

# Emergency Response Plan Basic Plan

## Hamilton County Public Health

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**HAMILTON COUNTY  
PUBLIC HEALTH**

PREVENT. PROMOTE. PROTECT.

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I	PUBLIC HEALTH OPERATIONS GUIDE
II	DOC ACTIVATION STANDARD OPERATING PROCEDURE
III	INTERFACE BETWEEN HCPH AND HAMILTON COUNTY EOC SOP
IV	INCIDENT ACTION PLAN TEMPLATE
V	DEVELOPMENT OF AN AAR/IP AND COMPLETION OF CORRECTIVE ACTIONS
VI	SITUATION REPORT TEMPLATE
VII	OPERATIONAL SCHEDULE FORM
VIII	BATTLE RHYTHM TEMPLATE
IV	SHIFT CHANGE BRIEFING TEMPLATE
X	INCIDENT DOCUMENTATION GUIDE
XI	SOUTHEAST OHIO PUBLIC HEALTH REGION (SWOPHR) MUTUAL AID AGREEMENT

## **Appendices**

- I HAMILTON COUNTY DISASTER HISTORY
- II ROLES OF COUNTY AGENCIES IN EMERGENCY SUPPORT  
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- III HCPH CMIST PROFILE
- IV THE PLANNING PROCESS
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- VIII INTERNAL POINTS OF CONTACT
- IV HCPH PLAN STYLE GUIDE
- X DEFINITIONS AND ACRONYMS

## INTRODUCTION

### APPROVAL AND IMPLEMENTATION

The ***Hamilton County Public Health (HCPH) Emergency Response Plan (ERP) – Basic Plan*** replaces and supersedes all previous versions of the HCPH 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 HCPH service jurisdictions, and if called up, within the public health jurisdictions of the cities of Norwood and Springdale. This plan may be implemented as a stand-alone plan or in concert with the ***Hamilton County Emergency Management & Homeland Security Agency's Emergency Operations Plan*** when necessary.

### EXECUTIVE SUMMARY

The ***Hamilton County Public Health (HCPH) Emergency Response Plan (ERP) – Basic Plan*** is an all-hazards plan that establishes a single, comprehensive framework for the management of the public health response to incidents within the county. 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 HCPH ERP incorporates the National Incident Management System (NIMS) as the standard for incident management.

The plan assigns roles and responsibilities to HCPH 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 HCPH 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 standalone plans held by HCPH. Additionally, the ERP is designed to work in conjunction with the ***Hamilton County Emergency Management & Homeland Security Agency's 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.

## JURISDICTIONAL AGREEMENT – NORWOOD HEALTH DEPARTMENT

If Norwood Health Department's (NHD) resources are overwhelmed or otherwise insufficient to address the incident, NHD may request assistance from Hamilton County Public Health (HCPH). The provision of assistance will be mobilized through the following steps:

1. NHD's authorized individual or their designee will contact the following, internal points of contact to request assistance:

	Name	Title	Office Phone	Mobile Phone
Primary	John Sherrard	Emergency Response Coordinator	513.946.7940	
Secondary	Craig Davidson	Asst. Health Commissioner	513.946.7617	
Tertiary	Greg Kesterman	Asst. Health Commissioner	513.946.7831	
Quaternary	Tim Ingram	Health Commissioner	513.946.7821	

2. HCPH will confirm that the request was made by an authorized person from NHD. The authorized individuals from NHD include the following:

	Name	Title	Office Phone	Mobile Phone
Primary	Chandra Corbin	Emergency Response Coordinator	513.458.4600	
Secondary	Bryan Williamson	Director of Environmental Health	513.458.4600	
Tertiary	Frank Perrino, M.D.	Interim Health Commissioner	513.458.4600	

3. Once the request is confirmed by HCPH, HCPH's Health Commissioner will be notified that NHD has requested assistance.
4. If the request for assistance is approved, HCPH's Health Commissioner will engage the ERP activation process.

