MARION
PUBLIC HEALTH
Healthy People, Healthy Places

MARION PUBLIC HEALTH EMERGENCY RESPONSE PLAN
(2019-2020)

EMERGENCY PREPAREDNESS PROGRAM

MPH jurisdictions covered by this plan include:

Cities: Marion City

Villages: Caledonia, Green Camp, Larue, Morral, New Bloomington, Prospect, Waldo.

Townships: Big Island, Bowling Green, Claridon, Grand, Grand Prairie, Green Camp, Marion, Montgomery, Pleasant, Prospect, Richland, Salt Rock, Scott, Tully, and Waldo.

TOTAL NUMBER OF PAGES: 55

REVIEW FREQUENCY: Annually

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DATE OF LAST REVIEW: 5/21/2020

DATE OF LAST REVISION: 5/21/2020

Marion Public Health, 181 S Main St. Marion Ohio 43302
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1

TABLE OF CONTENTS

INTRODUCTION

APPROVAL AND IMPLEMENTATION

The *Marion Public Health (MPH) Emergency Response Plan (ERP)* replaces and supersedes all previous versions of the MPH ERP. This plan shall serve as the operational framework for responding to all emergencies, minor disasters, major disasters and catastrophic disasters that impact the public health and medical system in the county. This plan may be implemented as a stand-alone plan or in concert with its supporting attachments, annexes, and appendices, as well as the *Marion County Emergency Management and Homeland Security Emergency Operations Plan (MC&HS EOP)* when necessary.

Plan Management Contact

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Plan Approval and Review

Approval Required By	Health Commissioner Board President Director of Nursing Director of Environmental Health Administrator & Director of Office of Policy and Planning Maternal Child Health Director
Date Originally Approved	July 19th, 2000
Review Frequency Required	Annually or more frequently if needed

EXECUTIVE SUMMARY

The MPH Emergency Response Plan (ERP) and its various attachments, annexes, and appendices are designed to effectively direct department personnel and resources in protecting the health and safety of residents located within the MPH jurisdiction, against naturally occurring and manmade hazards. The ERP outlines the roles and responsibilities for all MPH divisions, offices, and programs with an emergency response function.

The ERP is comprehensive in addressing the four phases of emergency management (Mitigation, Preparedness, Response and Recovery) and works in coordination with the *Marion County Emergency Operations Plan*. Furthermore, the plan is consistent with the National Response Framework (NRF) and the accepted standards and principles of the National Incident Management System (NIMS).

In February of 2009, the Board Members of the Marion Public Health, as proposed by the Administrator Traci Kinsler, formally adopted the NIMS and directed all MPH employees, as potential first responders, to become familiar with NIMS and achieve certification by completing the required NIMS training.

The MPH ERP has been written to be compliant with NIMS and addresses Command and Management, Preparedness, Resource Management; Communications and Information Management, Supporting Technologies, and Ongoing Management and Maintenance. The NIMS uses a systems approach to integrate the best of existing processes and methods into a unified national framework for incident management. To provide this framework the concepts and principles of Flexibility, Scalability, Standardization, and Interoperability and Compatibility have been incorporated into the MPH ERP.
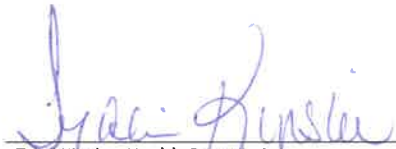
STATEMENT OF PROMULGATION

The Marion Public Health (MPH) Emergency Preparedness and Response Program has prepared this Emergency Response Plan (ERP) to address the MPH planned response to applicable extraordinary emergency situations associated with public health and environmental threats. Furthermore, this plan sets forth the general policies and procedures to be carried out by MPH, its volunteers, and support agencies. The policies and procedures outlined in this plan are designed to minimize the loss of life, property and injury during a public health emergency and are intended to facilitate coordination, particularly between MPH and other local, state, and federal agencies in emergency management.

In order to execute this plan effectively and mobilize available resources, all implementing personnel must have knowledge of the procedures set forth in this plan and be trained in its use through training and exercise efforts. This plan was developed using generally accepted management principles and practices for emergency management. Incorporated are planning elements derived from federal, state, and local guidance. This plan is a statement of policy regarding emergency public health management and assigns tasks and responsibilities to MPH employees specifying their roles before, during, and after a public health emergency. MPH will maintain this plan, reviewing it and reauthorizing it at least annually; findings from its utilization in exercises or real incidents will inform updates.

This ERP is developed pursuant to Section 5502 and 3750 of the Ohio Revised Code and incorporates the concepts and principles of the National Incident Management System
(NIMS), as mandated by Homeland Security Presidential Directive 5 (HSPD-5). This ERP is hereby adopted, and all previous versions of the MPH ERP are hereby superseded.
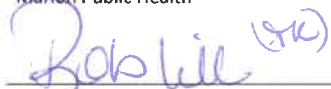
SIGNATURE PAGE

Traci Kinsler

Traci Kinsler, Health Commissioner
Marion Public Health

5/21/20
Date

Rob Lill (TK)

Rob Lill, Board of Health President
Marion Public Health

5/21/20
Date

Shannon Smith RN

Shannon Smith, Director of Nursing
Marion Public Health

5·21·2020
Date
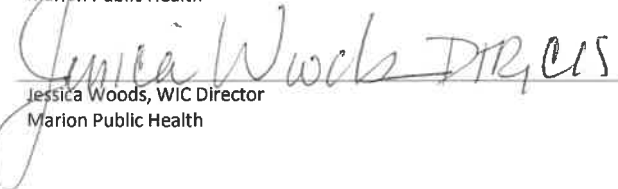
Tyler Pigman

Tyler Pigman, Director of Environmental Health
Marion Public Health

5/21/20
Date

Jessica Woods DTR, CLS

Jessica Woods, WIC Director
Marion Public Health

5-21-2020
Date

6

RECORD OF CHANGES

The Health Commissioner and Senior Leadership authorize all changes to the **_Marion Public Health Emergency Response Plan (MPH ERP)._** Change notifications are sent to those on the record of distribution list. To annotate changes:

1. Add new pages and destroy obsolete pages.
2. Make minor pen and ink changes as identified by letter.
3. Record changes on this page.

Change Number	Date of Change	Contributor Name	Contributor Title
1	07/19/00	N/a	N/a
Version Number: 1.00	• Original Adoption Resolution number #2000-060		
Change Number	Date of Change	Contributor Name	Contributor Title
2	8/20/03	N/a	N/a
Version Number: 1.01	• Resolution number #2003-065		
Change Number	Date of Change	Contributor Name	Contributor Title
3	08/01/05	N/a	N/a
Version Number: 1.02	N/a		
Change Number	Date of Change	Contributor Name	Contributor Title
4	04/18/07	N/a	N/a
Version Number: 1.03	• Resolution number #2007-034		
Change Number	Date of Change	Contributor Name	Contributor Title
5	02/01/09	Traci Kinsler	Administrator

Version Number: 2.0	• Major revisions to make NIMS Compliant, update contact info, create annexes, provide more information, etc.		
Change number	Date of Change	Contributor Name	Contributor Title
6	04/01/10	Traci Kinsler	Administrator
Version number 2.0	• CERC annex updated to reflect merger and to incorporate more specific procedures for addressing public information.		
Change number	Date of Change	Contributor Name	Contributor Title
7	05/01/2010	Traci Kinsler	Administrator
Version number 2.0	• Updated to reflect merger of city and county plans		
Change number	Date of Change	Contributor Name	Contributor Title
8	07/01/10	Traci Kinsler	Administrator
Version number 2.0	• Mass Prophylaxis and SNS annexes completely revised (still in draft)		
Change number	Date of Change	Contributor Name	Contributor Title
9	08/01/10	Traci Kinsler	Administrator
Version number 2.0	• Updated to reflect changes in Annexes		
Change number	Date of Change	Contributor Name	Contributor Title
10	12/08/10	Traci Kinsler	Administrator
Version number 2.0	• Updated notification section to indicate contacting only administrator after hours, include functional needs, and revise staff roles.		
Change number	Date of Change	Contributor Name	Contributor Title

11	08/01/12	Ralph Smith	Emergency Planner
Version number 2.0	• Added Annex R – ID Badge Creation		
Change number	Date of Change	Contributor Name	Contributor Title
12	12/01/12	Ralph Smith	Emergency Planner
Version number 2.0	• Update to reflect new address and personnel information		
Change number	Date of Change	Contributor Name	Contributor Title
13	12/01/13	Ralph Smith	Emergency Planner
Version number 2.0	• Added Marion City Mayor's office to distribution. Added section for Public Input. Added Annex S – Radiation Incident Response		
Change number	Date of Change	Contributor Name	Contributor Title
14	12/01/14	Ralph Smith	Emergency Planner
Version number 2.0	• Annual review for accuracy and completeness		
Change number	Date of Change	Contributor Name	Contributor Title
15	11/30/15	Carlie Rees	Emergency Planner
Version number 2.0	• Annual review for accuracy and NIMS compliance. Review for special conditions 12/31/15		
Change number	Date of Change	Contributor Name	Contributor Title
16	12/22/15	Carlie Rees	Emergency Planner
Version number 2.0	• Add in health vulnerabilities and indicate to review SNS for further guidance		
Change number	Date of Change	Contributor Name	Contributor Title

17	12/31/15	Carlie Rees	Emergency Planner
Version number 2.0	• Final check for special conditions, reformat maps		
Change number	Date of Change	Contributor Name	Contributor Title
18	01/05/16	Carlie Rees	Emergency Planner
Version number 2.0	• Review before board approval		
Change number	Date of Change	Contributor Name	Contributor Title
19	01/21/16	N/a	N/a
Version number 2.0	• Adoption		
Change number	Date of Change	Contributor Name	Contributor Title
20	12/27/16	Carlie Rees	Emergency Planner
Version number 3.0	• AAR revision language & accreditation guidelines check		
Change number	Date of Change	Contributor Name	Contributor Title
21	12/28/16	Carlie Rees	Emergency Planner
Version number 3.0	• Phone tree added in with new employee directory		
Change number	Date of Change	Contributor Name	Contributor Title
22	11/28/17	Kelly Engelhart	Director of Nursing
Version number 4.0	• Updated plan to new formatting to match ODH requirements		
Change number	Date of Change	Contributor Name	Contributor Title

Change number	Date of Change	Contributor Name	Contributor Title
23	10/17/18	Marc Largmann	Emergency Preparedness Coordinator
Version number 4.1	• Included a section about roles that can be filled by volunteers and limitations on volunteer utilization. Added floodplains map. Added a section about psychological first aid.		
Change number	Date of Change	Contributor Name	Contributor Title
24	5/16/19	Marc Largmann	Emergency Preparedness Coordinator
Version number 4.2	• Updated Plan Management Contact information and Signature Page information.		
Change Number	Date of Change	Contributor Name	Contributor Title
25	5/21/20	Clayton Wells	Emergency Preparedness Coordinator
Version Number 4.3	• Updated contact information for EPC		

RECORD OF DISTRIBUTION

The MPH ERP Basic Plan will be disseminated to the Health Commissioner, Division Directors and all other MPH staff, as well as the Marion County Emergency Management & Homeland Security Agency and other local partners.

