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INTRODUCTION

LETTER OF PROMULGATION

APPROVAL AND IMPLEMENTATION

The Clermont County Public Health (CCPH) Emergency Response Plan (ERP) replaces and supersedes all previous versions of the SHD 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 state. This plan may be implemented as a stand-alone plan or in concert with the Clermont County Emergency Operations Plan (County EOP) when necessary.

EXECUTIVE SUMMARY

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

For an in-depth description of the NIMS refresher please refer to Appendix 20 National Incident Management System (NIMS) 2017 Refresh

The plan assigns roles and responsibilities to CCPH program areas and specific response teams housed within these programs for responding to emergencies and events. The basic plan of the ERP is not intended as a standalone document but rather establishes the basis for more
detailed planning by CCPH staff in partnership with internal and external subject matter experts and community stakeholders. The ERP Basic Plan is intended to be used in conjunction with both the more detailed annexes and attachments included as part of this document or with the ERP standalone plans. Additionally, the ERP is designed to work in conjunction with the Clermont County Emergency Operations Plan.

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

The Clermont County Public Health (CCPH) Emergency Response Plan (ERP) establishes the basis for coordination of CCPH resources and response to provide public health and medical services during an emergency or disaster. This plan will be activated any time during public health response activities where normal emergency response process and capabilities become overwhelmed or where it is determined there is need for coordination of response and preparedness operations due to complexity or duration of events. CCPH coordinates local, regional and federal health and medical assistance to Clermont County to meet the needs identified by the affected local authorities.

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

This ERP is hereby adopted, and all CCPH divisions are directed to implement it. All previous versions of the CCPH ERP are hereby rescinded.

______________________________  6/16/20
Julianne Nesbit                  Date
Health Commissioner, Clermont County Public Health
RECORD OF CHANGES

The Health Commissioner authorizes all changes to the Clermont County Public Health Emergency Response Plan – Basic Plan (CCPH ERP—Basic Plan). Change notifications are sent to those on the 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.
4. File copies of change notifications behind the last page of this EOP.

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<td>Mackinzie Dickman</td>
<td>Emergency Response Coordinator</td>
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Version Number: 1.1

ERP 2018 Updates for PHEP Grant
1. Added information on when and how Board of Health will be contacted (Pg. 31)
2. Updated the Cost Recovery Section (Pg. 57-58 & 60)
3. Added list of MOU/MOA and Contracts (Pg. 63)  
4. Updated Appendix 20 CCPH Contact List (Pg. 45)  
5. Updated General Staffing Section (Pg. 74-75)  
6. Updated the IMAC and EMAC Section (Pg. 69-70)  
7. Added Clermont County Floodplains Map and Social Vulnerability Index (Pg. 18 & 24-28)  
8. Added Psychological First Aid (Pg. 72-73)  
9. Updated the Expedited Administrative and Financial Action Section (Pg. 61-62)  
10. Updated Essential Elements of Information Section (Pg. 52)  
11. Added information on Interface between ESF8 and the HealthCare Coalition (Pg. 48-50)  
12. Added CCPH Roles and Responsibilities that directly support HCC members during response and recovery (Pg. 33-34)  
13. Updated Appendix 2 Clermont County CMIST Profile (Pg. 22)  
14. Added Appendix 20 National Incident Management System (NIMS) 2017 Refresh (Pg. 7)  
15. Added Record of Change Table (Pg. 10)

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<td>3</td>
<td>6/2/2020</td>
<td>Tim Kelly</td>
<td>Assistant Health Commissioner</td>
</tr>
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</table>

| Version Number: 1.3 | 1. Updated the Record of Change (Pg. 12)  
|                     | 2. Updated the ERC (Pg. 13)             
|                     | 3. Added IAPs/Support Plans to SITREPS as documents made available to response personnel (Pg. 47-48)  
|                     | 4. Updated CMIST profile                
|                     | 5. Added reference to Annex J – Volunteer and Donations Management (Pg. 75) |
## RECORD OF DISTRIBUTION

A single hard copy of this *Ohio Department of Health Emergency Response Plan (CCPH ERP)* is distributed to each person in the positions listed below.

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Division</th>
<th>Title</th>
<th>Name</th>
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<tr>
<td>Administration</td>
<td>Health Commissioner</td>
<td>Julianne Nesbit</td>
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<tr>
<td>Administration</td>
<td>Assistant Health Commissioner</td>
<td>Tim Kelly</td>
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<td>Nursing</td>
<td>Director</td>
<td>Jackie Lindner</td>
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<tr>
<td>Environmental Health</td>
<td>Director</td>
<td>Maalinii Vijayan</td>
<td></td>
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<tr>
<td>Nursing</td>
<td>Supervisor</td>
<td>Angela Lipps</td>
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<tr>
<td>Administration</td>
<td>ERC</td>
<td>Tyler Braasch</td>
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<tr>
<td>Nursing</td>
<td>Communicable Disease Nurse</td>
<td>Jennifer Bauer</td>
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<td>Administration</td>
<td>Communications Coordinator</td>
<td>Keith Robinson</td>
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<td>Nursing</td>
<td>Epidemiologist</td>
<td>Tara Jimison</td>
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<tr>
<td>Administration</td>
<td>Medical Director</td>
<td>Dr. James Kaya</td>
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</tr>
<tr>
<td>EMA</td>
<td>Director</td>
<td>Pam Haverkos</td>
<td></td>
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</table>

This plan is available to all agency staff via the CCPH intranet site in electronic format, and three copies can also be found at Permit Central.
and the Nursing Division and one copy at the Emergency Operations Center in hard copy format. Staff may view the plan via the intranet at any time or request to view one of the available hard copies.
SECTION I

1.0 PURPOSE

Clermont County Public Health (CCPH) has developed this *Emergency Response Plan – Basic Plan (ERP)* in order to support CCPH’s mission of striving to improve Clermont County by preventing disease, promoting health, and protecting the environment, even during emergencies. This plan was developed to operationalize the execution of CCPH’s mission in emergencies by providing the direction to plan for and respond to natural, technological and man-made incidents with a health impact so that negative health impacts are prevented, reversed or minimized through response.

This *ERP* is organized in three (3) principle sections designed to guide a response at CCPH. 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 CCPH. 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 CCPH ERPs, plans and annexes are developed.

The CCPH 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 CCPH 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 **Clermont County Emergency Operations Plan (Clermont County EOP)**, other CCPH plans, or annexes.

### 2.0 SCOPE AND APPLICABILITY

This plan pertains to Clermont County Public Health (CCPH) and all of its divisions, and program areas. This plan is always in force and is activated whenever an incident impacts public health and/or medical systems anywhere within Clermont County and requires a response by CCPH greater than day-to-day operations.

The scope of this plan is not limited by the nature of any particular hazard. This plan is written to apply with equal effectiveness to all hazards that impact public health and healthcare, whether they are infectious or noninfectious, intentional or unintentional, or threaten the health of Clermont County residents. The CCPH ERP incorporates NIMS and connects agency response actions to responses at the local, state and federal levels. This plan directs appropriate CCPH response operations to any incidents that either impact, or could potentially impact, public health or healthcare within Clermont County or require CCPH to fulfill its roles described in the Clermont County EOP.

The County EOP describes the high-level responsibilities of all county agencies in response to incidents in Clermont County. The CCPH ERP supports the County EOP through direction of CCPH response activities, and provides needed detail for operations at the agency level. It describes the roles and responsibilities of CCPH Divisional emergency response. CCPH has responsibilities in the County EOP for Emergency Support Function #8 (ESF). CCPH’s roles and responsibilities can be found on the CCPH Intranet at: [http://ema.sites.clermontcountyohio.gov/wp-content/uploads/sites/6/2016/08/base-plan-final.pdf](http://ema.sites.clermontcountyohio.gov/wp-content/uploads/sites/6/2016/08/base-plan-final.pdf)
The CCPH ERP incorporates NIMS and connects agency response actions to responses at the local, state and federal levels.

This plan does not address issues related to continuity of operations (COOP) planning at CCPH. All continuity issues are addressed through the Clermont County Public Health Continuity of Operations Plan.

Additionally, the coordination of risk communications, i.e. public information, is not directed by this plan. Coordination of risk communications is directed by the Clermont County Public Health Risk Communications Plan. However, tactical communications, i.e. communications between command and support elements, is addressed in the ERP, primarily in the Annex A: Tactical Communications.

3.0 SITUATION

Clermont County is composed of 2 cities, 14 townships, and 11 villages. According to the 2016 population estimate by the United States Census, Clermont County is the 13th most populous county in the Ohio, with a population of 203,022 with the highest concentration residing in Miami and Union Townships. The county seat is located at the Village of Batavia. The County is a blend of rural and suburban, with higher density and growth along Interstate 275. Clermont County is part of the Cincinnati metropolitan statistical area (MSA) that has received funding through the Cities Readiness Initiative (CRI).

