.
- Upon an incident response, it is incumbent upon the Logistics/Resources Support Section Chief to inquire with the appropriate leadership and the IC to determine whether any MOUs and MAAs are applicable to the response activities.

- If an MOU or MAA is determined to be needed during an incident, the IC and the appropriate MCHD office will collaborate on execution of the MOU/MAA.

12.0 Staffing

- All MCHD employees are designated as public health responders and can be called upon to fulfill response functions during an incident. The role assigned to any MCHD employee in an incident is dependent upon the nature of the incident and the availability of staff to respond. With approval by MCHD Human Resources, staff may be asked to work outside of business hours or for periods of time longer than a standard work day. Staff rosters are maintained by each Office and Human Resources. All staffing considerations will adhere to the respective collective bargaining unit agreements (if applicable).
- 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.
- Activation levels typically follow HDOC activation levels. Partial activation indicates an HDOC activation level of V or IV and full activation indicates an HDOC activation level of III, II, or I.

Activation Level	Minimum Staffing Required
Situation Awareness & Monitoring	Response Lead (1), Public Information (1), Surveillance and Monitoring (1)
Partial Activation	Response Lead (1), Public Information (1), Surveillance and Monitoring (1), Planning Chief (1), Operations Chief (1), SME (1), Finance Chief (1)
Full Activation	FULL STAFFING: Response Lead (1) and all Section/Function Leads and key support staff (10+); all other functions and positions, as identified by activated plans

- MCHD will utilize the MCHD COOP Plan to inform how staff are reallocated from their day-to-day activities to incident response. This will be done as needed, as ERP activation does not automatically activate the MCHD COOP Plan.
- MCHD offices will be tapped to provide staffing for incidents that can be effectively supported by their staff. MCHD Human Resources has the capability to query their database for specially qualified personnel as needed (See *MCHD ICS 3-Deep Roster*). The following MCHD staffing pools could be considered for fulfilling staffing requirements:
  - o Qualified program staff from involved offices;
  - o Specific roles for program personnel that are defined in functional or incident-specific annexes included in this plan;

    o The MCHD Emergency Preparedness Unit comprises the primary SMEs for each of MCHD's response areas; members of this group may be selected to serve key leadership roles during incident response;

    o IC role will be filled by the Health Commissioner or designee.

    o Other Partner Staffing pools include the following:

    o County EMA

    o Contract staff, especially for positions requiring specific skills or licensure;

    o Staffing agreements in Mutual Aid Agreements or Memorandums of Understanding;

    o Staffing request through the Ohio IntraState Mutual Aid Compact (IMAC);

    o Federal Entities.

12.1 Mobilization Alert and Notification

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

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

    o **When to report:** Staff alerted will report within the required time established by the IC. The goal for initiating deployment is within 30 minutes of notification; arrival times may vary depending on the distance the staff must travel.

    o **Whom to report to:** The staff alerted will report to the DOC Manager or other individual, if designated. The Office of Health Promotion's Emergency Preparedness Unit will review the responsibilities of assigned staff and consult with them to ensure they are able to receive and process responding personnel.

- Upon reporting to the DOC, the staff will be received, checked in, provided an incident summary, assigned and integrated into their role. All response staff will be provided nametags and vests labeled with their specific position. 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 MCHD employees who will be deployed to another location, on what to prepare for in relation to time expected for deployment and providing the appropriate packing list information. **No MCHD staff member will self-deploy to an incident response.**

13.0 Disaster Declarations

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

- 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.

- MCHD's role in the emergency declaration process is to provide subject matter expertise and situational information. MCHD cannot declare an emergency or disaster; only the Governor may do so. MCHD, as a county level agency, may be asked by the County and/or State EMA to weigh in on the effects of a disaster and its public health implications. The Health Commissioner and any MCHD staff member that the County EMA deems necessary to include will act as consultants to the County EOC and inform the County-EMA-led disaster declaration and response process. As a participant in the declaration and response process, MCHD may consider (a) potential impacts to county residents, (b) lack of necessary resources to address the emergency, or (c) the need to expedite procurement of goods and services.