Distribution Record		
Agency	Copy Number	Date Received
Board of Health Members & Health Commissioners	1	Various
Health Department Employees	1	Various

Marion County Sheriff Office	1	Various
Marion County Emergency Management Agency Director	1	Various
Marion Public Health Website		Various
Ohio Environmental Protection Agency *(Phone numbers may be deleted from some copies of the plan)*		Various

There is no formal procedure for MPH staff to access a copy of the ERP. An electronic format of the plan is available to all agency personnel upon request to either the Director of Nursing or Administrator. An electronic copy of the ERP is maintained on the Marion Public Health Google Docs and Google Drive account. One hard copy of the MPH ERP is stored in the office of the Director of Nursing.

The ERP is reviewed annually with all MPH Staff at the June All Staff Meeting and is initially reviewed by the PHEP Coordinator and Director of Nursing with all new staff during orientation within 6 months of hire.

SECTION I

1.0 PURPOSE

The Marion Public Health (MPH) Emergency Preparedness Program has developed this Emergency Response Plan (ERP) to address and support MPH's planned response to extraordinary emergency situations associated with public health and environmental threats, in order to protect and improve the health of all residents of Marion County. Furthermore, this plan sets forth the general policies and procedures to be carried out by MPH, its volunteers, and support agencies. The policies and procedures outlined in this plan are designed to minimize the loss of life, property and injury during a public health emergency and are intended to facilitate coordination, particularly between MPH and other local, State, and Federal agencies in emergency management.

This ERP is organized in three (3) principle sections designed to guide a response at MPH. 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 MPH. 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 MPH ERPs, plans and annexes are developed. The information contained within this document is For Official Use Only.

The Health Commissioner has overall responsibility for activating the MPH ERP. Within the ERP, delegations of authority to incident commanders (ICs) or department coordinator (DCs) are clearly defined. The Incident Command System (ICS) is established as MPH standard for conducting incident response. Based upon the scope and magnitude of the incident, the Department Operations Center (DOC) may be activated to provide direction and coordination. This could extend to the entire incident, or be limited to supporting Emergency Support Function #8 (ESF#8) activities. The coordination of all requests for health and medical resources will occur through the DOC, as needed, in any type of incident. The DOC will also serve as the coordination point with local, state, and federal assistance agencies.

The MPH ERP Basic Plan is intended to be used in conjunction with the more detailed annexes, appendices, and attachments included as part of this document, or with the standalone plans held by the department. Additionally, the ERP is designed to work in conjunction with the Emergency Operations Plans (EOPs) of Marion County and municipalities within MPH jurisdiction. Within the EOP, the MPH section is located under ESF #8 with the purpose of establishing the areas of involvement and responsibility for MPH during emergency situations.

In order to execute this plan effectively and mobilize available resources, as stated in the letter of promulgation, all implementing personnel must have knowledge of the procedures set forth in this plan and be trained in its use. This plan is a statement of policy regarding emergency public health management and assigns tasks and responsibilities to MPH employees specifying their roles before, during, and after a public health emergency. The MPH ERP is designed to serve as the foundation by which all response operations at the agency are executed. As such, the Basic Plan is applicable in all incidents for which the MPH 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 *Marion County Emergency Management & Homeland Security Emergency Operations Plan* (MCEM&HS EOP), other MPH plans, or annexes.

2.0 SCOPE AND APPLICABILITY

The scope of incident response for the MPH ERP 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, whether they are infectious or noninfectious, intentional or unintentional, or threaten the health of Marion County residents. This plan directs appropriate MPH response operations to any incidents that either impact, or could potentially impact, public health within the county or require MPH to fulfill its roles described in the *MCEM&HS EOP*.

This plan pertains to Marion Public Health and all of its divisions and programs, directing appropriate MPH response operations to all Marion County residents within MPH's geographic jurisdictional areas, as outlined in this plan. This plan is designed to serve as an operational guide for MPH staff providing disaster response or support to a natural, technological, or civil emergency, within the jurisdiction or as mutual aid to other jurisdictions.

The MPH ERP is always accessible and is activated during any time that an incident creates conditions affecting public health within Marion County and requires a response by MPH greater than day-to-day operations.

MPH has developed *Marion Public Health Continuity of Operations (COOP) Plan* that establishes policy and guidance to ensure the execution of the essential functions for Marion Public Health in the event that an emergency at the agency or in its service area threatens or incapacitates operations and/or requires the relocation of selected personnel and functions. The COOP plan will enable MPH to continue essential functions in the event if their main building cannot support work.
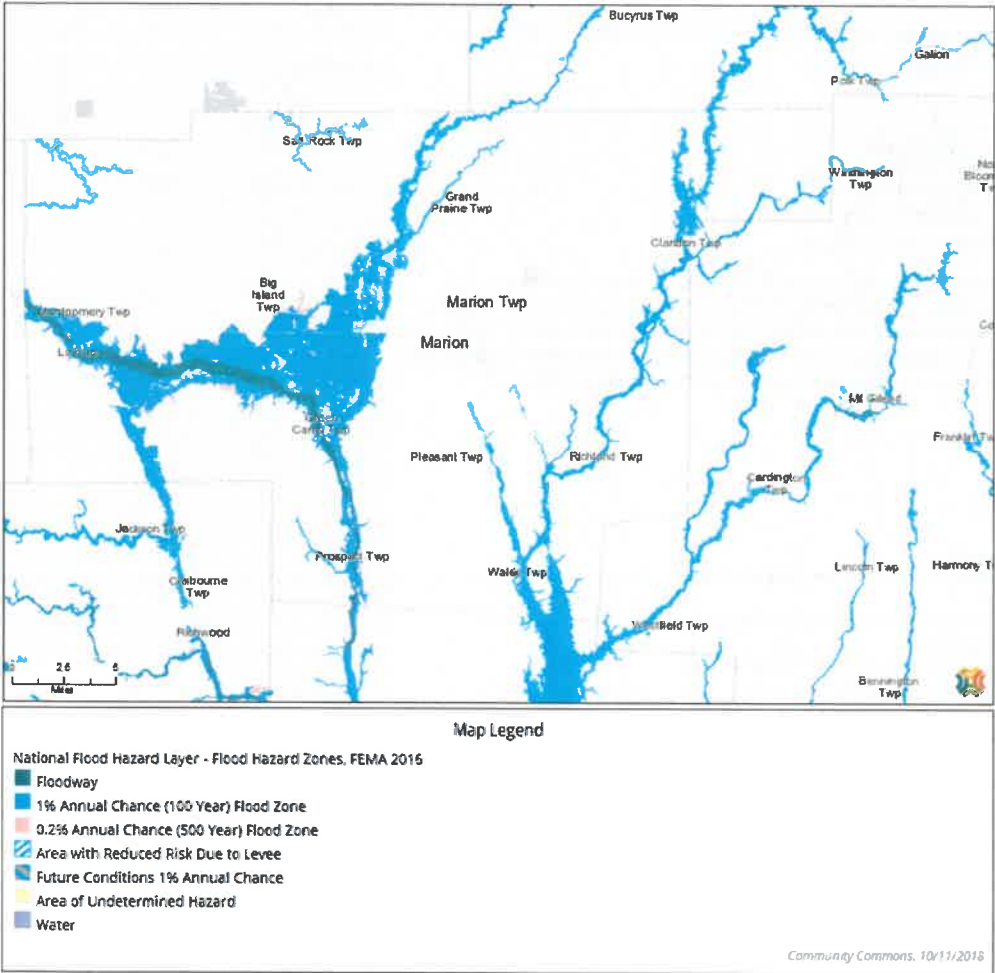
3.0 SITUATION

Incidents in Marion County have largely been attributed to its geographic location and accessibility. Marion is surrounding several other counties and this location may result in threats and hazards originating from an external source. These

external events have the ability to directly impact public health services by causing a demand for preventative and health-related measures. Most notably, public health threats such as infectious diseases have the ability to arrive in Marion County through a travel-related mechanism.

- 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.
- There are approximately 66,000 people living in Marion County.
- The ethnic distribution is: 88.9% Caucasian, 6.4% African American, 2.4% Hispanic, and 2% other nationalities. An estimated 14.5% 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 36,600 residents.
- The median household income is $42,572. Within Marion County, 18.5% of the population falls below the national poverty level.
- Sixty-nine percent of the population owns their home, while 25% of the population is renters
- There are three (3) Class 1 dams located south of Marion County, in Delaware County, that could have substantial public health impacts on surrounding counties should flooding occur: O'Shaughnessy Dam, Alum Creek Lake Dam, and Delaware Lake Dam. Hoover Dam in Westerville and Griggs Dam in Columbus are the Class 1 dams in the Central Region. The following map shows the floodplains for Marion County.

MPH Floodplains Map

Map Legend

National Flood Hazard Layer - Flood Hazard Zones, FEMA 2016

- Floodway
- 1% Annual Chance (100 Year) Flood Zone
- 0.2% Annual Chance (500 Year) Flood Zone
- Area with Reduced Risk Due to Levee
- Future Conditions 1% Annual Chance
- Area of Undetermined Hazard
- Water

Community Commons. 10/11/2016

A. Healthcare Coalition

There is one major hospital in Marion County as outlined in the table below. The main hospital plays a large role in disaster response in Marion County.

Table 1: Major Hospitals of Marion County

OhioHealth
OhioHealth Marion General Hospital

Throughout Ohio there are eight public health planning regions; within each of these regions there are regional healthcare coalitions that are an integral part of emergency preparedness planning and emergency response activities. MPH is a member of the Marion County Healthcare Coalition (MCHC) and participates with partner healthcare agencies with an active role of preparing for, responding to and recovering from disasters. MPH is the lead coordinating agency for the county Healthcare Coalition, and the lead coordinator for the Marion Medical Reserve Corps.

Hazard Analysis Summary

Listed below are 6 ranked hazards in Marion County:

Table 2: Top Six Threats and Hazards in Marion County

1. Floods
2. Hazardous Materials
3. Terrorist Activities
4. Winter Storms
5. Tornadoes/Sever Storms
6. Water shortages

For a more detailed hazard analysis, see the **Risk Assessment for Marion County 2016**, maintained by Marion County Emergency Preparedness Coordinator.

While many of the items listed in the table above may have similar public health consequences, there are also distinct impacts associated with each threat and hazard. Potential public health impacts include the following:

- Community-wide limitations on maximal health for residents;
- Widespread disease and illness;
- Establishment of new diseases in Marion County;
- Heat-related illnesses and injuries;
- Hypothermia;
- Dehydration;
- Widespread injuries or trauma;

- Insufficient resources for response, especially medical countermeasures;
- Insufficient personnel to provide adequate public health response;
- Development of chronic health conditions within a population;
- Development of birth defects;
- Premature death.

Marion being one of Ohio's Central Region counties Marion may be exposed to many hazards affecting the surrounding counties. Marion County hosts a variety of large recurring events (e.g., county fairs, shows, concerts, festivals, etc.). These events may include, but are not limited to, Mid-Ohio Fine Art Society monthly meetings, Events at the Palace Theater, and the annual Popcorn Festival. Depending on the incident, public health and medical services both in and around the county may be significantly impacted. Large-scale events are also reported out weekly in the Ohio Department of Homeland Security's Communication and Information Management System report.

Many health-related impacts are beyond the scope of MPH alone and require involvement of county partners with responsibilities for addressing incidents that have a public health impact. The **_Marion County Basic EOP_**, from MCEM&HS, details the Annex's of local agencies and how the agency will integrate with other partner agencies to address the hazards and impacts of Marion County. MPH serves a primary role for Annex H, in the **Marion County Basic EOP**. Support agencies may include American Red Cross, Marion General Hospital, Marion Area Counseling Center, Alcohol, Drug and Mental Health Board, Law Enforcement, and Public Works.