Geographically, Clermont County is in the southwest region of Ohio and is ranked 42th-largest by area with a total land area of 460 square miles. The County’s southern border is defined by the Ohio River, and much of the northwestern border is defined by the Little Miami River. The County is bordered by Brown County to the east, Warren and Clinton Counties to the north, Hamilton County to the west, Bracken
County, KY to the south and Pendleton and Campbell Counties, KY to the southwest.

Historically, Clermont County has experienced a multitude of events caused by ongoing threats and hazards. The Clermont County Emergency Management Agency (EMA) reports 16 major emergency events in the county have received disaster declarations since 1959. These events have impacted public health and medical services in the past and continue to pose a threat to health security for the County residents.

The Ohio Hazard Identification and Risk Assessment (HIRA) ranks Ohio hazards in order of the greatest to least in terms of total risk. The following are the top ten hazards for Clermont County (ranking score in parenthesis):

1. Riverine Flooding (27.00),
2. Windstorm/tornado (26.25),
3. Flash flood/seiche (23.75),
4. Snow/ice/hail/sleet (23.25),
5. Disease Human (22.00),
6. Water Control Structure Failure (22.00),
7. Disease –Animal (21.50),
8. Building/structure collapse (20.75),
9. Terrorism (20.00) and
10. Explosion/Fire (19.75).
Below is a map of floodplains in Clermont County:

All hazards could lead to impacts on health, which may require CCPH to respond using this plan. Potential impacts include the following:
• Community-wide limitations on maximal health for residents;
• Widespread disease and illness;
• Newly emerging diseases in Ohio;
• Heat-related illnesses and injuries;
• Hypothermia;
• Dehydration;
• Widespread injuries or trauma;
• Overwhelmed medical facilities;
• Insufficient resources for response, especially medical countermeasures;
• Insufficient personnel to provide adequate public health response;
• Development of chronic health conditions within a population;
• Lasting impairments of function or cognition;
• Development of birth defects;
• Premature death.

Clermont County could be impacted by incidents that originate in any of its surrounding counties, on the Ohio River, or are carried to the county through the Clermont County Airport or along any of the major highways and thoroughfares. Examples of such incidents include infectious disease outbreaks, riots, terrorist acts, chemical or radiological releases, and drinking water disruptions.

Ohio has responded to numerous public health and medical incidents in recent years. Among them are the following:
2005 Cryptosporidiosis outbreak—over 200 cases identified during the outbreak, which lasted from early August 2005, through mid-November 2005;

2009-2010 H1N1—from April 19, 2009 to March 10, 2010, planning efforts began state-wide and within CCPH to identify approach/issues concerning the outbreak. CCPH began H1N1 education and vaccination campaign to include those individuals with the CDC target groups and eventually the entire population.

2012 Norovirus Outbreak—from October 31, 2012 to November 1, 2012, a norovirus outbreak occurred a Batavia Elementary School resulting in absenteeism reaching 20% with close to 200 hundred students and staff being ill.

2013-2014 Pertussis Outbreak—Between October 1, 2013 and February 1, 2014 Clermont County experienced an outbreak of Bordetella pertussis, resulting in a total of 176 confirmed, probable, and suspected cases.

To review the CCAHMP follow:

Given that Clermont County is the 13th most populous county in Ohio, and is adjacent to 3rd and 12th populous counties, there are diverse events that reoccur yearly (e.g., county fairs, shows, concerts, festivals, college and professional sports teams, etc.), with occasional nationally recognized events. An incident that occurs at any major event may significantly affect public health and medical services both within the hosting county and have cascading effects potentially across adjacent counties, the region, or statewide depending on the nature of the incident.

There are two professional sports teams that regularly host games in the metropolitan city of Cincinnati. There are also numerous university athletic programs which host regular games at their
respective locations. Athletic stadiums may hold anywhere from 35,000 to 70,000 spectators.

In addition to athletic teams, the area is home to corporate employers with large number of employees throughout these counties’ populous metropolitan areas and has a number of musical venues where large numbers of residents and tourists may congregate.

CCPH personnel refer daily to the Ohio Homeland Security (OHS)/Strategic Analysis Information Center (SAIC) Ohio Daily Briefing for a list of events occurring within Ohio. Events and festivals occurring in Ohio can also be found on the “Ohio. Find it Here.” website at http://www.ohio.org/interests/festivals-events.

The Southwest Ohio Public Health Region (SWOPHR) currently has a total of 21 hospitals. Two (2) hospitals across the region are Children’s hospitals, and two (2) hospitals have burn surge capabilities. Following the 2014 Ebola virus epidemic in West Africa, the State of Ohio was granted federal funds to establish Ebola Assessment Hospitals (EAHs) which there are three in the region.

For an in-depth list of the above hospitals with special capabilities, please refer to Appendix 15 – Southwest Ohio Region Hospitals with Special Capabilities.

In an effort to foster preparedness planning and coordination in the state, ODH has established eight (8) regions within Ohio by which planning is conducted. These planning regions are derived from the Ohio Homeland Security Regions. Clermont County is in the Southwest Ohio Region 6 which has a regional healthcare coalition that is an integral part of emergency preparedness planning and emergency response activities. (See Appendix 1 - Ohio PHEP and HPP Regional Map.) The health care coalition community works together to prepare for, respond to and recover from disasters.

Many health-related impacts are beyond the scope of CCPH alone and require involvement of other county partners with responsibilities for
addressing incidents with impacts on health. These agencies and organizations comprise Emergency Support Function (ESF)-8 Public Health and Medical Services in the region.

As part of ESF-8, CCPH partners with a wide range of organizations, including other local health departments/districts (LHDs), public and private healthcare organizations, the business and medical communities, and other state and federal agencies. State, federal and local agencies, may perform response operations in either a primary or support role depending on the incident type, severity and scale. CCPH may partner with the following agencies during response:

- Local American Red Cross chapter
- Clermont County Mental Health and Recovery Board
- Clermont Transportation Connection
- Clermont County law enforcement agencies
- Mercy Health – Clermont Hospital
- Other non-governmental organizations in a supporting response role
- Clermont County Coroner’s Office
- Clermont County Developmental Disabilities
- Clermont County Emergency Management Agency
- Clermont County Engineer’s Office
- Clermont County departments
- Clermont County EMS providers

In addition to ESF-8, CCPH has responsibilities in other ESFs during a response. Table 1 page 27 of the Clermont County EOP Base Plan details Primary and Support Agencies by ESF: http://ema.sites.clermontcountyohio.gov/wp-content/uploads/sites/6/2016/08/base-plan-final.pdf

Delineation of responsibilities at the state level can be found in Tab A of the Ohio EOP Base Plan which details Primary and Support Agencies by ESF, Annex and Other. The tab can be found on the Ohio EMA website at: http://ema.ohio.gov/Documents/Ohio_EOP/D%20PRIMARY%20AND%20SUPPORT%20AGENCIES%20-%202013.pdf.

Delineation of responsibilities at the federal level can be found in Appendix 15 – Roles of Federal Agencies in Emergency Support Functions. This information can also be accessed at
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 Clermont County have been detailed in Appendix 2 – Clermont County CMIST Profile. Potential impacts from an incident may require CCPH to respond by initiating or supporting the following activities to address an incident:

- Prophylaxis and Dispensing
- Epidemiological Investigation and Surveillance
- Infection Control
- Morgue Management
- Medical Surge
- Prevention

As the county’s only health agency, CCPH works with partners to ensure that all such efforts, as well as any others to mitigate, plan for, respond to and assist in the recovery from hazards, adequately serve individuals with access and functional needs. (See section 5.3.9 for additional details.)
Below are the social vulnerability index (SVI) scores for Clermont County:

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<th>COUNTY</th>
<th>FIPS</th>
<th>LOCATION</th>
<th>Socioeconomic Score</th>
<th>Housing Composition and Disability Score</th>
<th>Minority Status and Language Score</th>
<th>Housing and Transportation Score</th>
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4.0 ASSUMPTIONS

- The Clermont County is vulnerable to hazards, which may lead to emergencies or disasters.

- The Clermont County Public Health (CCPH) response may be necessary to support other local agencies affected by a variety of hazards and incidents.

- An incident may occur with little or no warning.

- To ensure appropriate public health response, CCPH must be prepared to respond to any incident with the ability to impact health in Clermont County.

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

- Every communicable-disease incident globally has the potential to impact Clermont County.
• CCPH may have to make provisions to continue response operations for an extended period of time as dictated by the incident.

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

• Responses will be different in each jurisdiction because of “Home Rule,” which is a confounding factor for response and affects the responding partners in each jurisdiction.

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

• Plans are the best means of managing the common elements of incidents.

