Marion Public Health

Emergency Response Plan (ERP)

98 McKinley Park Blvd
Marion, Ohio 43302

May 2010

Date	Revisions Made	Revised By	Resolution Number
July 19, 2000	Original Adoption		# 2000-060
Aug 20, 2003			# 2003-065
August 2005			
April 18, 2007			# 2007-034
February 2009	Major revisions to make NIMS compliant, update contact info, create annexes, provide more information, etc	Traci Kinsler	
April 2010	CERC annex updated to reflect merger and to incorporate more specific procedures for addressing public information	Traci Kinsler	
May 2010	Updated to reflect merger of city and county plans.	Traci Kinsler	
August 2010	Updated to reflect changes in Annexes	Traci Kinsler	
July 2010	Mass Proph and SNS annexes completely revised (still in draft form)	Traci Kinsler	
Dec. 8, 2010	Updated notification section to indicate contacting only administrator after hours, include functional needs, and revise staff roles	Traci Kinsler	

APPROVAL AND AUTHORITY OF THE ERP

Under the governance of the Ohio Revised Code sections 3701, 3707 and 3709; The District Board of Health has adopted the use of the Marion County Emergency Response Plan by the Marion County Health Department; And under the direction of the District Board of Health, the District Board of Health has approved the revised version of the Marion County Health Department Emergency Response Plan on April 18, 2007. **(Resolution # 2007-034)**

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Board President   Date

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Health Commissioner   Date

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INTRODUCTION

The mission of Marion Public Health's Department of Emergency Preparedness is to help the community prepare for, respond to, recover from, and mitigate the effects of disasters. We accomplish our mission by providing the public with education regarding preparing for and mitigating disasters; by training and preparing our staff to respond to disasters; and by working with other community agencies to plan both the health department's response to disasters and the county's response to disasters.

In general, health department responsibilities include:

- Control of communicable disease
- Promotion of health and safety
- Control and prevention of conditions which could affect health
- Identification of community health problems
- Provision of personal and community health care services
- Coordination of community resources to meet health needs

Central to the mission and responsibilities of the health department is it's response to emergencies and disasters within its jurisdiction. The health department is committed to fulfilling its responsibility to assist the community in its efforts to mitigate, prepare for, respond to, and recover from disasters. To do so, the health department has created the emergency response plan (ERP) detailed below. The ERP was developed with the assistance of the Licking County Health Department and the Columbus Public Health Department.

The ERP is consistent with the National Response Plan Framework (NRF) and National Incident Management System (NIMS). In addition, this plan utilizes the Incident Command System (ICS) to provide direction and control during emergency operations. ICS provides a framework for coordinating and managing response efforts. It defines the operating characteristics, management components, and structure of incident management throughout the lifecycle of an incident. More specifically, this plan utilizes the Public Health Incident Command System (PHICS), which provides guidance on applying the ICS within a public health context. For more information on PHICS (pronounced "phikes"), ICS and NIMS, please see Annex A: Direction and Control.

Purpose
The purpose of this plan is to outline Marion Public Health's response to disasters and local emergencies. This plan determines the roles and responsibilities of health department staff in the event of a disaster; provides a hazard analysis to help prepare for disasters; and provides the framework within which the health department will respond during disasters. The plan provides operational guidance for staff members that function as part of a response team in both small emergencies and larger disasters.

This ERP also explains how the health department will carry out the public health functions (Emergency Support Function 8) described in Annex H of the Marion County Emergency Operations Plan. The county EOP provides a broad outline of how the

county will respond to disasters within its jurisdiction. Its annexes then give more specific detail as to how each specific agency will carry out its functions. The annex then points back to the agency's own internal emergency response plan for additional details on how the agency will respond during an emergency.

The county EOP assigns public health the following functions:

Public Health: Investigation of communicable disease, inoculation of the individuals in threatened area and a wide variety of clinical services. The department also disseminates health information pamphlets, and media announcements.

Environmental Health and Sanitation: Responsible for inspections of mobile home parks, swimming pools, food services and vending operations, household sewage disposal systems, household water supplies, and the schools. Responsible for rabies control and investigates other nuisance reports. Assists with decontamination operations at hazardous incidents.

County Programs: Programs authorized by local ordinance or by direction of the Board of Health. Emergency response planning, consumer protection, solid waste storage and collection, mosquito control/surveillance, and litter control

Vital Statistics: Responsible for recording county births and deaths with records kept at the Marion City Health Department.

Scope
The ERP is designed based on an all-hazards approach to planning. This plan describes the procedures for providing timely, appropriate, and effective health department response to disasters in Marion County—as a primary responder for disasters involving events such as pandemic flu or bio-terrorist attacks and as secondary support in disasters such as hazardous chemical spills and floods. The ERP provides measures to assist the health department in scaling up and scaling down during the disaster. The plan also identifies risks in Marion County and their anticipated effects. In addition, the plan measures the health department's capacity to respond to disasters in its jurisdiction and provides measures for managing resources and requesting additional resources from surrounding counties or the Ohio Department of Health (ODH). The plan is supported by several annexes and appendices which provide more detailed information about specific functions or hazards.

SITUATIONS & ASSUMPTIONS

Situations
Geography
- Marion County is located in the north central portion of the state of Ohio, surrounded by Wyandot and Crawford Counties on the north, Morrow County on the east, Union and Delaware Counties on the south and Hardin County on the west.