MPH's primary role as a part of **Annex H – Public Health** is to provide the mechanism for a coordinated response to a public health and medical incident, including potential or actual incidents/emergencies. Public Health and Medical also includes responding to medical needs associated with mental health, behavioral health, and substance abuse relating to incident victims and response workers. MPH may also support external agencies with a secondary support role during an incident. Additional information regarding MPH's primary and secondary support roles as well as the roles of local partner agencies in various responses can be found in **_MCEM&HS Marion County Basic EOP – Annex H – Public Health_**.

Examples of local partnerships during a response within Marion County may include:
- Marion County American Red Cross chapter
- Marion County Office on Aging
- Marion County Drug and Mental Health Services Board
- Jurisdictional law enforcement agencies
- Local hospitals
- Other non-governmental organizations in a supporting response role
- Marion County Coroner's Office
- Marion County Board of Developmental Disabilities Services
- Marion County Emergency Management and Homeland Security
- Marion County Engineer's Office
- Jurisdictional fire departments
- Jurisdictional EMS providers

The scope of **_MCEM&HS Marion County Basic EOP – Annex H – Public Health_** includes any incident affecting the health of the community. Some considerations for these incidents are as follows:
- Infection control

- Monitoring of food and water quality
- Ensuring appropriate sanitation
- Monitoring of health system/hospital needs, resources, and trends
- Issuance of health advisories and other public information recommendations to the public
- Performance of environmental assessments
- Receipt and distribution of the Strategic National Stockpile
- Assessment of community wide health and medical needs
- Health and medical epidemiological investigation and surveillance
- Provision of health and medical services and resources
- Research and consultation on potential health hazards and medical problems
- Coordination and support of behavioral and mental health services
- Environmental health testing, sampling and analysis
- Testing and confirming laboratory samples
- Vector Control
- Vital Statistics coordination and support
- Coordination of isolation and quarantine of impacted population
- Coordination of mass prophylaxis of population
- Coordination of vaccination of populations.
- Optimization of medical surge capabilities

The Regional Healthcare Coordinator (RHC) will deploy to the Marion County EOC in the event of a local incident for which **MCEM&HS Marion County Basic EOP – Annex H – Public Health** plays a primary role or at the request of the EOC Manager. In the event of a multi-county or multi-healthcare facility impact, the RHC has the capability to respond virtually. Specific events requiring the presence of the RHC include the significant loss of local hospital/healthcare capacity. In most cases, the RHC will respond virtually.

Tab A of the **State EOP Base Plan** details Primary and Support Agencies by ESF, Annex and Other on the Ohio EMA website at: http://ema.ohio.gov/Documents/Ohio_EOP/2017_C_Base_Plan.pdf.

Delineation of responsibilities at the federal level can be found in **Appendix 1 – Roles of Federal Agencies in Emergency Support Functions**. This information can also be accessed at https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency_support_function_annexes_introduction_2008_.pdf

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 Marion County have been detailed in **Appendix 2 – MPH CMIST Profile**. Potential consequences of an incident may require MPH to respond by initiating or supporting the following activities to address an incident:

- Prophylaxis and Dispensing
- Epidemiological Investigation and Surveillance
- Infection Control
- Prevention

- Fatality Management
- Medical Surge

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

In an effort to promote preparedness planning and coordination in and around Marion County, MPH participates in both local and regional health care coalitions. The Marion County Healthcare Coalition (MC HC), coordinated with local partners, focusing on shared capabilities among public health and healthcare entities to ensure a unified response to emergencies that affect county healthcare organizations. MPH also participates in the regional coalition, coordinated by the Central Ohio Trauma System (COTS).

The health care coalitions' goals are to work together to prepare for, respond to and recover from disasters.

4.0 ASSUMPTIONS

- A disaster may occur with little or no warning.
- Large-scale public health emergencies could quickly deplete MPH resources requiring extensive support from external agencies and volunteer groups.
- MPH will use the Marion County Risk Assessment as a guide to develop public health response plans for the department.
- Disasters differ in character by magnitude, duration, onset, distribution, area affected, frequency and probability.
- MPH maintains a partnership with the Marion County Emergency Management and Homeland Security for support during a public health emergency.
- MPH maintains a partnership with the Central Ohio Trauma System to share information and provide mutual coordination during public health emergencies that involve hospitals and other health care coalition partners.
- MPH maintains a partnership with agencies from the public, private, and non- profit community for support during a public health emergency.
- MPH maintains a partnership with jurisdictional officials within Marion County to coordinate a community response to a public health emergency.
- Disaster effects may extend beyond county boundaries and affect public health of citizens in the Central Ohio Region.
- Disaster relief from outside the county may take 72 hours or more to arrive. If surrounding counties are impacted, outside resources may be delayed or unavailable altogether.
- The Incident Command System will be the foundation for response to disaster/emergencies.
- MPH will utilize the processes, guides, protocols and procedures prescribed in the National Incident Management System (NIMS)
- During the Popcorn Festival, which occurs the weekend after Labor Day, and takes place in the city of Marion, there will be approximately 150,000 transient visitors, tourists, and workers in the city of Marion.
- During the Marion County Fair, which occurs during the first week of July, and takes place at the Marion County Fairgrounds, in the city of Marion, there will be approximately 50,000 people in attendance (approximately 60% of those people will be residents of Marion County, while 40% will be tourists) and 200 vendors, both inside and outside of the fair buildings.

SECTION II

5.0 CONCEPT OF OPERATIONS

5.1 Organization and Responsibilities

During a public health emergency or non-public health emergency, MPH may contribute to a response by:

- Providing an Incident Commander to direct the response,
- Providing a public health representatives to the EOCs,
- Activating the MPH ICS and ERP and to direct emergency operations
- Integrating into other ICS to provide public health support to the County,
- Activating the MPH Department Operations Center to coordinate public health support with all active EOCs and or MACs.

During a disaster, the emergency responsibilities of MPH may include, but are not limited to:

- Conducting epidemiological assessments.
- Conducting surveillance and tracking of biological agents and infectious diseases
- Instituting disease control measures, including education, enforcement of exclusion laws, social distancing, and quarantine.
- Requesting the deployment of the Strategic National Stockpile.
- Managing of points of dispensing sites and mass 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 on-site water distribution and wastewater disposal systems.
- Conducting and coordinating vector control operations.
- Assisting in hazardous material spill response operations.
- Participating in emergency solid waste and other pollution control efforts.
- Providing preventative health services, including clinical and immunization services.
- 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 as the public health expert that are appropriate for the hazard.

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

5.1.1 HEALTH COMMISSIONER

Marion Public Health Emergency Preparedness Program has the primary responsibility for coordinating emergency preparedness and response. The MPH Health Commissioner or designee serves as the Public Health Point of Contact for jurisdictions in Marion County and is responsible for activating the MPH ERP and its Annexes in a timely manner. MPH Health Commissioner or designee will conduct necessary assessments of the existing or anticipated public health threat prior to activation of the MPH ERP and the appointment of an Incident Commander. If the Health Commissioner is unavailable or chooses to delegate the responsibility, the following line of succession will be followed:

1. Health Commissioner
2. Senior Ranking Division Director or Director with Incident Command Experience
3. Senior ranking certified or licensed staff
4. General Staff

5.1.2 ADMINISTRATION DIVISION

- Health Commissioner (HC)
  - Serve as the Incident Commander, or designate an Incident Commander, to manage the response. The HC may assume the role as Public Health spokesperson instead of the IC. In this case, the HC will designate an IC and provide executive support to ICS operations.
- Finance
  - Establish process for budgeting and tracking funding during the event.
  - Provide guidance to IC on status of funding, alternate funding sources, funds appropriated, and other funding issues.
  - Manage HR/Workforce management issues associated with a public health emergency.
  - Track staff time directly applied to the response (overtime, regular time, etc.).
  - Coordinate MPH staff support to response operations.
- Communications
  - Serve as Public Information Officer for the event.
  - Coordinate Public Information and Warning operations as identified in the Risk and Emergency Crisis Communication Plan (RECCP)
  - Writes Health Alert Notices in conjunction with Medical Director
- Emergency Preparedness (EP) Program Staff
  - Provide support in any capacity needed during the response. This may include performing ICS roles, managing the DOC, serving as the ESF-8 representative in the Marion County EOC, or other roles.

5.1.3 ENVIRONMENTAL HEALTH (EH) DIVISION

The emergency response roles of EH staff will typically be similar to the skills required in their daily work. However, it is likely that additional resources will be required. To meet the initial surge for EH staffing resources, each section is assigned a primary, secondary, and tertiary role during a public health response.

- Director, Division Managers, and Supervisors
  - Primary role: Serve as, or delegate, the role of IC, Operations Section Chief, or other ICS role during incidents that fall within the responsibilities identified in the ORC.
  - Secondary role: Coordinate staffing activities to meet the needs of the EH response operations.
  - Tertiary role: Participate in Incident Action Planning or other emergency planning.

- EH Field Staff
  - Primary role: perform duties associated with their daily skill set
  - Secondary role: perform roles outside of their daily skill set to support other EH sections in the division.
  - Tertiary role: when available, perform roles outside of their daily skill sets to support other divisions in the health department.

- EH Administrative Staff
  - Primary role: perform duties associated with their daily skill set
  - Secondary role: when available, perform roles outside of their skill sets to support emergency operations (e.g., DOC support, phone call surge, etc.).

5.1.4 NURSING DIVISION

The emergency response role of staff in the Nursing Division will typically be focused on their skill sets they perform daily. However, it is likely that additional resources will be required. To meet the initial surge for nursing staff resources, each section is assigned a primary, secondary, and tertiary role during a public health response.

- Director and Supervisors:
  - o Primary role: Serve as, or delegate, the role of IC, Operations Section Chief, or other ICS role during incidents that fall within the responsibilities identified in the ORC or licensure.
  - o Secondary role: Coordinate staffing activities to meet the needs of the medical response operations, including activating the Medical Reserve Corp (MRC).
  - o Tertiary role: Participate in Incident Action Planning or other emergency planning.

- Epidemiologist:
  - o Primary role: Conduct and coordinate epidemiological surveillance and response operations during a disease outbreak
  - o Secondary role: perform roles outside of their daily skill set to support other nursing sections in the division.
  - o Tertiary role: when available, perform roles outside of their skill sets to support other divisions in the health department.

- Public Health Nursing Staff:
  - o Primary role: perform duties associated with their daily skill set. In this case, manages/coordinate mass vaccination operations required during a disease outbreak and addresses needs of special needs populations
  - o Secondary role: perform nursing roles outside of their daily skill set to support other nursing sections in the division.
  - o Tertiary role: when available, perform roles outside of the nursing skill sets to support other divisions in the health department.

- Maternal and Child Health Staff:
  - o Primary role: perform duties associated with their daily skill set. In this case, provide education, outreach, and care to clients relating to the incident.
  - o Secondary role: perform roles outside of their daily skill set to support other in the divisions in the health department. Serve in Mass Vaccination and staffing hotlines.
  - o Tertiary role: when available, perform roles outside of the Maternal Child Health Division to support other divisions in the health department.

- Administrative Staff:
  - o Primary role: perform duties associated with their daily skill set, documenting and tracking the department's response activities
  - o Secondary role: when available, perform roles outside of their skill sets to support emergency operations (i.e. DOC support, phone call surge, etc.).