• In addition to CCPH, resources from local, regional, State, and Federal governments and from private or volunteer organizations may also be engaged during an incident.

• Additional assistance may be available in a declared disaster or emergency.

• Most incidents to which CCPH responds will not result in a declaration.

• Incidents can affect CCPH staff, volunteers, vendors, partners, and the families of each group, impacting the Agency’s ability to respond.

• CCPH may have incomplete information, as it must rely on federal, state and local partners to provide some critical details during response.

• CCPH may receive competing requests for support beyond its available resources.
• The resources needed for an effective response (e.g., vaccine or personal protective equipment) may be unavailable or in limited supply.

• Incidents may require more or different resources than what CCPH has readily available.

• Although great care has been taken to provide direction for CCPH response activities, it is impossible to account for all contingencies, and the leadership in the response organization must rely on their best judgment when the plan does not directly address a particular issue.

• Every component of the CCPH ERP will work effectively during response, unless testing or implementation proves otherwise.
SECTION II

5.0 CONCEPT OF OPERATIONS

5.1 ORGANIZATION AND RESPONSIBILITIES

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

5.1.1 HEALTH COMMISSIONER OR DESIGNEE

As the lead health official for Clermont County Public Health, it is under the authority of the Health Commissioner that the agency responds to incidents.

During incident response, the Health Commissioner or designee has the following responsibilities:

- Inform the Board of Health (BOH) and County Commissioners of actual or potential health emergencies;
  - The BOH will be notified by phone, email, or in person. Unless delegated, this outreach is made by the Health Commissioner. At a minimum, the BOH President, Chairperson, or other executive leadership position, will be contacted to inform the board of the incident and response operation initiation.
- Set policy and guidance for CCPH and the Clermont County health response;
- Except when unreachable, determine the need to activate the CCPH ERP;
• Take the role of Incident Commander (IC)/Department Coordinator (DC) or authorize a staff to lead agency response;

• Monitor the response progress through briefings and updates on the situation;

• Provide additional guidance and direction to CCPH response staff, as needed;

• Designate a liaison to represent CCPH at the County EOC, as necessary;

• Engage other local health commissioners, as appropriate;

• Engage the state and federal governments to request public health and medical resources support on behalf of Clermont County.

5.1.2 MEDICAL DIRECTOR

As the lead health expert for CCPH, the CCPH Medical Director could be engaged in any incident response. During response, the Medical Director’s Office responsibilities include the following:

• Provide medical consultation to the Health Commissioner, the response personnel and other CCPH staff;

• Inform medical policy and guidance for CCPH and countywide health response;

• Engage county partners regarding medical decisions and guidance;

• Represent CCPH at the County EOC, as necessary;

• Engage other local health commissioners, as appropriate;

• Engage state government on matters that require their consultation or clarification of existing guidance;
5.1.3 EMERGENCY PREPAREDNESS PROGRAM

The Emergency Preparedness Program (EPP) has the primary responsibility for coordinating emergency preparedness and response for Clermont County Public Health. The Health Commissioner (HC) has primary responsibility for facilitating the activation of the ERP and the department operations center (DOC). Once the ERP is activated, the HC will assign the planning functions in the incident organization; these functions will primarily be assigned to the Emergency Response Coordinator.

If the HC is unavailable or chooses to delegate these responsibilities, they may be successively facilitated by the Assistant Health Commissioner.

5.1.4 COMMON RESPONSIBILITIES FOR CCPH

All CCPH staff is considered essential for public health emergency response and disaster recovery.

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.
- Support execution of activated ERP components.
- Support execution of the County EOP; the CCPH responsibilities are listed in Table 1 page 27 of the County EOP.

5.1.5 CCPH ROLES AND RESPONSIBILITIES TO SUPPORT THE HEALTHCARE COALITION

CCPH is a member of The Greater Cincinnati Disaster Preparedness Coalition (GCDPC). GCDPC’s overarching role is to support the health of the community as whole and responsible for control of scare supplies. CCPH may also:
• Support epidemiologic training and investigation;
• Support prevention strategies;
• Assist public communication and outreach tools;
• Provide guidance on legal authorities of surveillance, investigation, enforcement, declaration of emergency;
• Support scare resource access (stockpiles, etc.).

During and after a response, CCPH may support GCDPC by the following:
• Information sharing with GCDPC;
• Conduct assessments of public health/medical needs;
  o Health surveillance
  o Medical surge
• Provide health/medical/veterinary equipment and supplies;
• Assist with patient movement;
• Provide public health and medical information;
• Assist with mass fatality management;
• Support facility operations through provision of expedited inspections.

Actively participate in a coordinated response between the healthcare and public health sectors for successful management.

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:
1. The Health Commissioner or an authorized designee 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.

2. Response personnel employ the entire process described in this section of this plan and present their recommendation for activation to the Health Commissioner or authorized designee. Barring deactivation by the Health Commissioner, response personnel then complete identified response actions. In the event the Health Commissioner or designee is unreachable, response personnel will proceed with the response unless deactivated by the Health Commissioner or designee.

Activation of the ERP marks the beginning of the response.

5.2.1 INCIDENT DETECTION

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

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

- Anticipated impact on or involvement of divisions beyond those currently involved, with an expectation for significant, intra-agency 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 CCPH;
- CCPH has received or anticipates a request for support from a local or state agency that goes beyond the normal level of support from the applicable divisions;
- Although CCPH is already engaged, resources or support from outside the agency are needed to effectively manage the incident;
- Significant or potentially significant mortality or morbidity;
- Clermont County EMA has activated the EOC to a level above daily operations.

5.2.2 INCIDENT ASSESSMENT

Once the incident is verified, Division Directors will immediately inform the Health Commissioner of any incident that they believe is likely to require activation of the ERP which is the first step in the Procedure section of Attachment II - Initial Incident Assessment Standard Operating Procedure. This notification will trigger the Initial Incident Assessment Meeting, which must take place via phone or face-to-face within 1 hour of the initial detection of the threat.

Incident assessment will be repeated throughout the response to ensure that CCPH remains appropriately engaged.

5.2.3 ACTIVATION

The Initial Incident Assessment Meeting supports the completion of Attachment III - Initial Threat Assessment Form to determine the Activation Level. After determining the necessary activation level during the Initial Incident Assessment Meeting, activation of the plan will occur through utilization of Attachment IV - ERP Activation Standard Operating Procedure.

Activation levels and their associated recommended minimum staffing levels are details in the table on the next page.
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<th>Activation Level</th>
<th>Description</th>
<th>Minimum Command Function &amp; Staffing Recommendations</th>
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| **Assessment & Monitoring** | • An emergency with limited severity, size, or actual/potential impact on health or welfare but that cannot be handled at the programmatic level  
• Requires a minimal amount of coordination and agency engagement to conduct response; situational awareness and limited coordination are the primary activities  
• Examples: Power outage in a nursing home; water disruption requiring limited county support | •Response Lead (1)  
•Public Information Officer (1)  
•Situational Awareness (1)  

Consider activation of the DOC  

County EOC unlikely to be activated |
| **Partial Activation** | • An emergency with moderate-to-high severity, size, or actual/potential impact on health or welfare  
• Requires significant coordination and agency engagement to conduct response, likely with significant engagement from other county partners; County EOC may be activated  
• Examples: Widespread radiation contamination in a facility; multicounty disease outbreak requiring significant county support; water disruption requiring substantial county support and guidance | •Response Lead (1)  
•Public Information Officer (1)  
•Partner engagement (1)  
•Situational Awareness (2)  
•Planning Section Chief (1)  
•Operational Section Chief (1)  
•Logistics Section Chief (1)  
•Admin and Finance Section Chief (1)  
•Staffing Support (1)  

DOC activation required  

County EOC may be activated |
| **Full Activation** | • An incident with extensive severity, size, or actual/potential impact on health or welfare; may be of such magnitude that the available assets that were put in place for the response are completely overwhelmed  
• Requires an extreme amount of coordination and agency engagement to conduct response; almost certain engagement of multiple county partners; County EOC most likely activated  
• Examples: Peak of a pandemic influenza response; mass casualty incident from chemical plume; bioterrorism attack | FULL STAFFING:  
• Response Lead (1)  
•All Staff  
• All other functions and positions, as identified by activated plans  

In addition to the activation of the above response organization, engagement of county/state partners recommended.  

DOC activation required  

County EOC activated |
Execution of the ERP may require staff mobilization and activation of the CCPH Department Operations Center (DOC). The CCPH DOC is a location where the agency’s response personnel can be collocated to promote coordination of response activities. Activation of the DOC is described in Attachment V - DOC Activation Standard Operating Procedure.

5.3 COMMAND, CONTROL, AND COORDINATION

CCPH 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 with the policies and procedures detailed in this plan.