- The county is a mixture of urban and rural farming communities, with a flat terrain and wetlands.
- Industrial and manufacturing businesses are located in and around the city of Marion, with a few near villages. Grain farming and animal husbandry are the primary businesses in the remainder of the county
- Marion County is comprised of 23 political subdivisions: one city, seven villages, and fifteen townships. The county seat is the city of Marion, located in the center of the county.

Demographics
- There are approximately 66,000 people living in Marion County.
- The ethnic distribution is: 92.4% Caucasian, 5.4% African American, 1.3% Hispanic, and 2% other nationalities.
- An estimated 13.4% of the population is over the age of 65.
- The predominate economic base of the area is manufacturing, local government, and retail trade.
- The population is predominately rural, although Marion city has the largest population, with over 37,000 residents.
- The median household income is $38,709. Within Marion County, 7.4% of the population falls below the national poverty level.
- Sixty eight percent of the population owns their home, while 25% of the population is renters.

Climatology
The average summer temperature is 69.6 degrees; the average winter temperature is 31.2 degrees; and the annual average temperature is 53.6 degrees. The average annual rainfall is 37.88 inches. The average annual snowfall is 24 inches.

Jurisdiction of Health Department
- On January 1, 2010 the Marion City Health Department and Marion County Health Department merged.
- Marion Public Health serves all of Marion County

Assumptions
- Disasters occur with little or no warning.
- The county and its political subdivisions have the capabilities including manpower, equipment, supplies, and skills of public and private agencies and groups that will maximize preservation of lives and property in the event of a disaster. The health department is one such agency.
- Disasters may require coordination and cooperation among diverse governmental and private organizations to protect the lives and property of Marion County residents. The health department is prepared to coordinate and cooperate with such governmental and private organizations.

- Disasters may be severe enough to exhaust all local response resources. In this situation, outside assistance will be requested through mutual aid agreements. See Annex L for MOUS.
- Disasters affecting the public health, such as pandemic influenza, will affect our surrounding counties on a scale similar to that experienced in Marion County, which will preclude the assistance of those agencies outside of Marion County. Therefore, the health department must prepare to serve the population throughout the disaster by stockpiling equipment, pharmaceuticals, and other supplies; and must take steps now to provide information and training that will maximize survivability of our residents.
- The people and organizations tasked in this plan are aware of their responsibilities and will fulfill them in a disaster.
- The people and organizations tasked in this plan will participate in preparedness and training activities, to ensure their ability to respond to disasters.

HAZARD RISK ANALYSIS

Below is a summary of the most common types of disasters that could affect Marion County, as well as the impact that those disasters would have on public health.

Floods

Several rivers run through Marion County, including the Little Sandusky River to the east, the Little Scioto River to the southwest, the Olentangy River to the southwest, and the Scioto River to the southeast. There are also several creeks running through the county, including: Battle Run Creek and Grave Creek to the south, Honey Creek and Rock Fork Creek to the west, McDonald Creek to the east, Rush Creek to the north, and Tymochee Creek to the southeast. Most of these streams and rivers have the capability to produce at least localized flooding. Major flooding has occurred along the Scioto River, with flood waters reaching well into LaRue and Prospect. This type of severe flooding in LaRue and Prospect occurs on almost a yearly basis, resulting in at least some evacuations and the establishment of small shelters. The effects on public health include contaminated water and food, mold, and other household safety and sanitation issues, as well as safety and sanitation issues involving shelters.

Hazardous Materials

Several major highways run through the county. U.S. 23 runs north/south through the eastern part of the county. State Routes 95 and 309 run east/west, while state routes 4 and 98 run north/south. Other major highways include 746, 37, 529, and 739.
CSX and NS railways run through the county through the middle of the county, traveling east/west and north/south. Various hazardous materials are transported through Marion County via Semi-trucks and trains on a regular basis. Spills and turnovers from these trucks and trains may expose Marion County and its residents to harmful substances. The effects on public health include injury or death, contaminated food and water supplies; contaminated animals and plant growth, household safety and sanitation issues, and shelter sanitation and safety.

A list of potential hazardous materials, toxicological data and hazard analysis are included in the Marion County Emergency Operations Plan. An inventory of reportable quantity hazardous materials is included in the Hazmat Annex (Annex O) of the EOP and is also located in the EMA office.

Terrorist Activities
Terrorist incidents may include bomb threats or WMD (which may include Chemical, Biological, Radiological, Nuclear, and Explosive weapons) in local schools, government buildings, and manufacturing facilities. Biological weapons would be most devastating at mass gatherings such as the Popcorn Festival and the Marion County Fair. Public health effects could include injury or loss of life; contamination of food, water, animals, and plant growth; and shelter issues.

Winter Storms
Winter storms could affect the entire county, and create difficulties in response efforts due to transportation and communication barriers. Electrical outages, frozen water lines, exposure and frostbite, and inability to get medications to stranded residents are all likely results of severe winter storms.

Tornados/Severe Storms
Tornados and severe storms could occur at any location in the county, with the most severe damage potential in the cities and villages. Cleanup and disposal of debris, vaccination of workers, opening of shelters, and rescue of trapped victims are some activities involving the Health Department.