5.1.5 MPH COMMON RESPONSIBILITIES

All MPH programs support an incident response and may provide response personnel for an incident. All response personnel are expected to do the following:

- Maintain appropriate timekeeping records/documents.
- Follow any organizational procedures set by the individual leading the response, while using the incident command system as the chain of command.
- Support execution of the MPH ERP; and other integrated partner agency plans during the time of an incident.

Personnel responding to any scene will respond according to agency/departmental Standard Operating Procedures. ICS procedures will be followed to manage on-scene operations.

- Work-to-Rest Cycles
  - MPH incident command will ensure that work-to-rest cycles are established to ensure the safety of MCBH staff and volunteers.
- On-scene Accountability
  - ICS emphasizes the importance of on-scene accountability. The following principles will be utilized to ensure proper accountability of responding personnel:
    - Check-In- All responders must report in to receive an assignment in accordance with the procedures established by the Incident Commander. Responders will also check out upon completion of assigned tasks.
    - Unity of Command- Each individual will be assigned to only one supervisor.
    - Span of Control- Supervisors must be able to adequately supervise and control their subordinates, as well as communicate with and manage all resources under their supervision.
    - Resource Tracking- Supervisors must record and report resource status changes as they occur.
- Operation within Exclusion Zones
  - Public health will not respond into hot or warm zones. However, public health responders may find themselves in environments requiring PPE applicable to hazards they encounter in their daily job functions such as infectious disease, mold, lead, etc. MPH staff will follow safety protocols or standards developed appropriate for the hazard, by the respective section that is responding.
- Mental Health
  - MPH responders requiring mental health assistance will be provided care through existing channels. Should the incident warrant a larger mental health response, established Critical Incident Stress Management teams, the Red Cross, the Medical Reserve Corps (MRC) and others will be called upon to provide assistance.
  - Psychological First Aid
    - Psychological first aid (PFA) is a "supportive and compassionate presence designed to reduce acute psychological distress and/or facilitate continued support, if necessary." PFA includes the following components:
      - Providing comfort
      - Addressing immediate physical needs
      - Supporting practical tasks
      - Providing anticipatory information
      - Listening and validating feeling
      - Linking survivors to social support
      - Normalizing stress reactions
      - Reinforcing positive coping mechanisms
    - MPH anticipates that PFA may be needed in an incident. Incidents for which higher demand for PFA is anticipated include (but is not limited to) the following:
      - Mass fatality incidents
      - Incidents with significant impact on children
      - Incidents that require extended use of PPE
      - Incidents with significant public demonstration (e.g., vaccination campaigns with limited supply)
- Care of Special Populations
  - Populations requiring special consideration, such as those with access and functional needs, and animal populations are considered in all emergency planning. Specifics on these populations, when applicable, can be found in each emergency plan developed by MPH. Maps detailing the populations at-risk are available through the MCEM&HS.

5.2 Incident Detection, Assessment and Activation

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

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

- The Public Health Coordinator's assessment of the type and scope of, who then present their recommendation for activation to the Health Commissioner. Upon approval by the Health Commissioner, response personnel then complete identified response actions.

Activation of the ERP marks the beginning of the response.

5.2.1 INCIDENT DETECTION

Any MPH staff member who becomes aware of an incident requiring or potentially requiring activation of the ERP is to immediately notify their division director. Division Director's will continue the chain of information to the Health Commissioner.

MPH will move forward with identification of incidents that would potentially have public health implications and require further assessment to determine if they require an agency-level response. If one or more of the following criteria are met, it may lead to the activation of the MPH ERP:

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

5.2.2 INCIDENT ASSESSMENT

The timeframe for which MPH will perform an Incident Assessment (from first awareness to the beginning of the assessment process) will begin with the initial notification of Staff/Director's, who will immediately inform employees of any incident that they believe are likely to require activation of the ERP. Following this notification, contact of Health Commissioner and Medical Director, will trigger the Initial Incident Assessment Meeting, which must take place via phone or face-to-face within 1 hour of the initial detection of the threat. Please refer to the Procedure section of **Attachment I – Initial Incident Assessment Standard Operating Procedure** for more details on how MPH will conduct incident size-up/assessment.

Activation of the ERP marks the beginning of the response.

5.2.3 ACTIVATION

The Initial Incident Assessment Meeting supports the completion of **Attachment II – Initial Threat Assessment Form** to determine if the plan will need to be activated and the corresponding Activation Level. After determining the

necessary activation level during the Initial Incident Assessment Meeting, activation of the plan will occur through utilization of **Attachment III – ERP Activation Standard Operating Procedure.**

Please refer to **Attachment IV – ERP Activation and Notification Decision Matrix** for the visual pictorial display of MPH ERP activation and notification process flow.

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

Table 3: Activation Levels and Corresponding Staffing Recommendations

Activation Level	Description	Examples	Minimum Command Function & Staffing Recommendations
Level 0	Routine incidents to which MPH responds on a daily basis and for which day-to-day SOPs and resources are sufficient	• Standard disease outbreak • Building fire at a restaurant • Providing Immunizations upon request after a disease Investigation • Identified threat of workplace violence	*Normal, Day-to-Day Staff*
Level 1	Small incidents with minimal potential for morbidity and mortality, requiring low-level emergency response	• Isolated hazmat event, e.g. gasoline truck crashes and spills fuel • Threat watch, e.g. SARS • Mutual aid provided to a neighboring jurisdiction	**Incident/Department Coordinator** Public Information Officer Planning Section Chief Situation Unit Leader
Level 2	Incidents of medium scope with moderate morbidity and mortality or with potential for high levels of morbidity and mortality; significant demand on MPH resources	• Legionella response • MPH Ebola response in October 2014 • Potentially imminent health threat • Water treatment plant explosion with mass casualty • Dirty bomb threat	**Incident/Department Coordinator** Public Information Officer Liaison Officer Planning Section Chief Operations Section Chief Situation Unit Leader
Level 3	Incidents of large scope with a high morbidity and mortality or potential for catastrophic impacts; extensive demand on MPH resources	• H1N1 • Political convention • Anthrax release • Dirty bomb incident • Local outbreak of SARS(the Toronto experience)	**Incident/Department Coordinator** Public Information Officer Liaison Officer Planning Section Chief Operations Section Chief Logistics Section Chief Situation Unit Leader Resource Unit Leader Documentation Unit Leader Demobilization Unit Leader

- Font Key: *Italicized, normal font*: Day-to-day staff
- **Black, bold font: Incident/Department Coordinator**

- Blue, normal font: Officer
- Red, normal font: General Staff
- Black, normal font: Unit Leader

5.3 Command, Control, and Coordination

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

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

5.3.1 INCIDENT COMMAND AND MULTIAGENCY COORDINATION

Based upon the potential for public health emergencies to impact the entire county, multi- agency coordination will play a vital role in supporting a public health response, whether MPH assumes a lead or support role. The MPH DOC will coordinate with many agencies during a response to include:

- Marion County EOC
- Marion City Fire Department EOC
- Marion Sheriff's Office DOC
- Other jurisdictional EOCs if activated

As a response lead, MPH utilizes ICS to organize response activities. In a supporting role, MPH will adhere to NIMS principles during a multiagency response.

Local Operations: When the appointed Incident Commander determines that additional support for the ICS and on-scene resources is needed, the MPH Department Operations Center (DOC) may be activated to provide strategic advice and support to MPH responder/response teams, the designated Incident Commander, or other DOCs or EOCs.

Local Inter-Jurisdictional Relationships: When an actual event results in a public health emergency in any of the 40 MPH jurisdictions listed below, MPH will function as the lead agency and activate response efforts accordingly:

City
- Marion

Village
- Caledonia
- Green Camp
- Larue
- Morral
- New Bloomington
- Prospect
- Waldo

Township
- Big Island
- Bowling Green
- Claridon
- Grand
- Grand Prairie
- Green Camp
- Marion
- Montgomery
- Pleasant
- Prospect
- Richland
- Salt Rock
- Scott
- Tully
- Waldo

State/Regional Operations: When the appointed Incident Commander determines that local or MPH resources have become exhausted, regional/State assistance will be requested through the DOC and the Marion County Emergency Operations Center (EOC).

- If the EOC is activated, it will provide support and coordination for obtaining additional resources from the State.
- If the EOC is not activated, MPH may request support from local and/or regional partners via activation of its Memorandums of Understanding (MOUs) with the agencies.
- Some of the state agencies with resources to support local responders are:

  a) **Ohio EMA:** The Ohio EMA coordinates the activities of all state agencies for an emergency response within the state. As more becomes known about the incident the state EOC will be opened and emergency contact established with the affected jurisdiction. The state EOC will be opened to serve as a central communications and information site. Field coordinators may report to the county EOC to coordinate field activities and information. Federal resources will be requested through the Ohio Emergency Management Agency.

  b) **Ohio Environmental Protection Agency (EPA):** The Ohio EPA's primary response function is to work to abate water, land and air pollution, protect and ensure safe water supplies and manage the disposal of solid and hazardous wastes or recovery of recyclable substances. EPA officials respond to an incident if needed to monitor and sample air, soil, and water. EPA can assist with decontamination procedures, evidence collection, and advise and assist clean-up contractors.

  c) **State Fire Marshal:** The State Fire Marshal's primary response function is to assist in area control, incident description, and communications at the off-site incident command post. If the incident is not fire related State Fire Marshal personnel will support other State agencies.

  d) **Ohio Department of Health (ODH):** The ODH's primary response functions are: to prevent significant exposures to chemical or other toxic agents and disease, provide health services to the public, coordinate epidemiology and surveillance, perform laboratory testing, and coordinate follow-up. An ODH Field Coordinator may report to the county EOC to coordinate field activities and information. ODH personnel respond to the field and work with local health department personnel and the county/city Health Commissioner(s) to perform monitoring and provide health services.

  e) **State Highway Patrol:** The State Highway Patrol's primary response function is to provide support to other State and local law enforcement agencies. Generally, this support consists of traffic control and information gathering and dissemination. A Post Commander or Assistant Post Commander may report to the county EOC along with a District Staff Officer to coordinate field activities and information. Personnel may respond to the off-site incident command post and provide area control.

  f) **Ohio National Guard:** The Ohio National Guard, coordinated by the Adjutant General of Ohio, provides military support to civil authorities to protect life and property and preserve peace and order in times of emergency, at the direction of the Governor of Ohio.

  g) **Public Utilities Commission of Ohio (PUCO):** The PUCO can provide information relating to the status of regulated public utility services in an area affected by an incident. PUCO personnel can serve as the State liaison with appropriate Federal agencies [U.S. Department of Transportation (DOT), National Transportation Safety Board, Federal Railroad Administration, etc.). The PUCO will maintain liaison with other State agencies to provide for communications and assist, if possible, in the dispatch/transfer of strategic supplies into an incident area.

  h) **Ohio Department of Transportation (ODOT):** ODOT's primary response function is to provide support in the form of information, equipment, and area control related to

27

highways, bridges, and aviation and mass transportation facilities. ODOT personnel respond to the of-site incident command post and provide traffic assistance and information.

i) **Ohio Department of Natural Resources (ODNR)**: ODNR's primary response function is to protect the natural resources of the State including the forests, lakes, soils, wildlife, minerals, and water resources. This protection involves providing personnel and equipment for the emergency response, as needed. ODNR personnel respond to the off-site incident command post and perform assessment and provide information and resources, including providing land and facilities for use as needed.