5.3.1 INCIDENT COMMAND AND MULTIAGENCY COORDINATION

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

5.3.2 INCIDENT COMMANDER

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

When leading the incident, CCPH uses the ICS title Incident Commander (IC); when supporting the response, CCPH uses the title Department Coordinator (DC). The IC/DC role will be filled by the Health Commissioner or authorized designee.
5.3.3 BASIC AUTHORITIES FOR RESPONSE

Basic authorities define essential authorities vested in the IC. 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-state travel for response personnel;
- IC/DC may authorize exempt staff to work a schedule other than their normal schedule, as needed;
- IC/DC may approve incident expenditures totaling up to $5,000 per item. See the limitation section immediately below for the process for approving expenditures beyond this amount.

LIMITATIONS OF AUTHORITIES

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

- The IC/DC if not the HC must engage the HC when staffing levels begin to approach any level that is beyond those pre-approved within this plan. Human Resources must authorize engagement of staff beyond those pre-approved levels;
• The IC/DC if not the HC may not authorize bargaining unit staff to work a schedule other than their normal schedule without prior authorization by the HC. 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 if not the HC must adhere to the policies of CCPH regarding overtime/comp-time and should clarification on these policies or exemption be required, the IC/DC must engage the HC;

• The IC/DC must seek approval from the Board of Health for incident expenditures totaling $5,000 or more per item which would be considered a capital expenditure. This is to be understood as the total cost for a single item not the total incident expenditure.

5.3.4 INCIDENTS WITH CCPH AS THE LEAD AGENCY

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

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

CCPH 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 CCPH IS INTEGRATED INTO AN ICS STRUCTURE LED BY ANOTHER AGENCY

For incidents in which CCPH is integrated into an existing ICS structure led by another agency, CCPH provides personnel and resources to support that agency’s response. CCPH staff may be assigned to assist local government 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 CCPH staff may serve in any ICS role, except for Incident Commander.

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

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

5.3.6 INCIDENTS WITH CCPH IN A SUPPORTING ROLE

For incidents in which CCPH is a support agency, the Incident Commander is supplied by another agency. For these incidents, CCPH assigns a DC who coordinates the agency’s support of the incident. Support activities include the following:
• Support incident management policies and priorities through the provision of guidance or resources.

• Facilitate logistical support and resource tracking.

• Inform resource allocation decisions using incident management priorities.

• Coordinate incident-related information.

• Coordinate and resolve interagency and intergovernmental issues regarding incident management policies, priorities, and strategies.

If the County EOC is activated, the CCPH DC coordinates all agency actions that support any ESFs in which CCPH has a role. In such incidents, the DC will ensure that all CCPH actions to address incidents for which the County EOC is activated are coordinated through the County EOC. Interface between the agency and the County EOC is further detailed in Attachment VI - Interface between CCPH and the County EOC Standard Operating Guide.

5.3.7 LEGAL COUNSEL ENGAGEMENT

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

• Isolation and quarantine,

• Drafting of public health orders,

• Execution of emergency contracts,

• Immediate jeopardy,

• Any topic that requires engagement of local legal counsel,

• Protected health information,
• Interpretation of rules, statutes, codes and agreements,
• Other applications of the authority of the Health Commissioner,
• Anything else for which legal counsel is normally sought.

Clermont County legal counsel is integrated at the outset through the activation notification. There are no internal approvals required to engage Clermont County legal counsel; the IC/DC, their designee or Division Director who normally engage legal may reach out. Contact information for CCPH legal counsel can be found in Appendix 3 - Contact List.

5.3.8 INCIDENT ACTION PLANNING/SUPPORT PLANNING

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

• What do we need 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 VII - Incident Action Plan Template.

For the documents included in an SP, see Attachment XVIII - Support Plan Template.

For additional information on the planning process, see Appendix 5 - The Planning Process.

5.3.9 ACCESS AND FUNCTIONAL NEEDS

CCPH coordinates response actions with other county and partner agencies to ensure that access and functional needs are appropriately addressed during response which includes the following:
• Evaluation of impacted area to identify access and functional needs;

• Review of incident details to ensure all access and functional needs have been accounted for;

• Outreach to County and partner agencies/organizations that serve access and functional needs;

• Development of the IAP/SP, to include points of contact for individuals and organizations who serve individuals with access and functional needs;

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

The Emergency Response Coordinator has primary responsibility for provision of these services.

In addition, CCPH engages other internal programs that serve individuals with access and functional needs. These include the following:

• WIC (Women, Infants and Children with limited financial resources)

• HIV/STD (Individuals with chronic illness)

• Injury Prevention (Individuals with a drug addiction)

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

CCPH has access to translation and interpretation services through Affordable Language Services. Operation guidance for obtaining interpreter services is detailed in Appendix 6 – Interpreter Services.

Additionally, CCPH works with a number of county partners who support access and functional needs. These include the following:
• Clermont Senior Services
• Clermont County Developmental Disabilities
• Southern Ohio Developmental Center
• Clermont County Mental Health Recovery Board
• Clermont County Emergency Management Agency

All Access and Functional Needs Partners list are listed in Appendix 22 – CCPH CMIST Partner List.

5.3.10 DEMOBILIZATION

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

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

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

1. Develop the Incident Demobilization Plan.
2. Assure completion of demobilization checkout forms by personnel and inspection of equipment as they are released from the incident.
3. Initiate data collection for the after-action process.

During incidents in which CCPH is in a coordination/support role, demobilization planning is fulfilled by the Future Planning Unit in coordination with the Resource and Capability Branch.

For additional information on the demobilization process see Attachment I - Public Health Operations Guide.
5.3.11 AFTER ACTION REPORT/IMPROVEMENT PLAN(S)

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

5.3.12 PLAN INTEGRATION

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

At the local level, the CCPH ERP interfaces with the County EOP. The ERP provides specificity for how the agency will complete the actions assigned to CCPH in the County EOP.

At the regional level, CCPH interfaces with the Southwest Ohio Public Health Region (SWOPHR), which is a collection of public health agencies in Southwest Ohio. The plans produced by SWOPHR are designed to work in concert with the plans of the member organizations and to define how the agencies collaborate during responses that affect one or more of their jurisdictions.

At the state level, the CCPH ERP interfaces with response plans for the Ohio Department of Health and State EOP. CCPH recognizes that all responses are local and will request State assistance when local resources have been depleted or overwhelmed.

At the federal level, CCPH will work with ODH who interfaces with CDC and ASPR to support public health and medical response, respectively. Although CCPH does not review response plans from our federal partners, CCPH plans are designed to identify, access and integrate with state and federal plans for support and resources made
available. Examples of such resources include the Strategic National Stockpile (SNS), CDC Emergency Response Teams (CERTs), and medical consultation through the Agency for Toxic Substances and Disease Registry (ATSDR). These resources and how to access them are included in each of the annexes they support.

5.3.13 SITUATION REPORTS

In general, situation reports (SITREPs) 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 lower 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/IAPs/Support Plans will be sent electronically to CCPH Leadership for their situational awareness. In addition, SITREPs/IAPs/Support Plans will be sent electronically to all operational staff. Hardcopies of SITREPs/IAPs/Support Plans will also be available in the CCPH DOC, if the DOC is active. At the discretion of the CCPH IC/DC, any SITREPs/IAPs/Support Plans may be forwarded electronically to the Clermont County EMA, RPHC, and other LHDs, ODH or other federal, state or local partners for their situational awareness and to foster a common operating picture. Additional SITREPs/IAPs/Support Plans recipients will be identified 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 added by the staff responsible for disseminating the SITREPs/IAPs/Support Plans,
through discussion with Public Information, the IC/DC, and operational staff.

SITREPs frequency is detailed in the table below.

<table>
<thead>
<tr>
<th>Activation Level</th>
<th>SITREP Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment &amp; Monitoring</td>
<td>At least daily</td>
</tr>
<tr>
<td>Partial Activation</td>
<td>At least at the beginning and end of each operational period</td>
</tr>
<tr>
<td>Full Activation</td>
<td>At least at the beginning, the middle, and the end of each staff shift or operational period, whichever is more frequent</td>
</tr>
</tbody>
</table>

See Attachment IX - Situation Report Template for a situation report template.

5.3.14 OPERATIONAL SCHEDULE AND BATTLE RHYTHM

The ERC will maintain staff scheduling and communicate the schedule to assigned staff utilizing Attachment X – Operational Period Staff Schedule Form. The completed staff schedule form will be distributed via email or by hard copy.

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

Upon shift change, staff will be provided a shift change form utilizing Attachment XII- Shift Change Briefing Template. The response lead will also conduct a shift briefing with all incoming staff.

5.3.15 ESF-8 AND HEALTHCARE COALITION INTERFACE

The plans that currently support the ESF-8 and HCC interface include:

- CCPH Emergency Response Plan;
• Clermont County Emergency Management Agency Emergency Operations Plan;

• The Greater Cincinnati Disaster Preparedness Coalition Preparedness Plan;

• The Greater Cincinnati Disaster Preparedness Coalition Response Plan.