- If the Governor declares a disaster, then MCHD will coordinate with other federal, state and local agencies through the County EOC. MCHD functions as both a primary and support agency for multiple ERFs coordinated by the County EOC.

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

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

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

- Response support available through the declaration may include (a) issuing grants, (b) entering into contracts, (c) conducting and supporting investigations into the cause,

treatment, or prevention of the disease or disorder, and (d) temporary reassignment of state and local personnel. Declaration of a PHE does not require a formal request from state or local authorities.

SECTION THREE

14.0 PLAN DEVELOPMENT AND MAINTENANCE:

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

MCHD's ERP is organized into the following sections (**Appendix 10: MCHD ERP Structure**):

14.1 Plan
- o Defined as a collection of related documents used to direct response or activities
- o Plans may include up to four types of documents, which are the following: Basic Plan, Attachment, Appendix and Annex.
- o When referenced, plans are designated with bold, italicized, underlined font

14.2 Basic Plan
- o The main body of a plan; a basic plan is a primary document and may include attachments, appendices and annexes.
- o The MCHD Health Commissioner and Medina County Board of Health (MCBOH) must review and approve the formal Basic Plan document. This is to allow for the development of the other sections of the ERP.

14.3 Attachment
- o 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.
- o Attachments are included immediately after the primary document that they supplement and are designated by letters.
- o When referenced, attachments are designated with italicized, yellow highlighted text.

14.4 Appendix
- o Appendices are supporting sections for the Basic Plan, ERFs, Incident-Specific Annexes, and Support Annexes. Appendices are not response coordinating documents, nor do they specify response methods. Appendices simply provide supporting and background information to the ERP's development, including pertinent systems that are emergency response focused.

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

14.5 Annex

o 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.
o In a plan, annexes guide a specific function or type of response.
o Annexes are included immediately after the appendices of the primary document to which they are added and are designated by roman numerals
o When referenced, annexes are designated with bold, underlined yellow highlighted font

14.6 Incident Specific Annexes

o These are highly specialized components of the MCHD ERP. Each annex focuses on a specific hazard or incident that requires a tailored response.
o The MCHD ERP has two Incident-Specific Annexes:
- **Annex I: High-Risk Infectious Diseases**
- **Annex II: Pandemic Influenza**

14.7 Support Annexes

o Support Annexes are specialized annexes that support MCHD's ERP ERFs and Incident-Specific Annexes, along with other Medina County agencies in a joint emergency response situation. They differ from ERFs and Incident-Specific Annexes in that they do not specify a specific response method. Instead, they specify methods to obtain resources to aid in emergency response operations.
o The MCHD ERP has one support annex:
- Strategic National Stockpile (SNS)

14.8 Standard Operating Guidelines (SOGs):

o SOGs are documents that specify steps and methods for the emergency response components outlined in each ERF, Incident-Specific Annex, and Support Annex.
o SOGs specify how to respond, whereas the ERFs, Incident-Specific Annexes, and Support Annexes, specify what the needed capability is.
o SOGs fall under the ERFs and annexes according to capability to which they correspond. Therefore, an ERF or annex could have several SOGs.

o SOGs may include:
- Checklists: Used as a step-by-step guide for the performance of a task.
- Job Aids: Items that help responders to perform a specified task. (Job Action Sheets, Algorithms, flow charts, pictures, guides, etc.)