Federal Operations: When regional and State resources are exhausted and Federal resources are required, the State EOC will contact the Governor of Ohio to request Federal assistance. In this instance, the MPH response would continue to follow the ERP, focusing on the department's responsibilities under ESF #8.

5.3.2 INCIDENT COMMANDER/DEPARTMENT COORDINATOR

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

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

5.3.3 BASIC AUTHORITIES FOR RESPONSE

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

- The IC/DC may utilize and execute any approved component (i.e., attachment, appendix or annex) of the ERP;
- IC/DC may direct all resources identified within any component of the ERP in accordance with agency policies;
- IC/DC 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;
- IC/DC may engage the minimum requirements for staffing as outlined in the activation levels of the plan;
- The IC/DC may authorize incident-related in-county travel for response personnel;
- IC/DC may authorize exempt staff to work a schedule other than their normal schedule, as needed.

Limitations of Authorities

Identification of the Limitations of Authorities not included in the Basic Authorities requires additional authorization to execute.

Key limitations and the processes by which the response lead gains approval on limitations of authority are detailed below:
- The IC/DC must engage the MPH Administrator when staffing levels begin to approach any level that is beyond those pre-approved within this plan. The Administrator must authorize engagement of staff beyond those pre-approved levels;
- The IC/DC may not authorize staff to work a schedule other than their normal schedule without prior authorization by the Administrator. This includes approval of overtime, changing the number of days staff work in a week, changing the specific days staff work in a week, or changing the number of hours staff work in a day;
- The IC/DC must adhere to the policies of MPH regarding overtime/comp-time and should clarification on these policies or exemption be required, the IC/DC must engage Administrator;

- The IC/DC must seek approval from the MPH Health Commissioner and MPH Administrator for incident expenditures totaling more than $1,000. This is to be understood as total incident expenditures, not just the total cost for a single transaction.

5.3.4 INCIDENTS WITH MPH AS THE LEAD AGENCY

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

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

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

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

For incidents in which MPH is integrated into an existing ICS structure led by another agency, MPH can potentially provide personnel and resources to support the partner agency's response. MPH staff may be assigned to assist other local government entities or agencies 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 MPH staff may serve in any ICS role, except for Incident Commander. Additionally, MPH staff will not take on roles that are outside of their training as a public health representative.

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

If such support to an incident is needed, MPH will determine the appropriate activation level and assign a DC to lead the integration activities. In such responses, the Finance/Administration Chief will track engagement of MPH staff and resources and ensure that parameters for their utilization are communicated to both the integrated staff and the receiving Incident Commander.

Integrated staff must refuse any directive from the IC that contradicts the parameters established for their utilization and notify the DC of any attempt to circumvent the established parameters, as well as of any unapproved use of MPH resources. The DC will then work with the incident's IC to determine an appropriate resolution.

5.3.6 INCIDENTS WITH MPH IN A SUPPORTING ROLE

Unified Command

If the complexity of a single public health emergency can no longer be managed, the MPH Incident Commander can request external assistance and shift to the Unified Command System (UCS). Within the Marion Public Health Jurisdictional Areas, MPH 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 MPH for assistance, by requesting a Public Health Incident Commander be involved, and/or to request public health response assistance in the UCS.

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

Area Command (Coordination)
Should an incident take place within Marion County or the Central Ohio Public Health Homeland Security Planning Region that 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 Multiagency Coordination Center (i.e. EOC), which provides coordination and support.

Depending on the incident, the Incident Commanders involved with the UCS may move 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 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).

Multi-Agency Coordination Center (MACC)
For incidents of multi – agency coordination center (MACC), which MPH is a support agency, the Incident Commander will be supplied by another agency. For these incidents, MPH will assign a DC who will coordinate the agency's support of the incident.

Support activities included as part of a MACC incident are the following:

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

If the Marion County EOC is activated during a MACC incident, the MPH DC will coordinate all agency actions that support ESF #8. In such incidents, the DC will ensure that all MPH actions to address incidents for which the Marion County EOC is activated are coordinated through the assigned MPH representative at the Marion County EOC.

5.3.7 LEGAL COUNSEL ENGAGEMENT

Marion Public Health receives authority from laws and regulations outlined by The Ohio Revised Codes and Ohio Administrative Codes, as well as from local regulations and applicable resolutions by the Marion County Board of Health. MPH obtains legal counsel from Marion County Prosecutor's Office to assist with the interpretation of these codes as well as to inform the agency of changes which affect agency operations.

During any activation of the emergency response plan, MPH I always engages legal counsel, regardless of the incident type. The specific topics that require targeted engagement of legal counsel include the following:
- Isolation and quarantine,
- Drafting of public health orders,
- Execution of emergency contracts,

- Immediate jeopardy,
- Any topic that requires engagement of local legal counsel,
- Protected health information,
- Interpretation of rules, statutes, codes and agreements,
- Other applications of the authority of the Health Commissioner,
- Anything else for which legal counsel is normally sought.

At the onset of an incident, MPH legal counsel will be notified of the ERP activation. However, additional internal controls of prior approval by the Health Commissioner are required before the engagement of legal counsel. The IC/DC or their designee may engage the process of contacting legal counsel during an incident. Contact information for MPH legal counsel can be found below:

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David Stamolis, Assistant Prosecutor
Marion County Prosecutor's Office
Email: dstamolis@co.marion.oh.us
Phone: 740-223-4290
Fax: 740-223-4299

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5.3.8 INCIDENT ACTION PLANNING

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

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

For the documents included in an IAP, see **Attachment V – Incident Action Plan Template**.
For additional information on the planning process, see *Appendix 3 – The Planning Process*
For additional information on the process by which objective are established and accomplished within the IAP please see *Appendix 4 – Incident Objective Planning*

5.3.9 ACCESS AND FUNCTIONAL NEEDS

MPH's Emergency Preparedness Program coordinates response actions to ensure that residents with access and functional needs are appropriately addressed before, during, and after a response. The support immediately after an incident occurs includes the following:

- 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;
- Provision of just-in-time training to response personnel regarding serving individuals with access and functional needs.

The Liaison Officer has primary responsibility for provision of these services and engagement of access and functional needs partners during response actions.

In all communications during incident response, MPH will utilize person-first language as described in *Appendix 5 – Communicating with and about Individuals with Access and Functional Needs*.

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

- Marion Board of Developmental Disabilities
- Marion ADAMH Board
- Marion Area on Aging
- Marion County Job and Family Services
- American Red Cross
- Marion County Healthcare Coalition
- Central Ohio Trauma System
- Marion County Emergency Management and Homeland Security

5.4 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 determined by the targeted end state, or the movement of response to recovery, which is the response goal that defines when the incident response may conclude.

In every incident, a Demobilization Plan will be developed. The process for the development of the Demobilization Plan will be in coordination with the Logistics Section Chief, Operations Section Chief, Incident Commander and Demobilization Unit Leader. This plan will include incident-specific demobilization procedures, priority resources for release, and a section related to downsizing the incident. Implementation of the demobilization plan will be led by the Demobilization Unit Leader.

Demobilization is led by the Demobilization Unit Leader if there is enough staff to fill the position, otherwise it will be done by the Operations Chief, assigned within the MPH ICS structure, which has three primary functions:
- Develop the Incident Demobilization Plan.
- Assure completion of demobilization checkout forms by personnel and inspection of equipment as they are released from the incident.
- Initiate data collection for the After Action Process.

5.4.1 AFTER ACTION REPORT/IMPROVEMENT PLAN(S)

An After Action Report/Improvement Plan (AAR/IP) must be produced whenever the ERP is activated, and after any emergency or exercise. Completion of an AAR/IP will allow the agency to review actions taken, identify equipment shortcomings, improve operational readiness, highlight strengths/initiatives, and support stronger response to future incidents. The AAR/IP also serves as the means to provide revisions to the ERP. See **Attachment VI – Development of an After Action Report/Improvement Plan (AAR/IP) and Completion of Corrective Actions** for further methodology and implementation of MPH AAR/IP.

5.4.2 PLAN INTEGRATION

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

At the local level, the MPH ERP works in coordination with multiple local partners. The Marion County Emergency Operations Plan supports the activation of ESF-8 (Public Health and Medical) and enables MPH to respond to public health related emergencies. In addition, MPH has direct responsibility to respond to mass vaccination and prophylaxis of

its population during an MCM related event. This and other events will be coordinated with the integration of other applicable local partner agencies that will be engaged during a response.

At the regional level, MPH ERP is integrated into the *Central Ohio Region Public Health: Regional Coordination Plan (CORPH RCP).* The CORPH RCP provides the framework for the coordination of regional public health emergency planning among local health districts in the Ohio Homeland Security Planning Region 4. MPH is one of seventeen local health districts apart of coordination activities in this plan. A regional mutual aid agreement and operations plan is outlined in the CORPH RCP.

At the state level, the MPH ERP interfaces with the ODH ERP. MPH ERP is designed to identify and integrate with state plans for support and resources made available to MPH when local response efforts require additional support and resources. Examples of such resources include the Strategic National Stockpile (SNS).

5.4.3 SITUATION REPORTS

In general, situation reports (SITREP) will be produced regardless of activation level; however, the extent of content will vary depending on the operational complexity, scale, and length of the response. For response operations that require low numbers of resources (both staff and materials), a short yet concise SITREP will be produced. For 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 will be sent electronically to all MPH Senior Leadership and MPH Board Members for their situational awareness. In addition, SITREPs will be sent electronically to all operational staff. Hardcopies of SITREPs will also be available in the MPH DOC, if the DOC is active. At the discretion of the MPH DC, any SITREP may be forwarded electronically to the Marion County EMA, Marion Healthcare Coalition, Regional Healthcare Coalition, Central Ohio Regional Coordinator, or other federal, state or local partners for their situational awareness and to foster a common operating picture. Additional SITREP recipients will be based on a per-incident basis, based upon their informational needs and to maintain effective and efficient response coordination among partner responding agencies. These additional recipients will be identified by the staff responsible for disseminating the SITREPs, through discussion with Public Information, the IC/DC, and operational staff.

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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 VIII – Situation Report Template** for a situation report template.

5.4.4 STAFF SCHEDULE (BATTLE RHYTHM)

The MPH staffing unit will maintain staff scheduling and communicate the schedule to assigned staff utilizing **Attachment VII – 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 (Support) Section Chief using **Attachment IX – 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 X – Shift Change Briefing Template.**

5.5.1 INFORMATION TRACKING

All high-level response actions must be documented in Microsoft Excel for accountability and reimbursement. MPH will also track all agency objectives to ensure that they remain on track for completion. Any incidents that are off-track will immediately be identified to the IC/DC.

To aide in centralized communication, MPH maintains a dedicated network drive through Google Docs and Google Drive 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, and any other data that might be pertinent to response within the network directory folder. Information will be reported via electronic or hard copy situation reports to internal staff and external community partners at the times established by Table 3 on page 22, or as determined by the IC/DC or their designee.

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.

5.5.2 ESSENTIAL ELEMENTS OF INFORMATION

Essential Elements of Information (EEIs) address situational awareness information that is critical to the command and control decisions. EEIs will be defined and addressed as soon at the response begins, using *Appendix 6 – EEI Requirements*.

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

To identify sources of information for EEIs, that include MPH personnel and programs, or external partners, consult *Appendix 7 – External POCs* and *Appendix 8 – Internal MPH Program Topic POCs*.

5.5.3 INFORMATION SHARING

To ensure that MPH maintains a common operating picture across all of the locations response personnel are engaged, MPH will disseminate agency SITREPs to maintain coordination, this information may be between Marion County EOC, and other external partners, when activated.