The GCDPC largely comprises ESF-8 partners in each of the counties in the region. For responses that trigger engagement of ESF-8 partners, the following actions are anticipated by each partner type:

• Hospitals: provide patient care and updates related to medical surge and availability of critical medical supplies. During incidents that impact infrastructure, hospitals will support evacuation and relocation of identified CMS facility types, e.g. nursing homes.

• Long-term care facilities: provide critical information and resources to their residents. During incidents that impact infrastructure, these facilities will support evacuation and relocation populations from other facilities in the county or the region.

• Clermont County Mental Health Recovery Board: provide psychological first aid to responding personnel. Serve as a connection point for care to the broader community.

• Fire & EMS: provide patient transport to care facilities. Support fit-testing for PPE and training on donning and doffing.

• American Red Cross: Facilitate setup and operations of a Family Assistance Center during mass fatality incidents.

The role of the Regional Healthcare Coordinator in local and multicounty incidents is to:
1. Facilitate prompt, clear, and precise information sharing among participating coalition members and jurisdictional authorities to promote common situational awareness; through situational reports.

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

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

4. If needed, establish a presence either in person or virtually with the ESF-8 lead agency at the local emergency operations center during a county or multicounty response. The Regional Healthcare Coordinator (RHC) has a seat in the local Emergency Operation Center (EOC) that can be filled upon request.

5.4 INFORMATION COLLECTION, ANALYSIS AND DISSEMINATION

5.4.1 INFORMATION TRACKING

WebEOC is the mission tasking and tracking system, as well as a portal for information sharing. It is the primary source for distributing documentation to response partners across local and State levels and documenting response actions. All high-level response actions must be documented in WebEOC for accountability and reimbursement. Upon activation, CCPH will request that Clermont County EMA establish an incident in WebEOC, if one is not already established.

CCPH will also track all agency objectives outside of WebEOC to ensure that they remain on track for completion. Any incidents that are off-track will immediately be identified to the IC/DC via phone or
face-to-face discussion; accompanying documentation will also be provided, as necessary.

To aide in centralized communication, CCPH maintains a dedicated emergency response directory folder for all response personnel to store incident-related documentation. Further, information will be compiled and analyzed in a spreadsheet format, including a timeline of events, a directory of involved personnel, and any other data that might be pertinent to response within the network directory folder. Information necessary for urgent tactical decisions will be reported to the supervisors of impacted response areas either electronically or by briefing, whichever is most appropriate. Information required to maintain a common operating picture will be reported via situation reports to the recipients of those reports at the times and disbursement schedules established.

At the individual level, all response staff will maintain an Activity Log, using ICS form 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 interdependent information tracking processes. In these situations, information may be tracked via a spreadsheet or through appropriate ICS forms or other means of documentation.

5.4.2 ESSENTIAL ELEMENTS OF INFORMATION

Essential Elements of Information (EEIs) address situational awareness information that is critical to the command and control decisions. EEIs will be defined and addressed as soon at the response begins, using Appendix 7 - EEI Requirements.

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

To identify sources of information for EEIs, consult Appendix 8 - External POCs and Appendix 9 - Internal CCPH program topic POCs.

Upon notification of a state-and-local coordination call, agency leads will prepare a list of completed and planned actions to share with key Point of Contacts (POCs) at ODH. ODH POCs will contact their local counterparts to discuss key information and incident needs that must be reported throughout the incident. Both CCPH and ODH will contribute to the establishment of these EEIs. Once finalized, CCPH will identify the POCs within the agency who will lead the implementation/identification of each EEI.

CCPH will review the agency’s internal capacity to provide the needed response or information in accordance with the established EEI list. Any gaps in capacity will be reported to ODH and assistance requested through established channels. ODH will identify available support and prepare to report during the state-and-local coordination call.

CCPH Health Commissioner, or otherwise designated spokesperson, will speak on behalf of the agency on all state-and-local coordination calls. The Health Commissioner/designated spokesperson will address all the EEIs and clearly communicate both completed/planned actions and the response capacity of the agency. For any previously identified gaps in capacity, the Health Commissioner/designated spokesperson will identify the state agency that can provide assistance and defer to that state partner for an update.

5.4.3 INFORMATION SHARING

To ensure that CCPH maintains a common operating picture across all the locations response personnel are engaged, CCPH will execute Attachment VI - Interface between CCPH and the County EOC
Standard Operating Guide. This procedure defines the coordination between CCPH, and the County EOC when activated.

6.0 COMMUNICATIONS

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

Annex 5: Tactical Communications operates in concert with the ongoing response activities in order to ensure accurate and efficient communication with internal and external partners. When engaged in a response, CCPH will ensure the dissemination of information and maintain communication with the following entities to ensure continuity of response operations:

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

In an event, communication between the above personnel and groups will be accomplished through a combination of communications systems and devices currently used on a day-to-day basis. These include:
- Phone lines
- Cell phones
- Email
- Fax machines
- Web-based applications, including the OPHCS.

There are four (4) alert levels employed by CCPH 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.

Notifications and alerts will be drafted with input from applicable SMEs in coordination with public information staff engaged in the incident. In addition to the content itself, the developing group will assign the appropriate alert level to the message. Incident staff who receive alerts will be expected to take the prescribed actions within the time frame prescribed.

When notifications or alerts must be sent, CCPH utilizes OPHCS. 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 CCPH, other local health departments, hospitals, and other partners.
but is not available to the general public. OPHCS operates under two messaging levels, these levels include:

- Messages
- Alerts

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

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

- Governmental Emergency Telecommunication Service (GETS) cards;
- CCPH Wireless Priority Service (WPS);
- Multi-Agency Radio Communications (MARCS) radios;
- Two-way radios.

GETS cards and WPS have been made available to CCPH leadership and the Emergency Response Coordinator (ERC). GETS cards consist of phone numbers that receive priority over regular calls; thereby greatly increasing the probability a wired call is received. In addition to GETS cards, WPS, also allows for personnel priority access and prioritized processing in all nationwide and several regional cellular networks, greatly increasing the probability of call completion.

CCPH maintains Multi-Agency Radio Communications (MARCS) internally. CCPH currently houses eleven MARCS radios that can be deployed to response staff should CCPH experience power failure or the inability to reach partners. CCPH conducts monthly MARCS radio checks internally and ODH also conducts a monthly check with local health departments to verify distributed MARCS radios are
operational for emergency use. Both GETS and MARCS radios are maintained and managed by the CCPH ERC.

CCPH may engage primary and redundant methods of communication at the Divisional, DOC and county level. When responses require the engagement of the County EOC, CCPH assumes its role at the ESF-8 desk. From the desk, CCPH may require additional collaboration with other ESFs, Clermont County EMA staff and state and federal partners. The ESF-8 desk facilitates an environment for situational awareness, information flow and coordination with partners. For a graphical illustration of the information flow, please see the communication flow chart (Figure 5). Additional detail of the communication flow is detailed in Attachment VI - Interface between CCPH and the County EOC Standard Operating Guide.

For a list of partner point of contacts, please refer to Appendix 3 – Contact List.

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

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

6.1 PUBLIC COMMUNICATIONS

CCPH maintains a Communications Coordinator to plan and review public communications and messaging activities are outlined in the *CCPH Emergency Public Information Plan*. This plan will be active during all response activities of CCPH and describes protocols by which Public Information will interface with the CCPH response organization.

7.0 ADMINISTRATION AND FINANCE

7.1 GENERAL

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

a) In an CCPH-led ICS response, finance and administration duties may be delegated by the IC to CCPH Fiscal Officer.

b) When CCPH is engaged in coordination, these duties may be delegated by the DC to CCPH Fiscal Officer.

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

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

- **Staffing/Labor:** Actual wages and benefits and wages for overtime.

- **Vehicles/Equipment:** For ownership and operation of equipment, including depreciation, overhead, all maintenance, field repairs, fuel, lubricants, tires, and other costs incidental to operation. Standby vehicle/equipment costs may not be eligible. The equipment normally should be performing eligible work in order to be eligible for reimbursement.

- **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

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

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

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

Depending on the severity and scope of the incident, the Clermont County Prosecutor’ Office (CCPO) could be required to attend daily operational planning and briefing sessions for their situational awareness and to provide their opinions to ensure the applicable statutes are recognized and being followed.

The CCPO will also support the execution of Memorandums of Understanding (MOUs), Mutual Aid Agreements (MAAs) and requests for resources through the Emergency Management Assistance Compact.