Water Shortages
Drought could affect the entire county, and result in water shortages, both localized and regional, due to shallow wells vulnerable to drought in parts of the county, and on a regional scale due to municipal and rural public water supplies that could be affected by a prolonged drought. Water shortages in areas served by public water supplies could also be impacted by equipment failures, and contamination of water supplies, by both accidents and terrorist activity.

The Emergency Preparedness Coordinator will complete a Hazard Vulnerability Analysis at the beginning of each fiscal year to identify and assess the hazards that could potentially affect the Health Department's ability to provide Marion County its essential services. Refer to Annex I to view the Hazard Vulnerability Analysis document.

CONCEPT OF OPERATIONS

<u>Introduction</u>
The health department accepts the responsibility of protecting the citizens of Marion County from the effects of natural and manmade disaster and intends to support a disaster within its jurisdiction by activating the ERP and supporting other responding agencies as needed. The type, scope, and complexity of the disaster will dictate which components of the ERP will be activated; which staff will be involved; and what kinds/quantities of

resources will be needed. The health department will contact and work with surrounding counties and the Ohio Department of Health for all disasters that exhaust local resources.

Command and Control
The District Board of Health is the governing body for Marion Public Health. The District Board of Health has granted authority to the Health Commissioner to oversee command and control functions of the health department. In the event that the health commissioner is unable to fulfill his or her obligations during a disaster, the administrator will serve in his or her place.

Internally, the line of succession for the health department will begin with the health commissioner or their designee and will follow with the seniority of the directors, then the seniority of certified or licensed staff and then with general staff. The line of succession for the Board of Health will begin with the President and will follow through with the seniority of the remaining board members. See Annex A for organizational charts.

Activation
The Health Commissioner, or their designee, serves as the Public Health Coordinator for Marion County and is responsible for activating the Emergency Response Plan. The decision to activate the ERP will be based on the Public Health Coordinator's assessment of the type and scope of threats to public health. At the time that the health commissioner activates the ERP he or she will also appoint an incident commander to lead the operation.

Notification
Public Health officials will be notified of incidents through a variety of means, including notification from internal resources such as the Ohio Department of Health or the health department's epidemiologist; from the sheriff or police; from the Emergency Management Agency; from local media; or from the public. In general, notification of natural or man-made disasters will come from the on scene incident commander through city or county dispatch. Both city and county dispatch offices hold a call down list of health department officials to notify in case of emergency. Dispatchers are directed to notify the environmental health director (city or county, depending on location of incident) in all emergencies related to environmental health. Dispatchers are directed to notify the director of nursing in communicable disease emergencies. Dispatchers are directed to notify the health department administrator for all other emergencies. During business hours, dispatchers are directed to contact the appropriate health department office through the regular business number. After hours, dispatchers are directed to contact the administrator, who will then contact the appropriate staff.

Once notified of the disaster, the staff person should then contact the health department administrator, who will then relay the information to the health commissioner. Based on available information regarding type and scope of the incident, the health commissioner will then activate the ERP and direct the administrator to begin contacting staff members.

Staff members will be selected to participate in response activities based on their assigned roles in disaster situations.

Inter-jurisdictional Relationships
The health department will coordinate and function with all city and county response and community organizations within Marion County. The health department will serve as a possible resource to the incident commander in charge of any emergency and/or disaster.

Furthermore, the health department is located in the Central Region of the Ohio Homeland Security Emergency Planning Regions. The health department has signed a mutual aid agreement with the other health departments of the Central Ohio Region to assist in an emergency response outside of Marion County. This also goes for other health departments in assisting us too.

*The chief executive officers of each jurisdiction within Marion County are ultimately responsible for protecting the lives and property in an emergency or a disaster situation within their jurisdiction. When an occurrence affects only one jurisdiction, emergency operations will take place under that jurisdiction's direction and control with county-wide support for the operation. When an occurrence affects two or more jurisdictions, emergency operations will take place under a county-wide group direction and control. The executive officers or county commissioners of affected jurisdictions may exercise all necessary local emergency authority for response by issuing an Emergency Proclamation. The Emergency Management Director, in coordination with executives in the affected jurisdiction, is responsible for implementing the county's Emergency Operations Plan.—**Excerpted from EOP**.*

Upon activation of the County EOP, health department responsibilities may include
- Providing an incident commander to direct the response (in disasters such a county-wide outbreak of an infectious disease)
- Providing a public health representative to the EOC
- Activating the health department emergency response plan
- Coordinating response efforts through the health department's Department Operations Center

Areas of Involvement
During a disaster, the emergency responsibilities of the health department may include, but are not limited to:
- Conducting epidemiological and toxicological assessments
- Conducting surveillance and tracking of biological agents and infectious diseases
- Instituting disease control measures, including education, social distancing, & quarantine
- Mass vaccination/prophylaxis operations
- Conducting sanitary inspections of operations providing food, potable water, and shelter to the public, especially mass feeding/sheltering locations
- Conducting sanitary inspections of health and medical facilities

- Conducting sanitary inspections of on-site water distribution and wastewater disposal systems
- Conducting and coordinating vector control operations
- Participating in emergency solid waste and other pollution control efforts, and monitoring environmental clean-up operations
- Providing nursing services as available and needed by the Red Cross
- Requesting and coordinating public health assistance from other jurisdictions, the Ohio Department of Health, and other public and private response agencies.
- Formulating and providing public health advisories appropriate for the hazard

Incident Command
The health department will utilize the Incident Command System (ICS) to respond to all emergencies that fall under the direction and control of the health department (with the health department operating as incident commander) and to respond to all emergencies in a support role (folding into ICS structure where appropriate). The ICS structure may be fully or partially staffed depending on the type and scope of the emergency.