When the Marion County EOC is activated, daily briefings will be held with partners, unless otherwise determined by the incident. The MPH DOC will provide daily SITREP's to the Marion County EOC, unless otherwise specified. If this schedule is revised, MPH will update the frequency of information exchange and continue to provide a report before scheduled briefings.

The MPH DOC will provide SITREPs directly to the MPH ESF-8 representative at the MCEM&HS EOC. This report will be disseminated through the use of WebEOC by the MPH representative at the EOC, and/or by sharing the developed MPH SITREP documentation to the MC EOC IC. Additionally, MPH may provide 213s and 213RRs, as necessary. These may be included as attachments to the SITREPs, as stand-alone documents. This information will be used to convey informational updates on the incident including: incident overview information, ESF-8 Support updates, updates on current missions, resources and provide any additional requested information.

6.0 COMMUNICATIONS

To ensure accurate and efficient communication with jurisdictional partners, including local level response organizations, regional partners, and state-level response organizations or agencies, MPH, when engaged in a response, will ensure the dissemination of information and maintain communication with the following entities to ensure continuity of response operations:

Local Level Response Organizations:
- Applicable MPH employees
- Marion County EOC, as applicable
- MPH DOC, as applicable
- City or County Officials
- Non-governmental partners
- Other support systems, agencies, and/or organizations involved in the incident response

Regional Partners:
- Central Ohio Region Local Health Departments
- Regional Public Health Coordinator
- Regional Healthcare Coalition Coordinators

State and Federal Level Response Organizations or Agencies:
- State and Federal Officials

In an event, communication between all levels of response partners including local, regional, and state agencies listed above will be accomplished through a combination of communications systems and devices. These include:
- Phone lines
- Email
- Fax machines
- Radio communications (e.g., MARCS)
- Web-based applications, including WebEOC, Operational Public Health Communication System (OPHCS).

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

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

The process for notifications and alerts will be drafted with input from applicable Subject Mater Experts (SME) in coordination with public information staff engaged in the incident. In addition to the content itself, the developing group will assign the appropriate alert level to the message. Incident staff who receive alerts will be expected to take the prescribed actions within the designated timeframe.

When notifications or alerts must be sent, MPH utilizes HAN and/or OPHCS as methods for dissemination. The Central Ohio Public Health Network or HAN system is used to contact Marion Public Health staff and partnering agencies in the event of an emergency. MPH and other organizations registered with HAN will receive and/or send a HAN message when a public health emergency is imminent or when any other pertinent information is needed to ensure safety and continuity of response operations. HAN alerts may be sent at any time via email, fax, and phone alerts.

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 MPH, other local health departments, hospitals, and additional community partners, but is not available to the general public.

OPHCS operates under two notification levels, which may be designated when drafting a communication within OPHCS. These two alert levels include:

- Alerts—these communications are utilized in emergency events that require rapid notification. They are prioritized over messages, even messages that may already be in queue for dissemination.

- Messages—these communications are for non-imminent notifications and do not receive priority over alerts.

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

- MPH secure landline communications
- Multi-Agency Radio Communications (MARCS) radios
- Two-way radios

MPH maintains Multi-Agency Radio Communications (MARCS) internally. MPH currently houses MARCS radios that can be deployed to response staff should MPH experience power failure or the inability to reach partners. MPH conducts monthly MARCS radio checks with the Ohio Department of Health to verify MARCS radios are operational for emergency use. The MARCS radios are maintained and managed in the office of the Director of Nursing and MPH Epidemiologist and should be requested through appropriate resource request mechanisms.

MPH may engage primary and redundant methods of communication at the programmatic and local level. When responses require the engagement of the Marion County EOC, MPH assumes its role at the ESF-8 desk. From the desk, MPH may require additional collaboration with other ESFs, Marion County EMA staff and other state and federal partners. The ESF-8 desk facilitates an environment for situational awareness, information flow and coordination with partners.

Communicating critical information between incident management teams during an event or emergency requires the use of communication equipment and services. The **Marion Public Health Tactical Communication Annex** (MPH TAC COMM) serves as an annex to the MPH ERP. Refer to MPH TAC COMM for additional guidance. The purpose of this annex is to provide flexible tools that enable MPH to effectively:

- Establish a common framework and ensure accessibility and interoperability of communication and information management processes and systems within MPH and with response partners.

- Outline primary and backup communications procedures and capabilities to be employed in the event of an emergency or event.
- Coordinate communication assets (equipment and services) available at MPH as well as from partnering jurisdictions and functional agencies.

Creation of a TIC Plan was a requirement of the Office for Domestic Preparedness (now Office of Grants and Training) 2005 Urban Area Security Initiative (UASI) grant program.

MPH communicates Essential Elements Information(s) EEIs and other tactical information through the messaging of information to response staff to ensure responders are well informed on response operations. A minimum of key information that must be included is the following:

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

Appendix 9 – Partner Contact Information contains a detailed list of partner points of contact.

7.0 ADMINISTRATION AND FINANCE

7.1 General

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

- In an MPH-led ICS response, finance and administration duties may be delegated by the IC to the Finance Section Chief.
- When MPH is engaged in coordination, these duties may be delegated by the DC to the Staff Support Section Chief.

Emergency Expenditures - All expenditures will be administered by the Administrator and assistant on behalf of the Health Commissioner in accordance with standard MPH policies approved by the Board of Health.

Procurement of Emergency Funding – A large-scale public health emergency will likely strain or deplete the MPH operating budget. MPH should identify additional local funding sources during initial incident action planning. Requests for emergency funding will be developed in accordance with MCEM&HS guidance documents and submitted to the appropriate funding authorities (County Commissioners/ County EMA). MPH must maintain records of expenditures and obligations in emergency operations.

7.2 Cost Recovery

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

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

7.3 Legal Support

In order to aid in the mitigation of legal claims documentation is crucial before, during, and after response activities. Therefore, MPH legal counsel will work in collaboration with the MPH ICS team to identify the legal boundaries and/or the ramifications of potential response actions in an effort to avert unintended liability.

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

- Negligent planning or actions during an incident,
- Workers compensation claims;
- Improper use or authority.
- Improper uses of funds or resources.

Depending on the severity and scope of the incident, the MPH Legal Counsel could be required to attend daily operational planning and briefing sessions for their situational awareness and to provide their opinions to ensure the applicable administrative law statutes are recognized and being adhered to.

The MPH Legal Counsel will also support the execution of Memorandums of Understanding (MOUs), Mutual Aid Agreements (MAAs) and requests for resources through the Intrastate Mutual Aid Compact.

When MPH requires additional resources during emergency operation, a request can 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. Copies of all agreements and understandings are maintained in the Administration Division.

Document Name	Document Type	Resources/ Support Provided	Cost for Utilization	POC to Activate	POC Primary Contact Info
Memorandum of Agreement for Emergency Printing Services	MOA	Adequate and timely printing service capabilities for the production of bulk printing and other related printing needs that may be needed in a time of emergency.	Will not exceed a project maximum of $25,000.	Jacqueline Laipply	(740) 387-9282
Memorandum of Agreement Between Marion Public Health and Marion General Hospital	MOA	Establishment of Private Points-of-Dispensing (PODs) for conducting mass prophylaxis operations.	No cost specified	Joe Tulga	(740) 383-8622
Memorandum of Agreement Between Marion Public Health and Whirlpool Corporation	MOA	Provision and operation of private points-of-dispensing (PODs) during disasters of emergency incidents in which the mass prophylaxis operations are required to preserve life and protect health.	No cost specified	Brendan Coughlan	(740) 383-7589

Memorandum of Agreement Between Marion Public Health and Frontier Communications Corporation	MOA	Emergency communications services	No cost specified	Tom Travis	(740) 369-2780

Additionally, the **_MCEM&HS EOP_** has established a contractual agreement between agencies within its jurisdictions to function as a support entity for certain response efforts.

7.4 Incident Documentation

Documentation is critical to response, review and recovery activities. Documentation supports (a) cost recovery, (b) resolution of legal matters, (c) evaluation of incident strategies, both during the incident and afterwards, (d) development of the IAPs, and (e) development and input into 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 XI – Incident Documentation Guide.**

7.5 Expedited Administrative and Financial Actions

Expedited actions can occur in the forms of approvals for personnel actions and procurement of resources. All expedited actions will be initially approved by the Finance Officer/Staff Support Section and provided to the IC/DC for approval. Any approvals beyond the basic authority of the IC/DC must engage the process detailed below.

- Expedited Personnel and Staffing Actions: All requests for expedited personnel actions, e.g. personnel staffing increases or overtime approval, require consultation with the Finance/Administration Section Chief or Administrator.

- Expedited Financial Actions: All expedited financial actions will be coordinated with the Finance/Administration Section Chief or Administrator. No funding will be obligated or committed without the consent of the Health Commissioner and/or MPH Board of Health.

- Expedited Procurement Actions: All expedited procurement actions will be coordinated Finance/Administration Section Chief or Administrator. No funding will be obligated or committed without the consent of the Health Commissioner and/or MPH Board of Health.

All expedited actions will be briefed by the Finance/Admin Section Chief, 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/monitored with the Finance/Administration Section Chief or Administrator as needed. All necessary internal agency forms will also be completed, in addition to the stated incident forms outlined in this plan.

8.0 LOGISTICS AND RESOURCE MANAGEMENT

8.1 General

MPH has a limited amount of materiel and personnel staffing resources available for incident response, and shortfalls are most likely in these identified areas. The IC/DC will provide guidance and direction to MPH staff in the Logistics section. Logistical needs (staff and stuff) for a large-scale public health emergency will likely exceed health department capabilities. Additional resources for procurement and transport of material resources, not included in the ERP promulgation, can be acquired through MCEM&HS.

8.2 MPH Resources

MPH has identified and anticipated three resource gaps to be filled during an incident: personnel, material/supplies and transportation.

8.2.1 Personnel resources

The Planning/Planning Support Section Chief will work with MPH Administrator to fill any shortfalls or resource gaps. If there are insufficient MPH personnel staffing assets, MPH will engage the staffing pools identify in this plan.

8.2.2 Materiel resources

In an effort to fulfill materiel resource gaps the acting Logistics Officer will research for the asset internally within each MPH program, using one of MPH's current inventory systems, a Microsoft Excel spreadsheet tracker for the required asset or resource. If the resource is found, an **ICS 213RR** form will be completed and provided to the program supervisor responsible for that resource. The MPH Operations Unit 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.

8.2.3 Transportation resources

MPH transportation assets are limited for both personnel and material transportation. During an incident response, the Logistics Section Chief will collaborate with MPH Operations unit to determine available MPH vehicle fleet/ transportation assets for use in the form of trucks and/or compact cars for personnel transport. Any transportation needs that remain unmet after this engagement will be addressed through engagement of Marion County EMA.

8.3 Management and Accountability of Resources

8.3.1 MANAGEMENT OF MPH INTERNAL RESOURCES

The management of MPH internal resources and assets used in support of an incident, will be tracked using an incident-specific excel spreadsheet for supplies and material managed by the Logistics unit. IMATS will be used for Medical Counter Measures (MCM) specific events and any supplies or materials managed by MPH Points of Dispensing (PODs) or County Drop Sites.