14.9 Plan Review and Publishing

o The planning shall be initiated and coordinated by the Office of Health Promotion's Emergency Preparedness Unit. Planning shall address revisions to the ERP Basic Plan, as well as revision or development of any other ERP components. The Emergency Preparedness Unit will form a collaborative planning team to ideally include the following staff:
- Emergency Planners (includes MCHD planner with experience in access and functional needs)
- Health Promotion Supervisor
- Community Health Director
- Health Commissioner
- Subject Matter Experts (SMEs), as needed

o Revisions will be determined on an annual revision schedule and by identifying gaps and lessons learned through exercise and real-word events, or by the direction of the MCHD Health Commissioner or applicable Office Director. 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.

o MCHD planning teams will develop an achievable work plan by which content will be developed, vetted and reviewed prior to final submission. The collaborative team will identify the needs for improvement and update the plan component(s). Once the planning team has prepared the plan revisions, the components will be submitted to reviewers prior to being submitted for approval. Any feedback will be incorporated and then the updated document will be presented for approval.

o Once these elements are identified, revised processes are developed for improvement or replacement. In order to maintain transparency and record of collaboration, MCHD will record planning and collaborating meetings by designating a scribe to record meeting minutes to sustain a record of recommendations from collaborative ERP meetings. These meeting minutes may be accessed by following the below file path:
- "P:\MCHD Emergency Operations Plan- Keep\Administrative Files"

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

Items	Cycle

Plan	Annual, or as needed
Annex	Annual, or as needed
Attachment	Annual, or as needed
Appendix	Annual, or as needed

- o Proposed changes to plans in-between the review cycle shall be tabled for further discussion at the review cycle meeting to be presented and approved or rejected by the collaborative team. In the interim, the changes may be used for response if approved by the Office of Health Promotion Supervisor and/or the Community Health Director.

- The basic plan and its attachments shall be reviewed by Emergency Preparedness staff, Office Directors and endorsed by the Health Commissioner. Once adopted, the basic plan and its attachments shall be reviewed annually, from the last date the plan was authorized. The purpose of this review will be to consider adoption of proposed changes, i.e., revisions, additions or deletions that were identified during the year. If adopted, the changes will be incorporated, and the basic plan and its attachments will be reauthorized.
- Any office may initiate changes to the basic plan and its attachments by submitting the proposed changes to the Emergency Preparedness Unit for presentation to the MCHD Office Directors and Health Commissioner during the annual review.
- Proposed changes may be approved for use in response activities by the Office of Health Promotion's Director and/or the Office of Community Health Director before adoption by the Health Commissioner; such approval is only valid until the annual review, after which the Health Commissioner must have adopted the proposed changes for their continued use in response activities to be allowable.
- Because appendices are complementary to the basic plan, they may be approved for inclusion, revision or expansion by the Office of Health Promotion Supervisor and/or the Office of Community Health Director. Any office may initiate changes to appendices by submitting the proposed changes to the ERP. All appendices should be reviewed by MCHD Emergency Preparedness staff, Office Directors, and the Health Commissioner upon inclusion, revision or expansion, but it is not necessary, at any time, for the ERP review group or the Health Commissioner to approve appendices.
- Once adopted, annexes and their attachments shall be reviewed annually. Development and adoption will be facilitated by the Office of Health Promotion's Emergency Preparedness Unit and conducted by a review team, which will comprise the following: (a) Office Directors of programs with responsibilities in the annex or attachments, (b) any other subject matter experts designated by the Director(s) in group a, and (c) appropriate representatives from outside the agency, including state and local partners and representatives of individuals with access and functional needs. The review committee will be led by a chair, who will be the Office director with the greatest responsibility for execution of the annex; this chair will be ultimate approver of both new and existing annexes and their attachments. The purpose of this review will be to consider adoption of proposed changes that were identified during the year.

If adopted, the changes will be incorporated, and the revised annexes will be reauthorized by the identified approvers.

- Any office may initiate changes to annexes and its attachments by submitting the proposed changes to the ERP for presentation to the identified reviewers. Please note that if an attachment is a directive, then that attachment must be updated through the existing directive policy.

- Proposed changes may be approved for interim use in response activities by the Office of Health Promotion Supervisor and/or the Community Health Director; such approval is only valid until the annual review, after which the review group must have adopted the proposed changes for their continued use in response activities to be allowable.