Unified Command in a Public Health Emergency
If the complexity of a single public health emergency can no longer be managed, the health department Incident Commander can request external assistance and shift to the Unified Command System (UCS). Within Marion County, the Marion County Health Department will have the primary leadership role within the UCS in a Public Health Emergency.

The UCS would bring together Incident Commanders representing agencies or jurisdictions that would share responsibility for the incident to coordinate an effective response and manage the incident from a single Incident Command Post (ICP).

If the UCS is already in existence, the UCS Incident Commanders may ask the health department for assistance, by requesting a Public Health Incident Commander be involved, and/or to request public health response assistance in the UCS.

The Health Commissioner, or their designated representative, will represent the health department in the UCS.

Area Command (Coordination) in a Public Health Emergency
Should an incident take place within the Central Ohio Public Health Homeland Security Planning Region, and management of the response expands, an Area Command may be established. Under Area Command, multiple public health agencies having jurisdiction or authority over the incidents participate in interagency coordination to eliminate competition for similar response resources. The Area Command has direct oversight (command) responsibilities of the incident and is not to be confused with the Multi-Agency Coordination Center (i.e. EOC), which provides coordination and support.

Depending on the incident, the Incident Commanders involved with the UCS may roll up to a command position in the Area Command and either leave the UCS intact or disband the UCS for the Area Command structure. In either situation the Health Commissioners from both health departments would need to decide who the representatives will be in the Area Command. If for instance the UCS, Area Command, and EOC are activated, a separate representative would need to be selected to represent the health department(s) in each of these locations. (i.e. one health department representative cannot be in all three locations).

Phases of Emergency Management

1. Mitigation
Mitigation actions involve lasting, often permanent, reduction of, exposure to, probability of, or potential loss from hazardous events. Examples include:
1. Inspect food and water
2. Immunize county residents against disease.
3. Provide continuous health assessments.
4. Research and implement prevention and surveillance practices for communicable diseases.
5. Provide public health awareness programs.
6. Conduct Hazard Analysis to identify potential hazards.

2. Preparedness
Preparedness includes activities, programs, and systems that existed prior to an emergency and are utilized to establish authority and responsibility for emergency actions, as well as garnering the resources necessary to support them. Planning, training, and exercising are among the activities conducted in this phase. Examples include:
1. Develop and regularly update the Emergency Response Plan.
2. Develop procedures for supplemental water supplies, emergency sanitation procedures, water and food testing, sewage disposal, and solid waste disposal
3. Maintain medical supplies
4. Train and exercise local plans and procedures
5. Coordinate assistance with other health jurisdictions (mutual aid agreements), as well as with public and private response agencies

3. Response
Response includes activities and programs designed to address the immediate and short-term effects of the onset of an emergency or disaster. It helps to reduce casualties and damage, as well as increase the speed of recovery. Response activities include direction and control, warning, evacuation, and other similar operations. Examples include:
1. Provide public information.
2. Initiate disease control activities.
3. Provide clinical and immunization services
4. Augment staff as necessary.
5. Request support from other agencies as needed.
6. Maintain sanitation activities.
7. Coordinate public health activities regarding mass vaccination, waste disposal, food

and water quality, removal of dead animals, and vector control.
8. Collect vital statistics.
9. Monitor and report effects of chemical, biological, and radiological agents on humans, including food and water supplies

4. Recovery

Recovery is the phase that involves restoring systems to normal. Short-term recovery actions are taken to assess the damage and return vital life support systems to minimum operating standards. Long-term recovery actions may continue for months or even years. Activities include:
1. Environmental clean-up and spill response recovery procedures
2. Compile health reports as required by local, state and federal agencies.
3. Inspect deactivated shelter for sanitation and vermin control.
4. Continuation of response activities, as needed.
5. Conduct an After Action Report (AAR) and review plans to make necessary updates and improvements.

Emergency Public Information and Warning

One of the most important functions the health department serves during a disaster is warning the public of the disaster and providing them with information to aid in their response to the disaster. The health department has a plan in place to disseminate this type of emergency public health information to the public before, during, and after a public health emergency. The Crisis Emergency Risk Communication Plan (CERC) serves as a stand alone plan that directs Emergency Public Information and Warning. The purpose of the CERC is to provide a flexible tool that enables the health department to effectively:
1. Educate, inform, and protect Marion County residents from potential or further exposure to extreme public health risks;
2. Recommend and promote appropriate public health actions to the public; and
3. Maintain/increase the public's confidence and cooperation by communicating credible information in a timely manner.

Activation of the CERC plan is the responsibility of the Health Commissioner or designee. The Public Information Officer (PIO) is responsible for activating and managing the operations of the crisis communications team and the Public Health Information Center (PHIC).

Communications & Information Management

Communicating critical information between incident management teams during an event or emergency requires the use of communication equipment and services. The Interoperable Communications Plan serves as an Annex G. The purpose of the Interoperable Communications Plan is to provide flexible tools that enable the health department to effectively:

1. Establish a common framework and ensure accessibility and interoperability of communication and information management processes and systems.
2. Outline primary and backup communications procedures and capabilities to be employed in the event of an emergency or event.
3. Coordinate communication assets (equipment and services) available at the health department as well as from partnering jurisdictions and functional agencies.