The Logistics/Resources Support Section Chief will manage all internal and external resources and will log the following minimum information for all MPH 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

8.3.2 MANAGEMENT OF EXTERNAL RESOURCES

Upon receipt of an external resource, the MPH IC/DC in collaboration with the MPH Logistics unit will accept responsibility of the asset, by entering the relevant information into the designated tracking system. For equipment, supplies or MCMs received by the County Drop Site or PODS, Excel spreadsheet will be used in providing receipt documentation and asset visibility.

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

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

8.3.3 RESPONSIBILITIES AND SYSTEMS IN PLACE FOR MANAGING RESOURCES

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

1) When an individual MPH employee responds or deploys to an incident with an
   MPH asset, that employee becomes the equipment custodian and assumes responsibility for the asset throughout the response and demobilization phases.

2) During a response, an update of all resources deployed from MPH (internal and external) will be compiled at the beginning of and end of each operational period for the MPH incident lead or authorized designee throughout the response and demobilization phases.

3) The following Incident Command System (ICS) forms will be used to assist in resource accountability tracking and post incident cost recovery:

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

8.4 Demobilization of Resources

Once the response has been scaled down, any remaining assets or equipment used during the incident will be returned to their place of origin. Upon demobilization and recovery of the MPH asset or resource used in an incident, a full accountability of equipment returning to MPH will be done in collaboration with the Logistics unit, the IC/DC, 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 equipment custodian of origin and returned to normal service. This can be done using the ICS Form 221 Demobilization Check-Out Form.

- If the equipment deployed is lost, damaged or does not meet serviceability requirements, the MPH incident lead, or designee and stakeholder, or equipment custodian will collaborate with the MPH Logistics Unit and the MPH Finance/Administration Office 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.

8.5 Intrastate Mutual Aid Compact (IMAC)

Per Ohio Revised Code Section 5502.41, the purpose of IMAC is to establish an agreement, through legislation, for providing governmental services and resources across local boundaries in response to and recovery from any disaster resulting in a formal declaration of emergency.
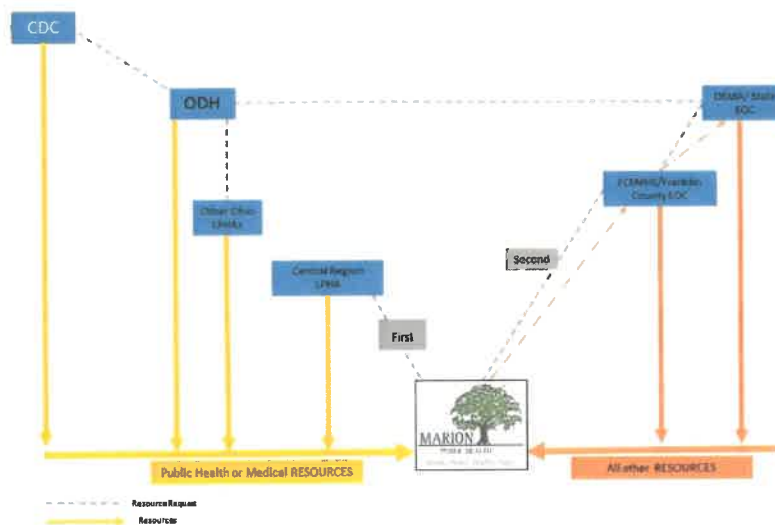
1) This compact shall also provide for mutual cooperation in emergency-related exercises, testing, or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by local jurisdictions during emergencies, such actions occurring outside actual declared emergency periods.

2) The agency will use the IMAC process to request and receive supportive resources for a Public Health Emergency at a local jurisdiction, or political subdivision, level.

The processes for both requesting resources through IMAC and for providing resources to another jurisdiction in response to an IMAC request are detailed in **Attachment XII – IMAC Request and Fulfillment Process.**

The Emergency Management Assistance Compact (EMAC) is outlined by Ohio Revised Code 5502.4. This compact provides 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, and civil emergency, aspects of resources shortages, community disorders, insurgency, or enemy attack. Although MPH may provide or receive resources via EMAC, MPH does not directly participate in the EMAC process, the process is controlled by MCEM&HS.

8.6 Memorandums of Understanding, Mutual Aid Agreements and Other Agreements

To obtain all non-medical or non-health resources, MPH will contact MCEM&HS or the Marion County EOC, if activated. To obtain health resources available through the Central Ohio Region LHDs, MPH will contact the housing agency directly through the Regional Public Health Coordinator.

To obtain medical resources available **within** the Central Ohio Region, MPH will first contact the Central Ohio Trauma System (COTS); if COTS cannot fulfill the request, MPH will contact MCEM&HS or the Marion County EOC, if activated.

To obtain medical and health resources available **outside** of the Central Ohio Region, including SNS assets, MPH will contact MCEM&HS or the Marion County EOC, if activated. Any of these requests will be coordinated in conjunction with the Emergency Preparedness Program staff, or designees.

Situational awareness is crucial when ordering higher-level resources. Support from higher levels must not be requested until local resources are exhausted. However, because of the inherent delay associated with requesting and receiving resources from outside of the agency or jurisdiction, the exhaustion of resources should be anticipated and the requests placed prior to the resources actually being needed.

As defined by ICS, field-level teams (e.g. PODs) request resources from their associated branch, which then requests resources from the Logistics Section. Logistics determine the potential need for additional resource support, when items are close to being depleted and the incident is on-going, notifying the Incident Commander, who has the authority to activate Memoranda of Understanding (MOUs) and Mutual Aid Agreements (MAAs).

1) Memoranda of Understanding (MOUs) and Mutual Aid Agreements (MAAs) are similar in that they are both designed to improve interagency or interjurisdictional assistance and coordination. MOUs and 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

44

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 MPH by allowing the agency access to resources held by the organizations with which agreements have been executed. Both types of agreements must be processed and approved by MPH Board of Health and signed by the Health Commissioner.

2) Established MPH MOUs and MAAs are retained in both electronic and hard copy. The electronic copies are accessible on the MPH network, while the hard copies are maintained by MPH Administration.

3) Upon an incident response, it is incumbent upon the Logistics Chief to inquire with the appropriate leadership and MPH Legal Counsel to determine whether any MOUs and MAAs are applicable to the response activities.

3) If an MOU or MAA is determined to be needed during an incident, the IC/DC, MPH Legal Counsel, Finance/Administrator Officer, Operations Officer and appropriate MPH Program will collaborate on execution of the MOU/MAA.

9.0 STAFFING

9.1 General

All MPH employees are designated as public health responders and can be called upon to fulfill response functions during an incident. The role assigned to any MPH employee in an incident is dependent upon the nature of the incident, the specific skill set of the staff, and the availability of staff to respond. With approval of the Health Commissioner, 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 program supervisor and during an incident the MPH DOC Staffing Unit Leader. All staffing considerations will adhere to the respective MPH Policy Manual.

9.2 Staffing Activation Levels

Staffing levels necessary to respond to the incident will be in accordance with the activation level (see Table 3). 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.

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

9.3 Staffing Pools

MPH program staff will provide staffing for incidents that require support. The MPH Administrator and Health Commissioner have the capability to determine eligibility for specifically qualified personnel as needed. The following MPH staffing pools could be considered for fulfilling staffing requirements:

1. Qualified staff from involved divisions and/or programs;

2. Specific roles for program personnel that are defined in incident-specific annexes;

3. The Emergency Preparedness Program comprises the primary Subject Matter Experts (SME) for each of MPH's local responses; members of this group may be selected to serve key leadership roles during incident response;

4. IC/DC role may be filled by the Health Commissioner or according to the line of succession outlined in this plan.

Other Partner Staffing pools include the following:

1. Marion County Medical Reserve Corps volunteers
2. Staffing agreements in Mutual Aid Agreements or Memorandums of Understanding;
3. State Entities.

Internal MPH staffing sources will be engaged, as appropriate, prior to identifying alternate staffing pools.

Volunteers may participate in the following emergency responses as surge support (including but not limited to):

- Mass distribution of Medical Counter Measures (MCMs)
- Mass medical and public health care
- Communicable disease control
- Health needs of special populations
- Targeted public awareness campaigns

Volunteers will NOT be asked to perform beyond the scope of licensure/credentialing, training, or comfort level.

9.4 Mobilization Alert and Notification

In collaboration with support staff, the Public Information Officer (PIO) and/or Liaison Officer will prepare a mobilization message for dissemination to contact response personnel. This message will be shared with the appropriate internal program supervisors and external POCs to be passed to their engaged staff. Staff notified for mobilization/deployment will follow these instructions:

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

2. **When to report**; Staff alerted will report within the required time established by the IC/DC. The goal for initiating deployment is within 45 minutes of notification; arrival times may vary depending on the distance the staff must travel.

3. **Whom to report to**: The staff alerted will report to the DOC Manager or other individual, if designated. The MPH Emergency Preparedness Planner or Director of Nursing will review the responsibilities of assigned staff and consult with DOC Manager or designee to ensure proper processing of response personnel, utilizing the Volunteer Reception Center (VRC) model.

Upon mobilizing to the DOC, the staff will be received, checked in, provided an incident summary, just in time training, assigned and integrated into their role, and an understanding of chain of command. 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 MPH 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 MPH staff member will self-deploy to an incident response.**

10.0 DISASTER DECLARATIONS

10.1 Non-Declared Disasters

MPH 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

46

requested. The Health Commissioner or designee may redirect and deploy Department resources and assets as necessary to prepare for, respond to, and recover from an event.

10.2 Declared Disasters

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

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

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

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

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

10.2.1 PROCESS FOR LOCAL DECLARATION OF DISASTER EMERGENCY

A local state of emergency will be declared when existing circumstances are found to be beyond the capabilities of the response system. A declaration of emergency can be completed by any jurisdiction in Marion County. A declaration from the Board of Commissioners of Marion County is a request for all jurisdictions in the County.

1. Declaration Process

    o A declaration will only be accepted by Ohio EMA from MCEM&HS.
    o A decision to declare an emergency before the system becomes overwhelmed, or at the point that the system has reached capacity.
    o MCEM&HS will provide declaration documentation and technical assistance to any jurisdiction, if requested.
    o After the completion of a situational assessment, MCEM&HS may recommend to the County Board of Commissioners to declare an emergency for the entire county.
    o Once the determination is made by the County Board of Commissioners that a declaration is warranted, MCEM&HS will draft the declaration and submit it to the Board of County Commissioners in the form of a resolution.
    o Upon favorable vote by the County Commissioners, the resolution will be forwarded to the Ohio EMA by MCEM&HS, declaring Marion County is under a state of emergency.
    o Any local jurisdictions declaring states of emergency will forward the proper documentation to MCEM&HS to be included in the declaration package sent to the Ohio EMA.

2. After an incident occurs, MPH will:

- o Rapidly assess the situation
- o Work with the MCEM&HS to prepare a local declaration documentation, if determined necessary

3. After an incident occurs, MCEM&HS will:

   - o Rapidly assess the situation
   - o Ensure the provision of emergency assistance to protect the public's health and safety
   - o Work with local officials to prepare a declaration locally
   - o Submit Declaration to Ohio EMA
   - o Conduct damage assessment to determine the extent of damage, resources needed to support local government recovery efforts
   - o Request State assistance, if needed
   - o Submit damage estimates to the Ohio EMA

4. Upon receipt of the local declaration, Ohio EMA will:

   - o Assess the situation locally and throughout the State
   - o Request a Governor's declaration, if the situation warrants
   - o Assist local governments gathering damage assessment information for private and public damages, if requested
   - o Coordinate requests for assistance with State Agencies through missions presented from the County EOC to the State EOC
   - o Prepare request for Small Business Administration Home/Personal Property/Business Loan Program if thresholds are met
   - o Prepare to initiate State Of Ohio Individual Assistance Program and/or Public Assistance Program if thresholds are met
   - o Upon request of the Governor, prepare request for presidential disaster declaration through the Federal Emergency Management Agency

Marion County Commissioners

The Marion County Board of Commissioners can declare that a state of emergency exists in the county for a given hazard. This declaration can be made in accordance with Ohio Revised Code (ORC) 307, CH307, and Section 5915 of the Ohio Revised Code.