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/SPs, and (e) development of the AAR/IP. All forms completed or prepared for response will be collected at the end of each operational period. Staff will be required to turn in all required documentation before the end of their shifts.
Cost-recovery documentation is vital to all cost recovery, administration actions regarding personnel, payroll, benefits, financial and procurement recordkeeping. The Fiscal Officer 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 XIII - 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 approved by the Health Commissioner. 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 Health Commissioner.
- **Expedited Financial Actions**: All expedited financial actions will be coordinated by the Fiscal Officer. No funding will be obligated or committed without the consent of the Health Commissioner.
- **Expedited Procurement Actions**: CCPH will follow the CCPH Emergency Procurement Process. See Appendix 10- Emergency Procurement Process for further details.

All expedited actions will be briefed during the incident operational briefings and also during shift change briefs. These actions will be tracked in the operational activity log ICS 214 form and chronology of events document and reviewed with the Fiscal Officer as needed. All
necessary agency forms will also be completed, in addition to the incident forms. Any delays in expedited actions will be immediately reported to the IC/DC, and Communications Coordinator.

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

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

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

During emergencies, CCPH can request the BOH for the HC to deviate from the standard budgeting process, for items that require BOH approval. With the approval of the BOH, the Health Commissioner may allocate funds to critical programs. If necessary a special BOH meeting will be scheduled for BOH approval.

In the event that an emergency exists that threatens the health of Clermont County residents and the emergency is beyond the routine response capability of the Health District, the Board of Health may declare a “Public Health Emergency” for Clermont County. This may be based on national declarations from the Secretary of the U.S. Department of Health and Human Services, the President of the United States, the Governor of the State of Ohio or simply based on the Board’s perception that a situation exists that requires extraordinary response from staff and temporary additional authority
for the Health Commissioner. When a Public Health Emergency is declared in Clermont County the following emergency policies go into effect and remain in effect until the expiration date of the declared emergency.

- The Health Commissioner is given authority to sign necessary contracts, make capital purchases and commit Health District funds without prior approval from the Board of Health if such action is needed to effectively respond to the declared emergency. Such actions shall be reported to the Board of Health at their next scheduled meeting.
- All non-exempt employees shall be paid rates as provided by law for all approved time worked. Any hours worked over their normal workweek that are directly related to the declared emergency will be considered Public Health Emergency Response (PHER) hours.
- All exempt employees shall be paid their current hourly rate for all approved PHER hours worked. All hours worked over 80 hours in a pay period that are directly related to the declared Public Health Emergency will be considered PHER hours.
- For every 80 hours of PHER hours worked, employees shall receive 1 personal day to be used within 12 months of the termination of the declared Public Health Emergency.

8.0 LOGISTICS AND RESOURCE MANAGEMENT

8.1 GENERAL

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

- **Source 1: CCPH internal human resource/personnel and inventory management systems.** All resources will be queried internally prior to engaging County partners or stakeholders. When CCPH requires resources that are not on-hand or have been exhausted, the agency will engage County agency partners for resources.

- **Source 2: County agency resources.** When CCPH resource avenues have been exhausted, the acting Logistics Section Chief will work through Clermont County EMA to engage County Partners to secure a resource. Clermont County EMA may choose to activate the County Emergency Operations Center (County EOC) and Emergency Support Function (ESF) partners to identify and secure a resource (e.g., ESF-1, ESF-7).

- **Source 3: MOUs and MAAs.** When a required resource is needed, the Emergency Response Coordinator will refer to Appendix 21 – CCPH Agreements and Contingency Contracts for existing MOUs or MAAs to fulfill resource shortfalls.

- **Source 4: Emergency Purchasing and Contracts.** Special provisions have been described in Appendix 10 - Emergency Procurement Process that detail how emergency procurement and contracts can be executed.

- **Source 5: Intrastate Mutual Aid Compact (IMAC).** When a resource for CCPH use is not available locally, the Logistics Section Chief will work through Clermont County EMA to request intrastate resources using the IMAC Process.

- **Source 6: Emergency Management Assistance Compact (EMAC).** When a resource for CCPH use is not available and cannot be found in-state, the Logistics Section Chief will work through Clermont County EMA which will work with the State EOC to request interstate resources using the EMAC Process.
• Source 7: Federal Assets. Specialized federal assets to include subject matter experts and material may be required to support county/state incident response. Federal agencies that support CCPH responsibilities include but are not limited to the Centers for Disease Control (CDC), Department of Health and Human Services (HHS) and the Department of Energy (DOE).

8.2 CCPH Resources

CCPH has identified the three resource priorities for fill during an incident: personnel, material/supplies and transportation.

8.2.1 PERSONNEL RESOURCES

The Planning Section Chief will work fill the shortfalls. If there are insufficient CCPH personnel staffing assets available internally, CCPH will engage the staffing pools in section 9.3 of this plan.

8.2.2 MATERIAL RESOURCES

In an effort to fulfill materiel resource gaps the acting Logistics Section Chief will research for the asset internally within CCPH using one of CCPH’s current inventory systems, i.e., MUNIS inventory system, or Access database, for the required asset or resource. If the resource is found, an ICS Form 213RR form will be completed and provided to the Division Director or Supervisor responsible for that resource. The Logistics Chief will be provided copies of the transaction for internal tracking purposes. If available, the resource will then be released and assigned to the section of need for the duration of the incident. Request for medical countermeasures will follow the procedures set forth in Annex 2 – SNS Mass Prophylaxis.

8.2.3 TRANSPORTATION RESOURCES

CCPH transportation assets are limited for both personnel and material transportation. During an incident response, the Logistics Section
Chief will collaborate with the Fleet Manager to determine available CCPH vehicle fleet/transportation assets for use in the form of sedans, SUVs and trucks for personnel transport, and for materiel transportation requirements. Any transportation needs that remain unmet after this engagement will be addressed through engagement of Clermont County EMA.

8.3 MANAGEMENT AND ACCOUNTABILITY OF RESOURCES

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

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

8.3.1 MANAGEMENT OF CCPH INTERNAL RESOURCES

Assets and resources used to assist in the response will be tracked using the MUNIS Inventory Management System.

8.3.2 MANAGEMENT OF EXTERNAL RESOURCES

Upon receipt of an external resource, the CCPH IC/DC in collaboration will accept responsibility of the asset by entering in relevant information into the tracking system designated. For equipment, supplies or MCMs received from the RSS warehouse, the MUNIS Inventory Management System 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 CCPH Division Director is responsible for managing the internal resources that belong to their division and programs. When a CCPH 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 a CCPH employee responds or deploys to an incident with a CCPH 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 CCPH (internal and external) will be compiled at the beginning of and end of each operational period for the CCPH incident commander/department coordinator or authorized designee throughout the response and demobilization phases; it will be documented in the CCPH Resources Summary Report.

3) In addition to the CCPH Resource Summary Report, the following Incident Command System (ICS) forms will be used to assist in resource accountability tracking and post incident cost recovery:

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

### 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 CCPH asset or resource used in an incident, a full accountability of equipment returning to CCPH will be done in collaboration with the Section Supervisor, the IC/DC, and the equipment custodian. The asset will be inventoried and matched against the sticker 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 Division and/or 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 CCPH incident lead, or designee and stakeholder, or equipment custodian will collaborate with the Division Director and Health Commissioner 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)

The Ohio Intrastate Mutual Aid Compact (IMAC), Ohio Revised Code Section 5502.41, was updated on July 3, 2012. IMAC is mutual aid agreement through which all political subdivisions can request and receive assistance from any other political subdivisions in the state; many of the administrative and legal issues are resolved in advance of an incident. All political subdivisions are automatically part of IMAC. The definition of political subdivision is broad and includes not only counties, municipal corporations, villages and townships, but also port authorities, local health districts, joint fire districts, and state institutions of higher education.

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 party entities or subdivisions within the state of Ohio during emergencies, such actions occurring outside actual declared emergency periods.

2) If determined by Clermont County EMA to be the best course of action, the IMAC process may be used to support public health and medical response at the local jurisdiction level. When engaged by Clermont County EMA, CCPH will support the requesting of resources for deployment to Clermont County and the deployment of resources to entities or subdivisions within the state of Ohio.
The processes for both requesting resources through IMAC and for providing resources to entity or subdivision in response to an IMAC request are detailed in **Attachment XIV - IMAC Request and Fulfillment Process.**

### 8.6 EMERGENCY MANAGEMENT ASSISTANCE COMPACT (EMAC)

Per Ohio Revised Code (ORC) 5502.4, the purpose of this compact is to provide for mutual assistance between the states entering into this compact in managing any emergency or disaster that is duly declared by the governor of the affected state(s), whether arising from natural disaster, technological hazard, man-made disaster, civil emergency aspects of resources shortages, community disorders, insurgency, or enemy attack.

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

2) If determined by Ohio EMA to be the best course of action, the EMAC process may be used to support public health and medical response at either a State or local jurisdiction level. When engaged by Ohio EMA, ODH will support the requesting of resources for deployment to Ohio and the deployment of resources to another state from Ohio.