Function Needs Populations

Functional needs populations are those that have a transportation, communication, independence, supervision, or medical need. Examples of transportation needs include lack of a vehicle or driver's license that impedes a family's evacuation or ability to get to a mass clinic for vaccination or prophylaxis. Examples of a communication need include inability to understand an evacuation order or an order to report to a mass clinic due to language barriers, hearing or vision impairment, or illiteracy. Examples of independence needs include people who require the assistance of a home health worker or a family member to assist with day to day living, which may impeded their ability to shelter themselves without assistance or to flow through a mass clinic without assistance. Examples of supervision needs include children and the developmentally disabled, who may need assistance understanding implementing emergency instructions. Examples of medical needs include people who would require special assistance at shelters due to permanent or temporary disability, mobility impairment, pregnancy, or other medical conditions.

No matter the type or size of the disaster, people with some type of functional need will be affected. When planning for or responding to all disasters, special consideration should be given to address those with functional needs. This includes creating special messages, delivering messages in several different ways to ensure people with communication barriers understand the message, ensuring availability of public transportation, outreach measures to bring needed supplies or services to individuals (rather than asking them to report to a designated location), and providing assistants at shelters, mass clinics, and other public sites where services are provided during disasters. All health department responses will include special provisions for those with functional needs.

ORGANIZATION AND RESPONSIBILITIES

Health Commissioner

The Health Commissioner or their designee will be the primary Public Health Coordinator for the health department. When the health commissioner is not a physician, the medical director will become responsible for the medical direction of all personal health and nursing services during the response. The health commissioner will also serve as the health department's representative to the EOC. Duties may include, but are not limited to:

- Serve as incident commander or designate an alternate incident commander
- Report to the EOC, when activated.
- Establish communications, place of assembly for employees, staff assignments,

direction for the response, and method of identification.
- Communicate with other emergency response agencies, EMA director, county commissioners, and others as necessary.
- Communicate with the District Board of Health and the Health Commissioner, or designee
- Communicate with the Ohio Department of Health and the Center for Disease Control, if necessary
- Direct the assignments and actions of the department personnel.
- Sanction the release of public health information
- Serve as Marion Public Health's spokesperson.
- Maintain a supply of emergency/disaster information and literature for public distribution.
- Authorize emergency purchase of supplies and equipment.
- Document all health department events and activities throughout the emergency

Administrator
The Administrator of the health department serves as the back-up incident commander as well as the finance/administration section chief. Duties include but are not limited to:
- Tracks incident cost and reimbursements using designated forms.
- Provides clerical staffing and supplies as needed for the emergency situation.
- Communicates with county affiliates to discuss federal emergency funding possibilities.
- Directs incident command
- Provides staff for the information hotline
- Assists health commissioner as needed
- Serves as finance/administration section chief
- Serves as health commissioner designee as appropriate

Environmental Health Director
The Environmental Health Director or their designee will coordinate environmental health services during an emergency, as necessary. Environmental health falls within the operations section of the response and the Environmental Health Director may serve as operations section chief if the emergency is primarily related to an environmental health emergency. In responses where nursing is the primary focus, environmental health will serve as the logistics section and the environmental health director will serve as logistics section chief. Duties may include but are not limited to:
- Serve as logistics section chief or operations section chief as appropriate depending on the type of disaster
- Identify all registered sanitarians and sanitarians-in-training. Identify the other health department staff that can be utilized in non-environmental capacities
- Maintain a safe, wholesome food supply and potable drinking water supply
- Utilize the American Red Cross to assist the sanitarians in evaluating mass feeding
- Utilize administrative staff to answer phones
- Follow disposal regulations for sewage and other liquid wastes and regulate the

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restoration of flooded plumbing
- Control insects, rodents and other vectors of human disease
- Monitor and evaluate mass feeding, housing, and/or shelters
- Provide guidelines to prevent chemical exposures. Assist in determining evacuation zones.
- Inform and coordinate with the Ohio Department of Health
- Coordinate wit the Ohio Environmental Protection Agency
- Contact any necessary state and/or federal resources, such as the Ohio Department of Health, Center for Disease Control, etc.
- Communicate with the health commissioner and/or Emergency Operations Center
- Document all events and activities that fall under environmental health duties.

Director of Nursing
The Director of Nursing or their designee will coordinate the health department's medical issues for the emergency, as needed. Nursing activities fall within the operations section of the response, and the Director of Nursing may serve as operations section chief, if the response is primarily related to a medical emergency. If the response primarily involves environmental health, then nursing will serve as the logistics section and the director of nursing will serve as logistics section chief. Duties may include but are not limited to:
- Serve as operations section chief or logistics section chief as appropriate depending on the type of disaster
- Identify all medical and nursing personnel. Identify health department staff that can be used in non-medical capacities
- Oversee mass clinic operations
- Assist in the monitoring of medical and nursing care at all shelters
- Utilize additional registered nurses or licensed practical nurses to assist public health nurses with medical care, monitoring care and/or health status of individuals in all shelters
- Coordinate necessary services to homebound individuals
- Inform and coordinate with the Ohio Department of Health
- Coordinate with the American Red Cross
- Utilize any administrative staff for shelters, health department or other assigned areas. Perform registration activities such as receiving and distributing survival materials (food, blankets, water, etc.), answer phones
- Contact any necessary state and/or federal resources such as the Ohio Department of Health or the Center for Disease Control
- Communicate with the health commissioner or Emergency Operations Center