The elected officials within Marion County have the ultimate responsibility for the safety and welfare of their respective citizens and communities. Elected officials must individually, or when appropriate, jointly implement plans to ensure proper emergency actions are taken in a timely manner. Elected officials of Marion County will enact emergency legislation that will assist to resolve, enhance, or mitigate major disaster/emergency situations.

During the disaster or major incident an Incident Commander (IC) will be designated to manage the event. Depending on the type of event, the IC may be the ranking Fire or Police official on scene or a representative from the Health Department. The Marion County Commissioners have overall authority and responsibility in managing a major disaster.

Marion County Health Commissioner

To declare a Public Health Emergency, the MPH Health Commissioner, or delegate, will coordinate with MCEM&HS to ensure declaration procedures are accomplished following guidance provided in the ***Marion County Emergency Operations Plan***.

Marion County Emergency Management and Homeland Security

The Marion County Office of Emergency Management and Homeland Security has the authority to issue a county-wide emergency. In addition to their responsibility to obtain needed resources from the State, their responsibilities include: 1) activating the ***MCEM&HS Marion County Basic EOP***, 2) activating and operating the Marion County EOC, and 3) activating the Joint Information Center.

10.2.2 PRESIDENTIAL DECLARATION OF DISASTER OR EMERGENCY

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.

10.2.3 SECRETARY OF HHS PUBLIC HEALTH EMERGENCY DECLARATION

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 III

11.0 PLAN DEVELOPMENT AND MAINTENANCE

11.1 Plan Formatting

All plan components will align with the definitions, organization and formatting described below. Additionally, use both appropriate terminology for access and functional needs and person-first language throughout the ERP, consistent with the standards described in ***Appendix 5 – Communicating with and about Individuals with Access and Functional Needs.***

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

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

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

49

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

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

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

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

Annex: Something added to a primary document, e.g., an additional plan, procedure or protocol, to expand the functionality of the primary document to which it is attached; it is distinguished from both an attachment and an appendix in that it can be developed independently of the primary document and, thus, is considered an expansion of the primary document and not merely a supplement or a complement.

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

11.2 Review and Development Process

The Emergency Preparedness Program is responsible for updating and revising the MPH ERP. The EP Program shall address revisions to the ERP Basic Plan, as well as revision or development of any other ERP components. The Emergency Preparedness Planner will form a collaborative, multidisciplinary planning team. This committee, the Preparedness Committee, will include representatives from across and outside of the agency, including staff from the following divisions:

- o Administration
- o Nursing
- o Environmental Health
    - ▪ Marion County Medical Reserve Corps (volunteers)
- o Maternal Child Health
- o Representative(s) for access and functional needs
- o Subject Matter Experts (SMEs) both internal and external to MPH

Revisions will be determined on an annual revision schedule and applicable AAR/IP identified gaps and lessons learned through exercise and real-word events, or by the direction of the MPH Health Commissioner or the applicable Subject Matter Expert will be incorporated into the revisions of the ERP, documented as directed by the Emergency Preparedness Planner. A change in law, development of new partnerships or agreements, or new standards or measures in grants or other guidance documents could also warrant an update of the ERP. 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 the annual review process/revision meetings and how identified findings may be incorporated into the ERP Basic Plan or corresponding annex, appendices, or attachments.

The MPH Preparedness Committee will develop an achievable work plan by which content will be developed, vetted and reviewed prior to final submission. The collaborative team will identify the needs for improvement and update the plan component(s). Once the planning team has prepared the plan revisions, the components will be submitted to the Director of Nursing. Any feedback will be incorporated and then the updated document will again be submitted to the Director of Nursing for endorsement and approval.

Once these elements are identified, revised processes are developed for improvement or replacement. In order to maintain transparency and a record of collaboration, MPH will conduct quarterly meeting with cross divisional staff members selected by Directors. Each meeting will focus on a variety of preparedness topics, to ensure agency wide involvement in emergency preparedness. All topics, discussions, and key elements will be provided to all staff in either an electronic or hard copy format. MPH will record and maintain all agendas and meeting minutes of all Preparedness Committee meetings. The agendas and meeting minutes may be accessed by request to the Nursing Director by any MPH staff member.

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

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 Emergency Preparedness Planner or designee.

11.3 Review and Adoption of the ERP – Basic Plan and its attachments

The basic plan and its attachments shall be reviewed by the Preparedness Committee and endorsed by Directors and 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. The review will also ensure that the plan meets all requirements set forth in the Federal, State, and local standards, including NIMS, National Response Framework (NRF).

Any program may initiate changes to the basic plan and its attachments by submitting the proposed changes to the Emergency Preparedness Committee for presentation during the annual review.

Proposed changes may be approved for use in response activities by the Nursing 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.

11.4 Review and Adoption of Appendices to the Basic Plan

Because appendices are complementary to the basic plan, they may be approved for inclusion, revision or expansion by the Emergency Preparedness Planner. Any program may initiate changes to appendices by submitting the proposed changes to the ERP. All appendices should be reviewed by Health Commissioner upon inclusion, revision or expansion, but it is not necessary, at any time, for the Senior Staff group or the Health Commissioner to approve appendices.

Each appendix is assigned to a specific MPH staff member who serves as a subject matter expert, and whose knowledge of that appendix is appropriate to allow them authority to maintain and update respective documents as appropriate.

11.5 Development and adoption of Annexes and its Attachments

Once adopted, annexes and their attachments shall be reviewed annually or in between formal approvals of new basic plan drafts by the Health Commissioner. Changes that occur between annual reviews will be approved by the EP Planner or designee. Development and adoption will be facilitated by the EP Program and conducted by the Emergency Preparedness Committee review team, which will be comprised of the aforementioned members. 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 program 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 EP Planner or the review committee outside the review cycle; such approval is only valid until the annual review, after which the review committee must have adopted the proposed changes for their continued use in response activities to be allowable.

11.6 Development and adoption of Appendices to an Annex

Because appendices to annexes are complementary, they may be approved for inclusion, revision or expansion by the EP Planner or review committee at any time. Any program 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 committee upon inclusion, revision or expansion, but it is not necessary, at any time, for those reviewers to approve appendices before they are added to an annex.

11.7 Version Numbering and Dating

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

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

11.8 Plan Formatting

For plan formatting, see *Appendix 10 – MPH Plan Style Guide*.

11.9 Plan Publishing

The disclosure of information in this plan could compromise the security of essential equipment, personnel, services, and systems of Marion Public Health when required to carry out essential emergency responsibilities. Distribution of this Basic Emergency Operations Plan in its entirety is limited to those who need to know the information in order to successfully activate and implement the plan. They are listed in the plan under "Record of Distribution".

Portions of this plan contain information that may raise personal privacy or other security concerns, and those portions may be exempt from mandatory disclosure and may be considered secure documents. See Ohio Revised Code 149.433.

This Emergency Response Plan is posted on the Marion Public Health website located at http://www.marionpublichealth.org/emergency-preparedness/ it is the responsibility of the Health Commissioner, and is the method provided for public input. The newly updated ERP will be uploaded to the MPH website by February 1, 2018 and will be replaced every three years. Updates to the ERP based on public feedback will be determined if applicable by the Heath Commissioner and Senior Leadership.

12.0 DOCUMENT DEFINITIONS AND ACRONYMS

Definitions and acronyms related to the MPH ERP Base Plan are in *Appendix 11 – Definitions & Acronyms.*

13.0 AUTHORITIES

The following list of Authorities and References includes Executive Orders, Agency Directives, statutes, rules, plans and procedures that provide authorization and operational guidelines for the allocation and assignment of local resources in response to emergencies.

13.1 Federal

- "The Robert T. Stafford Disaster Relief and Emergency Assistance Act", as amended, 42 U.S.C. Sections 5121, et seq.
- Executive Order 12148, Formation of the Federal Emergency Management Agency
- Executive Order 12656, Assignment of Federal Emergency Responsibilities
- Homeland Security Presidential Directive #5 (HSPD-5), Management of Domestic Incidents, 2003
- Homeland Security Presidential Directive #8 (HSPD-8), National Preparedness, 2003
- Presidential Policy Directive 8 (PPD-8), National Preparedness, 2011

13.2 State & Local

ODH authorities are detailed in ODH ERP *Appendix 14 - ODH Authorities.* They include:

- Infectious Disease Control
- Emergencies
- Management of People

- Monetary
- License and Regulatory Authority
- Support Services
- Registries
- General Confidentiality

MPH local authorities include:

- Infectious Disease Control & Emergencies
- License and Regulatory Authority
- General Confidentiality

Additional information regarding the Ohio Revised Code may be found at the following link: http://codes.ohio.gov/orc/

14.0 REFERENCES

14.1 Federal

1. National Response Framework (NRF), 2016
2. The National Incident Management System (NIMS), 2008
3. ICS Forms Manual
4. FEMA ESF 8
5. Public Health Capabilities List
6. Operational Readiness Review Guidance

14.2 State & Local

1. State EOP Base Plan
2. ODH PHEP CDC Logic Model
3. MCEM&HS Emergency Operations Plan (EOP)
4. Marion Public Health Continuity of Operations (COOP) Plan
5. Marion County Medical Reserve Corps Plan
6. Tactical Interoperable Communications Plan (TIC Plan)
7. Central Ohio Region Public Health: Regional Coordination Plan (CORPH RCP)

Section IV

List of Attachments

Attachment I – Initial Incident Assessment Standard Operating Procedure

Attachment II – Initial Threat Assessment Form

Attachment III – ERP Activation Standard Operating Procedure

Attachment IV – ERP Activation and Notification Decision Matrix

Attachment V – Incident Action Plan Template

Attachment VI – Development of an After Action Report/Improvement Plan (AAR/IP) and Completion of Corrective Actions

Attachment VII – Operational Schedule Form

Attachment VIII – Situation Report Template

Attachment IX – Battle Rhythm Template

Attachment X – Shift Change Briefing Template

Attachment XI – Incident Documentation Guide

Attachment XII – IMAC Request and Fulfillment Process.

Attachment XIII – DOC Activation Standard Operating Procedure

Attachment XIV – Authorized Incident/Department Commanders for MPH

Attachment XV – Deployment Manual

List of Appendices

Appendix 1 – Roles of Federal Agencies in Emergency Support Functions

Appendix 2 – MPH CMIST Profile

Appendix 3 – The Planning Process

Appendix 4 – Incident Objective Planning

Appendix 5 – Communicating with and about Individuals with Access and Functional Needs

Appendix 6 – EEI Requirements

Appendix 7 – External POCs

Appendix 8 – Internal MPH Program Topic POCs

Appendix 9 – Partner Contact Information

Appendix 10 – MPH Plan Style Guide

Appendix 11 – Definitions & Acronyms

Appendix 12 – Plan Activation Form

Appendix 13 – Incident Assessment Form

Appendix 14 – MPH Social Vulnerability Index Score

Appendix 15 – National Incident Management System (NIMS) 2017 Refresh