- Because appendices to annexes are complementary, they may be approved for inclusion, revision or expansion by the Office of Health Promotion Supervisor and/or the Office of Community Health Director. Any office may initiate changes to an appendix to an annex by submitting the proposed changes to the ERP. All appendices should be reviewed by the review group upon inclusion, revision or expansion, but it is not necessary, at any time, for those reviewers to approve appendices before they are added to an annex.

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

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

- The above-referenced ERP sections and components may be expanded, modified, or deleted as needed to maintain compliance with any changes to federal and state guidance and regulatory updates.

- MCHD's ERP development and maintenance will be based upon corrective action and improvement planning from various public health trainings and exercises, as well as state and federal planning guidance.

- At a minimum, this MCHD ERP will be reviewed annually and updated as needed. This formal review will be performed with key staff from each division and program.

- Once the plan has been reviewed and updated by MCHD staff, the Medina County Board of Health will review and either approve or disapprove the updated MCHD ERP.

- For plan formatting, see **Appendix 7 – MCHD Plan Style Guide**

- Emergency response plans will be made available for review by the public on-line on the MCHD website. The Emergency Preparedness Unit will be responsible for

communicating to MCHD's Public Information Officer (PIO) 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 Emergency Preparedness Unit, Office Directors, and the Health Commissioner will determine the attachments, annexes and appendices that will be redacted from the public version of the plan. Once the plan is prepared for public viewing, the PIO will coordinate with MCHD webmaster to publish the ERP online.   Public comment to the ERP will be accepted via email and tabled in addition to the proposed changes between revision cycles for consideration.

- The link to the ERP on the MCHD website can be found here
- Definitions and Acronyms related to the MCHD ERP Base Plan are in **Appendix 8-Definitions and Acronyms**

15.0 Emergency Response Functions (ERFs):

o ERFs are specialized sections within the MCHD ERP that group emergency management operational functions together during the response phase of emergency management.
o Please note that ERF sections are equivalent to an annex, as outlined in FEMA's guidance document CPG-101: Developing and Maintaining Emergency Operations Plans. These ERFs are organized to be in line with the MCEMA ERP, in an effort to prevent confusion amongst other Medina County agencies.

o There are ten ERF's within the MCHD ERP, ERFs are grouped into two categories: Group 1 ERFs (Operational and Reference ERFs) and Group 2 ERFs (Response and Capability-Specific ERFs).

15.1 Group 1 ERFs (Operational and Reference ERFs):

o This group is made up of the core emergency management operations that are expected to occur in all emergencies involving MCHD.
o There are six Group 1 ERFs:
   - ERF #1: Direction & Control (Health Department Operations Center)
   - ERF #2: Communications
   - ERF #3: Notifications & Warning
   - ERF #4: Emergency Public Information
   - ERF #5: Resource Management
   - ERF #10: Recovery Operations

15.2 Group 2 ERFs (Response and Capability-Specific ERFs):

o These ERFs focus more on the specialized capabilities that MCHD has during emergency response operations.

- o There are four Group 2 ERFs:

    - ERF #6: Health & Medical Services
    - ERF #7: Environmental Health
    - ERF #8: Vital Statistics
    - ERF #9: Epidemiology & Surveillance

16.0 TRAINING & EXERCISING:

16.1 Training:

- All MCHD staff will complete specialized courses to meet local, state, and federal compliance for emergency preparedness.

- All training requirements are outlined in **Appendix 11: Multi-Year Exercise and Training Program.**

16.2 Exercises:

- MCHD will drill and exercise this ERP. All drills and exercises will be consistent with the United States Department of Homeland Security Exercise and Evaluation Program (HSEEP).

- All exercise requirements and expectations are outlined in **Appendix 11: Multi-Year Exercise and Training Plan.**

16.3 Evaluation:

- MCHD will evaluate its preparedness capabilities based on drills and exercises. This evaluation process will be consistent with HSEEP, and based on the **Appendix 11: Multi-Year Training and Exercise Program** document, which will be revisited and revised annually.