Once the provision of the resource has been approved by the Health Commissioner, Clermont County EMA will begin dialogue with the requesting state, in collaboration with CCPH. If the requesting state accepts the resource(s) offered by CCPH, Clermont County EMA will execute an intergovernmental agreement with CCPH. CCPH will only accept resources from Clermont County EMA. An intergovernmental
agreement with Clermont County EMA will allow CCPH’s resources to be designated as Clermont County resources.

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

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

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

The processes for both requesting resources through EMAC and for providing resources to another state in response to an EMAC request are detailed in Attachment XV - EMAC Request and Fulfillment Process.

8.7 MEMORANDUMS OF UNDERSTANDING, MUTUAL AID AGREEMENTS AND OTHER AGREEMENTS

1) Memoranda of Understanding (MOUs) and Mutual Aid Agreements (MAAs) are similar in that they are both designed to improve interagency or interjurisdictional assistance and coordination. MOUs are agreements between agencies, which may or may not be contractual. MAAs define how agencies will support one another and define the terms of that support (responsibility to pay staff,
liability etc.). MOUs/MAAs are established between emergency response agencies to identify their agreements to collaborate, communicate, respond and support one another during a disaster or other public health emergency. Understandings regarding the incident command structure, patient and resource management, processes and policies in place for requesting and sharing of staff, equipment and consumable resources, as well as payment, are generally addressed in an MOU/MAA. These agreements expand the capacity of CCPH by allowing the agency access to resources held by the organizations with which agreements have been executed. Both types of agreements must be processed through and approved by the Health Commissioner and Clermont County Prosecutor’s Office.

2) Established CCPH MOUs and MAAs are retained by each Division that has an existing agreement. The CCPH Fiscal Officer retains the compilation of original/official agreements.

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

4) If an MOU or MAA is determined to be needed during an incident, the Health Commissioner and CCPO will collaborate on execution of the MOU/MAA.

9.0 STAFFING

9.1 GENERAL

All CCPH employees are designated as public health responders and can be called upon to fulfill response functions during an incident. The role assigned to any CCPH employee in an incident is dependent upon the nature of the incident and the availability of
staff to respond. With approval by 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 the Fiscal Officer.

9.1.1 Psychological First Aid for Staff

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

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

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

The PFA provider may be engaged by calling 513-732-5400. This call may be made by any incident personnel during or after a shift.

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

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

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

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

9.3 STAFFING POOLS
All CCPH Divisions will be tapped to provide staffing for incidents. The following CCPH staff are identified for fulfilling staffing requirements:

1. The IC/DC role may be filled by Health Commissioner, Assistant Health Commissioner or HC designee.
2. The CCPH Division Directors, Supervisors, Fiscal Officer, Communications Coordinator and Emergency Response Coordinator comprise the primary SMEs for each of CCPH’s response areas; members of this group are eligible to serve key leadership roles during incident response;
3. CCPH staff will fulfill specific roles that are defined in functional or incident-specific annexes included in this plan;
4. All remaining staff will fill remaining response positions after the three, previous categories of positions have been filled.

If sufficient staff are not available, CCPH may utilize other staffing pools, which include the following:

1. County Agencies;
2. Other Local Health Departments;
3. Staffing agreements in MAAs or MOUs;
4. Contract staff, especially for positions requiring specific skills or licensure;
5. Staffing request through Intrastate Mutual Aid Compact (IMAC)
6. State Agencies;
7. Staffing request through Emergency Management Assistance Compact (EMAC);

9.3.1 VOLUNTEER SUPPORT

CCPH actively utilizes volunteers from the Clermont County Medical Reserve Corps (MRC). In the event this volunteer pool does not meet the requirements of the response, volunteers from other local volunteer programs can be utilized including the Community Emergency Response Team (CERT), and American Red Cross (ARC).

Volunteers can be used in any position, provided they do not exceed their scope of practice for the duties they are assigned.

Volunteers may not, at any time, operate government vehicles, machinery, or industrial equipment without prior authorization and appropriate licensing. More detailed volunteer information is provided in *Annex J – Volunteer and Donations Management*. 
9.4 MOBILIZATION ALERT AND NOTIFICATION

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

1. **Where to report:** All personnel alerted for mobilization/deployment for an incident will report to the CCPH DOC, unless otherwise specified. The DOC will be the default location for reporting unless incident demands require somewhere else.

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

3. **To whom to report:** The staff alerted will report to the DOC Manager or other individual, if designated. The actual position will be noted in the mobilization message and based on the activation level and the activation status of the CCPH DOC. The Emergency Response Coordinator will review the responsibilities of assigned staff and consult with them to ensure they are able to receive and process responding personnel.

4. **An overview of the incident and their role, including the anticipated length of time they will be engaged:** Staff will receive general information about the response and their anticipated role; adjustments may be made as necessary to support the evolving response needs. Staff will be told about how long they will be engaged with the incident so they can make appropriate adjustments to schedules and hand off critical work.
5. **Anything they need to bring**: All reasonable efforts will be made to inform CCPH 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. Additionally, if staff do not have county resources needed for response, these will be provided so that they do not have to use their own resources.

Upon reporting to the DOC, the staff will be received, checked in, provided an incident summary, and integrated into their role. At this time, the staff could be deployed to another location in support of the incident response.

**NO CCPH STAFF MEMBER WILL SELF-DEPLOY TO AN INCIDENT RESPONSE.**

### 10.0 DISASTER DECLARATIONS

#### 10.1 NON-DECLARED DISASTERS

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

#### 10.2 DECLARED DISASTERS

In Ohio, a disaster or emergency may be duly declared by the Governor of this state, 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 within this state. A
disaster may be declared before its actual occurrence, when the threat is imminent. An emergency may be declared whenever the parties listed above determine that an emergency exists.

A declaration of a disaster or emergency by the Governor of Ohio 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.

10.2.1 PROCESS FOR LOCAL DECLARATION OF DISASTER EMERGENCY

The Chief Executive Officers of affected jurisdictions (i.e., villages, cities, townships and county) may exercise all necessary local emergency authority for response by issuing an Emergency Proclamation, also referred to as an Emergency/Disaster Declaration.

The Emergency Proclamation is submitted to the EMA or the EOC. In times of severe snowstorms or civil unrest, the County Sheriff is authorized by ORC to make county-wide emergency declarations. CCPH’s role in the emergency declaration process is to provide subject matter expertise and situational information. CCPH cannot make a local declaration of emergency; only Chief Executive Officers of affected jurisdictions may do so. CCPH may be asked by Clermont County EMA to weigh in on the effects of a disaster and its public health implications. The Health Commissioner and any CCPH staff
member that the EMA Director deems necessary to include will act as consultants to inform the Clermont-EMA-led disaster declaration process. As a participant in the declaration process, CCPH may consider (a) potential impacts to Clermont County residents, (b) lack of necessary resources to address the emergency, or (c) the need to expedite procurement of goods and services.

If the Chief Executive Officer of an affected jurisdiction declares a disaster, then CCPH will coordinate with other county agencies, and possibly state and federal through the County EOC. CCPH functions as both a primary and support agency for multiple ESFs coordinated by the County EOC Operation Room.

10.2.2 PROCESS FOR STATE DECLARATION OF DISASTER EMERGENCY

If County resources are exhausted, Clermont County EMA will request state resources. State-agency personnel would be deployed to the incident site to evaluate the situation and to provide information to the State EOC. Based on the information received, the Governor of the State of Ohio would declare a state of emergency for the Clermont County and other affected jurisdictions. State-level resources would be pre-positioned at the incident site. If incidents continue to escalate and state resources are inadequate to address response and/or recovery needs, the Governor of the State of Ohio may request federal level response and recovery resources from the federal government.

10.2.3 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.

10.2.4 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, all plan components will employ both appropriate terminology for access and functional needs and person-first language throughout the ERP, consistent with the standards described in Appendix 6 - 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.

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

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

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

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

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

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

11.2 REVIEW AND DEVELOPMENT PROCESS

Planning shall be initiated and coordinated by the Emergency Response Coordinator. Planning shall address revisions to the ERP Basic Plan, as well as revision or development of any other ERP components. The CCPH Bioterrorism (BT) Group will be responsible for determining the updates to the plan. The members include:

- Health Commissioner
- Assistant Health Commissioner
- Medical Director
- Environmental Health Director
- Nursing Director
- Epidemiologist
- Communicable Disease Nurse
- Communications Coordinator
- Emergency Response Coordinator
- Clermont County EMA Director
- Subject Matter Experts (SME’s) from both within CCPH and without when needed

Revisions and developments will be will determined on an annual revision schedule and by identifying gaps and lessons learned through exercise and real-word events, or by the direction of the Health Commissioner. Production of an after action report following the exercise of a plan or annex, will determine the need for the level of revision needed to existing plans, annexes, attachments, and
appendices. Applicable findings from AAR/IPs must be reviewed and addressed during review of each plan component.