Emergency Preparedness Coordinator
The Emergency Preparedness Coordinator acts as the planning section chief. Duties include but are not limited to:
- Serve as planning section chief
- Coordinate emergency operations activities as directed by the health commissioner
- Serve as the health department's representative to the EOC in the absence of or as directed by the health commissioner

- Coordinate department personnel schedules to ensure required coverage for the duration of the emergency
- Collect and disseminate information regarding operations and resources status between the command staff/general staff and the support staff in the field
- Oversee development of incident action plan
- Develop and update emergency response plan and its annexes and appendices, as well as other emergency plans

Clerical Staff
Report to/serve under the ICS section designated by the IC. Duties may include but are not limited to:
- Answer phone calls and maintain phone logs during an emergency
- Direct phone calls and take messages
- Receive and distribute faxes
- Assist the Administration/Finance Chief as appointed
- Man the hotline
- Assist in information distribution under the guidance of the PIO
- The vital statistics registrar will maintain information on deaths
- Serve in the mass vaccination clinic if needed

WIC Staff
- Serve in mass vaccination clinics if needed
- Assist with staffing hotlines
- Assist in information distribution under the guidance of the PIO
- Perform other duties as needed

Health Education
Report to/serve under the ICS section designated by the IC. Duties may include but are not limited to:
- Produce and distribute public education material about the event
- Serve as attendant on the health department hotline
- Educate the public and private entities on the situation and guide them in recovery
- Serve in Mass Vaccination Clinics when operating
- Aid other responding staff members as needed

ICS Roles and Reporting
The main leadership functions of the ICS are described below. One staff member may fill more than one position; or the Incident Commander may choose not to fill some roles, depending on the size and complexity of the disaster. For more information on these roles (including Job Action Sheets) and how they function within the incident command system, please see Annex A: Direction and Control.

Roles

1. Incident Commander (IC)
The IC has the overall responsibility for managing the incident by objectives, planning, strategies, and implementing tactics. The IC is responsible for all applicable functions under the ICS organization.

2. Public Information Officer (PIO)
The PIO is responsible for interfacing with the public and media and/or with other agencies with incident-related information requirements. The PIO reports directly to the IC. Activities may include, but are not limited to, the following: developing timely and accurate information; performing media monitoring functions; executing rumor control.

3. Safety Officer (SO)
The Safety Officer monitors safety conditions and develops measures for assuring the safety of all assigned personnel. The SO reports directly to the IC. Activities may include, but are not limited to, the following: assessing conditions for hazards; stopping and/or preventing the use of hazardous practices.

4. Liaison Officer (LNO)
The Liaison Officer serves as the primary contact for supporting agencies assisting at an incident. The LNO reports directly to the IC. Activities may include, but are not limited to, the following: assisting external agencies who are aiding the response.

5. Operations Section Chief (OSC)
The Operations Section Chief will develop and manage the Operations Section to accomplish the incident objectives set by the IC. The OSC reports directly to the IC. Activities may include, but are not limited to, the following: managing tactical operations; assisting in the development of the Incident Action Plan (IAP).

6. Planning Section Chief (PSC)
The Planning Section Chief is responsible for providing planning services for the incident, including the development and documentation of the IAP. The PSC reports directly to the IC. Activities may include, but are not limited to, the following: collecting and evaluating incident intelligence; preparing and documenting Incident Action Plans; maintaining incident documentation

7. Logistics Section Chief (LSC)
The Logistics Section is responsible for all the services and support needs. The LSC reports directly to the IC. Activities may include, but are not limited to, the following: ordering, obtaining, maintaining and accounting for essential personnel, equipment and supplies; providing communication planning for resources; setting up food services

8. Finance/Administration Section Chief (FASC)
The Finance/Administration Section Chief is responsible for managing all financial aspects of the incident. The FASC reports directly to the IC. Activities may include, but are not limited to, the following: contract negotiation and monitoring; timekeeping; cost analysis; compensation for injury or damage to property

Incident Command System (ICS) Forms
Prepared ICS forms are provided to assist the Incident Commander and associated staffs in developing an Incident Action Plan for the effective management of incidents/events. These forms can be found in the ICS Forms Manual (see Annex A: Direction and Control). The ICS Forms Manual contains instructions on how to complete the forms, clean copies of each form, and provides a summary of the HIPAA Privacy Rule regarding the handling of individual health information.

ASSEMBLY PLACES
1. Emergency Operations Center
The Emergency Operations Center (EOC), is the central point for coordination and supervision of multi-agency emergency response operations. The EOC will communicate with other responding jurisdictions' EOCs and other responding agency's operation centers.

During an actual event that has a public health response, the health department will send a representative to staff the EOC. The specific responsibilities of the health department representative are outlined in the EOC Job Action Sheets in Annex A: Direction and Control.

2. Joint Information Center
The Joint Information Center (JIC) provides for an organized arrangement of functions encompassing emergency personnel, facilities, equipment and procedures involved in providing accurate, coordinated and timely instructions and information to the public.