17.0 AUTHORITIES AND REFERENCES:

17. 1 Authorities:

- Federal General Public Health Emergency Powers:
    - o 42 U.S.C. § 247d
- State:
    - o Ohio Revised Code (ORC):

- 149.433, 3701.03, 3701.04, 3701.06, 3701.13, 3701.14, 3701.16, 3701.23, 3701.25, 3701.352, 3701.56, 5502.28.
  - o Ohio Administrative Code (OAC):
    - 3701-3-02.1, 3701-3-06, and 3701-3-08
- Local:
  - o ORC:
    - 3707.01 through 3707.10, 3707.12 through 3707.14, 3707.16, 3707.17, 3707.19, 3707.23, 3707.26, 3707.27, 3707.31, 3707.32, 3707.34, 3707.48, 3709.20, 3709.21, 3709.22, and 3709.36
  - o OAC:
    - 3701-3-02 through 3701-3-05
  - o Medina County Board of Health Resolution:
    - 96-2006 (Adoption of NIMS)
    - 24-2007 (Delegation of Authority)

17.2 References:

- The MCHD ERP was developed using accepted planning principles and practices from local, state, and federal references such as the following
  - o National Response Framework (NRF), 2016
  - o The National Incident Management System (NIMS), 2008
  - o ODH Emergency Response Plan, 2017
  - o Medina County EMA ERP

- The MCHD ERP has also incorporated planning elements and requirements derived from planning documents from the United States Department of Health and Human Services, the Centers for Disease Control and Prevention, and the Ohio Department of Health.

18.0 ATTACHMENTS & ADDENDUMS

Annex I: High-Risk Infectious Diseases

Annex II: Pandemic Influenza

Appendix 1: Medina County CMIST Profile

Appendix 2: Internal Resource Reporting SOG

Appendix 3: External Resource Requesting SOG

Appendix 4: Ohio IMAC

Appendix 5: Mutual Aid Summary

Appendix 6: MCHD Functional Needs Appendix

Appendix 7: MCHD Plan Style Guide

Appendix 8: Definitions and Acronyms

Appendix 9: MCHD Staff Structure

Appendix 10: MCHD ERP Structure

Appendix 11: Multi-Year Exercise and Training Program

Appendix 12: Medina County Hazard Analysis

Attachment A: ERF #1- Direction and Control

Attachment AA: ERF #10- Recovery Operations

Attachment AB: Primary and Support Agencies

Attachment AC: ERF #4: Emergency Public Information

Attachment AD: ERF #6: Health & Medical Services

Attachment AE: ERF #7: Environmental Health

Attachment AF: ERF #8: Vital Statistics

Attachment AG: ERF#9: Epidemiology & Surveillance

Attachment B: Initial Incident and Threat Assessment Form

Attachment C: MCHD Call Tree

Attachment D: ERP Activation Standard Operating Procedure

Attachment E: Activation Determination Form

Attachment F: ERF #3- Notification and Warning

Attachment G: MCHD ERF Divisional Roles

Attachment H: MCHD HDOC Activation Decision Algorithms

Attachment I: Incident Action Plan Template

Attachment J: MCHD Functional Needs 2017

Attachment K: Demobilization Plan

Attachment L: Development of an AAR-IP and Completion of Corrective Actions

Attachment M: MCHD Situation Report Template

Attachment N: MCHD Operational Schedule Form

Attachment O: MCHD Battle Rhythm Template

Attachment P: MCHD Shift Change Briefing Template

Attachment Q: EEI Requirements

Attachment R: MCHD Internal Call Tree POC

Attachment S: Interface between MCHD and the Medina County EOC SOG

Attachment T: External POCs

Attachment U: MCHD ERF #2 Communications Plan

Attachment V: Public Health Emergency Planning Community Partners and Information Sharing Pathways

Attachment W: MCHD Incident Documentation Guide

Attachment X: ERF #5 Resource Management

Attachment Y: Medical Countermeasures Dispensing Plan

Attachment Z: MCHD EMAC Request and Fulfillment Process