CCPH BT Group will develop an achievable work plan by which content will be developed, vetted and reviewed prior to final submission. The Emergency Response Coordinator will identify the needs for improvement and update of the plan component(s). Once the ERC has prepared the plan revisions, the components will be submitted to the BT Group members for review prior to the meeting. Any feedback will be incorporated and then the updated document will be presented to the BT Group for approval.

In order to maintain transparency and record of collaboration, CCPH will record the BT meetings by designating the ERC to record meeting minutes to sustain a record of recommendations from the meetings. These meeting minutes may be accessed by following the below file path:
“S:\General Health District\HD_Data_and_Docs\BT\BT Meeting”

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.

<table>
<thead>
<tr>
<th>Items</th>
<th>Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>Annual, with its Attachments and Appendices</td>
</tr>
<tr>
<td>Annex</td>
<td>Annual, with its Attachments and Appendices</td>
</tr>
<tr>
<td>Attachment</td>
<td>Annual, with the plan or annex to which it is attached</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Appendix</td>
<td>Rolling, but at least annually; included with the plan or annex with which it is included</td>
</tr>
</tbody>
</table>

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

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

The basic plan and its attachments shall be reviewed by the BT Group. Once adopted, the basic plan and its attachments shall be reviewed annually, from the last date the plan was authorized. The purpose of this review will be to consider adoption of proposed changes, i.e., revisions, additions or deletions that were identified during the year. If adopted, the changes will be incorporated, and the basic plan and its attachments will be reauthorized.

Any BT Group member may initiate changes to the basic plan and its attachments by submitting the proposed changes to the ERC for presentation at the BT meeting during the annual review.

Proposed changes may be approved for use in response activities by the Health Commissioner before adoption by the BT Group; such approval is only valid until the annual review, after which the BT Group 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 at any time for inclusion, revision or expansion by the BT Group. Any BT Group member may initiate changes to appendices by submitting the proposed changes to the ERC. All appendices should be reviewed by the BT Group upon inclusion, revision or expansion. The BT Group will approve appendices for inclusion in the Basic Plan.

11.5 DEVELOPMENT AND ADOPTION OF ANNEXES AND ITS ATTACHMENTS

Once adopted, annexes and their attachments shall be reviewed annually. Development and adoption will be facilitated by ERC and conducted by the BT Group: See members listed in previous section. The BT Group will be led by the ERC. The BT Group is responsible for the approval of both the annex and its attachments. The purpose of this review will be to consider adoption of proposed changes that were identified during the year. If adopted, the changes will be incorporated, and the revised annexes will be reauthorized by the identified approvers.

Any BT Group members may initiate changes to annexes and its attachments by submitting the proposed changes for presentation to the ERC.

Proposed changes may be approved for interim use in response activities by the Health Commissioner; such approval is only valid until the annual review, after which the BT Group 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 at any time for inclusion, revision or expansion by the BT Group. Any BT Group member may initiate changes to an appendix to an annex by submitting the proposed changes. All appendices should be reviewed by the BT Group upon inclusion, revision or expansion. The BT Group will approve appendices before they are added to an annex.

11.7 VERSION NUMBERING AND DATING

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

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

11.8 PLAN FORMATTING

For plan formatting, see Appendix 12 – CCPH Plan Style Guide.

11.9 PLAN PUBLISHING
Emergency response plans will be made available for review by the public on the CCPH emergency preparedness website (https://www.ccphohio.org/ESF8). The Emergency Response Coordinator will be responsible for communicating to the Communications Coordinator when the emergency response plan has been revised and new version is available for public publishing. Prior to the web publishing of the revised plan, the BT Group will determine the attachments, annexes and appendices that will be redacted from the public version of the plan. Once the plan is prepared for public viewing, the Communications Coordinator will publish the ERP online. Public comment to the ERP will be accepted via email and tabled for consideration, in addition to the proposed changes between revision cycles.

12.0 DOCUMENT DEFINITIONS AND ACRONYMS

Definitions and acronyms related to the CCPH ERP Base Plan are in Appendix 13 - 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 state resources in response to emergencies.

13.1 FEDERAL


c. Executive Order 12148, Formation of the Federal Emergency Management Agency

d. Executive Order 12656, Assignment of Federal Emergency Responsibilities


g. Presidential Policy Directive 8 (PPD-8), National Preparedness, 2011

h. Uniform Administrative Requirements for Grants and Cooperative Agreements to state and Local Governments, 44 CRF Parts 13 and 206.

### 13.2 STATE

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

- Infectious Disease Control
- Emergencies
- Management of People
- Monetary
- License and Regulatory Authority
- Support Services
- Registries
- General Confidentiality
13.3 LOCAL

CCPH authorities are detailed in Appendix 15 - CCPH Authorities. They include:

- Infectious Disease Control
- Emergencies
- Management of People
- Monetary
- License and Regulatory Authority
- Registries
- General Confidentiality

14.0 REFERENCES

14.1 FEDERAL

1) National Response Framework (NRF), 2016
2) The National Incident Management System (NIMS), 2008

14.2 STATE

2) Ohio Department of Health Emergency Communications Plan, 2013
5) State of Ohio Hazard Mitigation Plan, 2014
14.3 LOCAL

- Clermont County Public Health Emergency Public Information Plan, 2015
- Clermont County Emergency Operations Plan, 2015
- Clermont County All Hazards Mitigation Plan, 2014

ATTACHMENTS

ATTACHMENT I – PUBLIC HEALTH OPERATIONS GUIDE

ATTACHMENT II – INITIAL INCIDENT ASSESSMENT STANDARD OPERATIONS GUIDE (SOG)

ATTACHMENT III – INITIAL THREAT ASSESSMENT FORM

ATTACHMENT IV – ERP ACTIVATION STANDARD OPERATING PROCEDURE

ATTACHMENT V – DOC ACTIVATION STANDARD OPERATING PROCEDURE
ATTACHMENT VI - INTERFACE BETWEEN CCPH AND THE COUNTY EOC STANDARD OPERATING GUIDE

ATTACHMENT VII – INCIDENT ACTION PLAN TEMPLATE

ATTACHMENT VIII – DEVELOPMENT OF AN AAR/IP AND COMPLETION OF CORRECTIVE ACTIONS

ATTACHMENT IX – SITUATION REPORT TEMPLATE

ATTACHMENT X – OPERATIONAL PERIOD STAFF SCHEDULE FORM

ATTACHMENT XI – BATTLE RHYTHM TEMPLATE

ATTACHMENT XII – SHIFT CHANGE BRIEFING TEMPLATE

ATTACHMENT XIII - INCIDENT DOCUMENTATION GUIDE

ATTACHMENT XIV - IMAC REQUEST AND FULFILLMENT PROCESS

ATTACHMENT XV – EMAC REQUEST AND FULFILLMENT PROCESS
ATTACHMENT XVI – ICS FORM 214 – ACTIVITY LOG

ATTACHMENT XVII – ICS FORM 201 – INCIDENT BRIEFING

ATTACHMENT XVIII – SUPPORT PLAN TEMPLATE

ATTACHMENT XIX – ICS FORM 221 DEMOBILIZATION CHECK OUT FORM

ATTACHMENT XX – ICS FORM 213RR – RESOURCE REQUEST FORM

APPENDICES

APPENDIX 1 - STATE PHEP AND HPP REGIONAL MAP

APPENDIX 2 – CLERMONT COUNTY CMIST PROFILE

APPENDIX 3 - CONTACT LIST

APPENDIX 4 - THE PLANNING PROCESS

APPENDIX 5 - COMMUNICATING WITH AND ABOUT INDIVIDUALS WITH ACCESS AND FUNCTIONAL NEEDS
APPENDIX 20 – NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) 2017 REFRESH

APPENDIX 21 - CCPH AGREEMENTS AND CONTENGENCY CONTRACTS

APPENDIX 22 - CCPH CMIST PARTNER LIST

ANNEXES

ANNEX A – TACTICAL COMMUNICATIONS

ANNEX B – MEDICAL COUNTERMEASURES RESPONSE

ANNEX C – INFECTIOUS DISEASE RESPONSE

ANNEX D – PANDEMIC INFLUENZA RESPONSE

ANNEX E – EBOLA AND OTHER SPECIAL PATHOGENS RESPONSE

ANNEX F – ENVIRONMENTAL HEALTH RESPONSE
ANNEX G – RADIATION RESPONSE

ANNEX H – MASS FATALITY RESPONSE

ANNEX I – MASS CASUALTY & MEDICAL SURGE RESPONSE

ANNEX J – VOLUNTEER AND DONATIONS MANAGEMENT

ANNEX K – MASS CARE

ANNEX L – RECOVERY