During disasters, the EOC will act as the central coordinating facility for receiving and disseminating public information. All organizations involved in the EOC, having requirements to release information to the media and the public will work through the JIC.

Upon activation of the EOC, during an incident that has a public health response; the JIC may also be activated. In this situation, the health department will send a representative to participate in the JIC, as well as the EOC.

4. Marion Public Health Department Operations Center (DOC)
The DOC is the primary site for strategic advice and support to the health department incident commander directing emergency operations and the ICS. The main role of the DOC is to support and coordinate efforts for the health department and other established DOCs, EOCs, or emergency response groups.

The specific protocols for operation of the DOC including the Job Action Sheets for the DOC Manager and staff are provided in Annex A: Direction and Control.

5. Public Health Information Center
The Public Health Information Center (PHIC) is the central point for coordination and operations of public information activities. The PHIC provides a location where the crisis communications team can gather, verify, coordinate, and disseminate public information. Refer to Annex M: Crisis and Emergency Risk Communications Plan.

6. Additional Sites
The health department uses common terminology, as defined by NIMS, for the names and functions of its additional sites (i.e. the facilities in the vicinity of the incident area that will be used in the course of incident response activities).

A. Incident Command Post
The Incident Command Post is the primary site for direction and control of emergency operations. It is the location for direct, on-scene control of tactical operations, planning, and management of the response organization.
- Typically comprised of the IC and immediate staff.
- Located at or in the vicinity of the incident site or wherever the IC designates.
- May be co-located with the Incident Base.

B. Incident Base
An Incident Base is the location at which primary support activities are conducted. A single Incident Base is established to house all equipment and personnel that support operations.
- The Logistics Section, which orders all resources and supplies, is also located at the base.
- Should be able to support operations at multiple incident sites.

C. Camps
Camps are separate from the Incident Base and are located in satellite fashion near the Incident Base where they can best support incident operations.
- Provide certain essential auxiliary forms of support, such as food, sleeping areas, and sanitation.
- Provide minor maintenance and servicing of equipment.
- May relocate to meet changing operational requirements.

D. Staging Areas
Staging areas are established for the temporary location of available resources. Staging areas will be established by the Operations Section Chief to enable positioning of and accounting for resources not immediately assigned. A Staging Area can be any location in which personnel, supplies, and equipment can be temporarily housed or parked while awaiting operational assignment.
- May include feeding, fueling, and sanitation services.
- Operations Section Chief assigns a Staging Area Manager, who checks in and dispatches all resources.
- Receives support from the Planning Section.

> - o Resource Unit checks-in personnel.
>   - ▪ Receives support from the Logistics Section.
>   - o Supply Unit checks-in supplies and equipment.

Note: Due to the nature of public health emergencies, pre-designating ICP, Incident Base, Camp, and Staging Areas are nearly impossible. It is often the case that public health emergencies do not possess a physical incident site. Consequently, designating certain emergency response facilities would not be feasible until the incident actually occurs.

CONTINUITY OF OPERATIONS

1. Line of Succession
Internally, the line of succession for the health department begins with the health commissioner or their designee and will follow with the seniority of the directors, then the seniority of the certified or licensed staff and then with general staff. The line of succession for the Board of Health will begin with the president and will follow through with the seniority of the remaining board members. To see organizational charts, Annex A: Direction and Control.

2. Preservation of Records
Vital health and medical records should be protected from the effects of a disaster to the maximum extent possible. Should records be damaged during an emergency situation, professional assistance for preserving and restoring those records should be obtained as soon as possible. The health commissioner or their designee will be responsible for the preservation of all vital records. Documentation of all health department activities will also be kept on file according to the record retention policy in place. The Data Disaster Recovery Plan will only cover vital records that are in electronic format. See Annex F.

3. Alternate Work Sites
Currently, health department staff work out of 3 separate locations: nursing, IT, and emergency preparedness are located at Marion General Hospital; environmental health, vital statistics are located in City Hall, and WIC is located in their own building next to city hall. In the event of a disaster or emergency, in which any health department facility is inaccessible or unusable, the Health Commissioner or designee will identify essential services and notify appropriate staff to report to a location to be determined at the time of the incident, and based on which, if any, health department facilities are still accessible.

For more information on ensuring continuity of government during emergencies, please refer to Annex E: Continuity of Operations Plan.

ADMINISTRATION AND LOGISTICS

Agreements and Understandings
In the event that the resources of the health department prove inadequate during an emergency operation, request will be made to other local jurisdictions, higher levels of government, and other agencies, in accordance with the existing state law or negotiated

mutual aid agreements and memorandums of understanding. Such assistance may take the form of personnel, equipment, supplies or other available resources or capabilities. All agreements and understandings will be entered into by authorized officials and will be formalized in writing whenever possible. The Emergency Preparedness Coordinator will maintain copies of all such agreements and understandings. See Annex L: MOU.

Additionally, the Marion County EOP has established a contractual agreement between agencies within its jurisdictions to function as a support entity for certain response efforts. In the matter of Public Health (ERF 8), hospitals have been denoted as a support agency.

Records and Reports
The health department must maintain records of expenditures and obligations in emergency operations. Health and medical records generated during an emergency will be collected and filed in an orderly manner. A record of events must be preserved for use in determining the possible recovery of emergency operations expenses, response costs, settling claims, assessing the effectiveness of operations, and updating emergency plans and procedures.

Expenses incurred in carrying out health and medical services for certain hazards, such as radiological accidents or hazardous materials incidents, may be recoverable from the responsible party. Therefore, all departments and agencies will maintain records of personnel and equipment used and supplies consumed during large-scale health and medical operations.

Workforce Management
In case of an emergency declared by the President of the United States, the Governor of the State of Ohio, the County Commissioners, or the Sheriff of Marion County, the health commissioner may activate procedures that may change the daily operations of the Health Department to respond as needed to the specific emergency. Due to the nature of such public health emergencies there will be the need for flexibility of assignments to various reporting locations and/or different work schedules.

During an actual emergency situation and response, it will be expected that employees will be assigned to perform duties within their classification. Hours of work assigned may need to be temporarily change, as covered in the current bargaining unit contract. If management requests employees to work extended hours, or report suddenly for duty, management will follow all Articles of the current bargaining unit contract that are appropriate to compensate employees, including: overtime pay, shift differential pay, and/or call back or report-in pay.

To be prepared for the responsibilities of emergency responses, the health department will establish training and exercises for all employees that will prepare them to know their role and be able to fulfill their duties.

Emergency Expenditures

The Health Commissioner or designee is authorized by the Marion County District Board of Health to acquire emergency purchases of supplies and equipment. The health commissioner is authorized to delegate emergency purchasing authority to other persons within the health department.

The administrator is authorized by the health commissioner or designee to approve the purchase of emergency supplies and equipment.

Individual Disaster Assistance

All individual disaster assistance will be provided in accordance with policies and procedures set forth by the Ohio Department of Health, other relevant State guidelines, and those Federal agencies providing assistance.

TRAINING AND EXERCISE

Training

Public Health employees at all levels of operation need to be trained for their respective roles in order to competently and confidently respond to any incident. To meet these needs, training regarding the ERP will include all 9 Core Competencies for Public Health Workers in Emergency Preparedness, from the Columbia University School of Nursing and the Center of Disease Control and Prevention (CDC). Training objectives for health department employees are to increase their awareness of their roles and responsibilities when a public health emergency occurs, as well as to make them knowledgeable of incident management concepts.

Health department employees will receive training on the ERP as follows:
- All new employees will be introduced to the ERP during their first 6 months
- All employees, annually, as a refresher training.
- Update training, as needed, or after the plan has been revised.

The ERP training will be managed, facilitated, and evaluated by the Emergency Preparedness Coordinator. A detailed training plan regarding this ERP is included in Annex H: Training and Exercise Plan.

Exercises

A viable exercise program is a critical component of emergency response training. Ideally, individuals who are charged with the responsibility of emergency response should "experience" an emergency. This may be accomplished via actual emergency occurrences or under simulated conditions. Nonetheless, practicing, in any form, will provide an opportunity to "experience" an incident and exercise health department emergency operations. This "experience," real or simulated, will facilitate an evaluation of the use and effectiveness of the ERP. This, in turn, affords the opportunity to improve the preparedness state of the Health Department to be public health ready.

The ERP and/or components of the plan, including any annexes, will be tested at least once annually. This may be accomplished by creating an internal exercise and/or participating in an external exercise within the city, county, or region.

Each participating division is required to submit an after-action report following the termination of the emergency response activities including exercises. Each exercise will be followed by an evaluation (hotwash). The hotwash is an opportunity to evaluate efforts, share experiences, and develop best practices. The Emergency Preparedness Coordinator is responsible for planning and facilitating these evaluations and ensuring that an After Action Review (AAR) is completed within thirty (30) days of an exercise. Additionally, the Emergency Preparedness Coordinator must ensure the completion of a Corrective Action Plan (CAP) within ninety (90) days of an exercise. Participant feedback, evaluation forms and results from the hotwash will be recorded and attached to the AAR. Documentation, including the AARs and CAPs, will be maintained by the Emergency Preparedness Coordinator.

The Emergency Preparedness Coordinator or designee is charged with the responsibility of selecting, designing, and/or facilitating exercises that are appropriate for health department staff to be involved in. A detailed exercise plan regarding this ERP is included in Annex H: Training and Exercise Plan.

SUPPORT AGENCIES

Many local agencies will support the health department's response to disasters. This includes, but is not limited to, the following: American Red Cross; Marion General Hospital; Marion Area Counseling Center; Alcohol, Drug, And Mental Health Board; Law Enforcement; and Public Works. For detailed information about how these agencies support public health response, please see hazard-specific appendices and the county EOP.

VOLUNTEERS

Volunteers will be utilized to the extent possible, depending on the type of disaster. The Medical Reserve Corps will be the primary volunteer response group for public health disasters—although other organized groups from organizations like the American Red Cross and the Salvation Army may also be included in response efforts. Unaffiliated, spontaneous volunteer may also reach out to the health department. For details on managing volunteers, including affiliated and unaffiliated volunteers, please see Annex K: Staff and Volunteer Management

PLAN MAINTENANCE

The Emergency Preparedness Coordinator is responsible for updating and revising the ERP. The EPC will:
- Review and update the ERP every year, or as needed.
- Ensure all information, attachments, and appendices are current and up to date.
- Ensure that the plan meets all requirements set forth in the Federal, State, and local standards, including NIMS, National Response Framework (NRF), and National Infrastructure Protection Plan (NIPP).