This relationship has been formalized through mutual endorsement of the ERPs of each local health department.

I hereby affirm that NHD will request support from HCPH in accordance with the conditions and process described in this plan.



Frank Perrino, M.D., Interim Health Commissioner, Norwood Health Department

## JURISDICTIONAL AGREEMENT – SPRINGDALE HEALTH DEPARTMENT

If Springdale Health Department's (SHD) resources are overwhelmed or otherwise insufficient to address the incident, SHD may request assistance from Hamilton County Public Health (HCPH). The provision of assistance will be mobilized through the following steps:

1. SHD's authorized individual or their designee will contact the following, internal points of contact to request assistance:

	Name	Title	Office Phone	Mobile Phone
Primary	John Sherrard	Emergency Response Coordinator	513.946.7940	
Secondary	Craig Davidson	Asst. Health Commissioner	513.946.7617	
Tertiary	Greg Kesterman	Asst. Health Commissioner	513.946.7831	
Quaternary	Tim Ingram	Health Commissioner	513.946.7821	

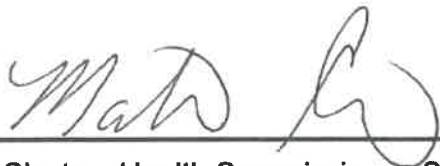
2. HCPH will confirm that the request was made by an authorized person from SHD. The authorized individuals from SHD include the following:

	Name	Title	Office Phone	Mobile Phone
Primary	Matt Clayton	Health Commissioner	513.346.5726	
Secondary	Ella Jergens	Director of Environmental Health	513.346.5740	
Tertiary	Jean Hicks	Director of Nursing	513.346.5727	

3. Once the request is confirmed by HCPH, HCPH's Health Commissioner will be notified that SHD has requested assistance.
4. If the request for assistance is approved, HCPH's Health Commissioner will engage the ERP activation process.

This relationship has been formalized through mutual endorsement of the ERPs of each local health department.

I hereby affirm that SHD will request support from HCPH in accordance with the conditions and process described in this plan.



Matt Clayton, Health Commissioner, Springdale Health Department

## STATEMENT OF PROMULGATION

The ***Hamilton County Public Health (HCPH) Emergency Response Plan (ERP) – Basic Plan*** is an all-hazards plan that establishes a single, comprehensive framework for the management of the public health response to incidents within the county. The ERP establishes the basis for coordination of HCPH resources and response to provide public health and medical services during an emergency or disaster.

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 HCPH service jurisdictions, and if called up, within the public health jurisdictions of the cities of Norwood and Springdale. This plan may be implemented as a stand-alone plan or in concert with the ***Hamilton County Emergency Management & Homeland Security Agency's Emergency Operations Plan*** when necessary.

All HCPH program areas are directed to implement training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities of the agency. HCPH 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 HCPH program areas are directed to implement it. All previous versions of the HCPH ERP are hereby rescinded.

 June 11, 2018

Timothy Ingram  
Health Commissioner  
Hamilton County Public Health

Date



## RECORD OF CHANGES

The Health Commissioner authorizes changes to the ***Hamilton County Public Health Emergency Response Plan – 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 ERP.

Change Number	Date of Change	Print Name	Title
Version Number Change Was Incorporated:	(Description of Change)		
Change Number	Date of Change	Print Name	Title
Version Number Change Was Incorporated:	(Description of Change)		
Change Number	Date of Change	Print Name	Title
Version Number Change Was Incorporated:	(Description of Change)		

<b>Change Number</b>	<b>Date of Change</b>	<b>Print Name</b>	<b>Title</b>
<b>Version Number Change Was Incorporated:</b>	(Description of Change)		
<b>Change Number</b>	<b>Date of Change</b>	<b>Print Name</b>	<b>Title</b>
<b>Version Number Change Was Incorporated:</b>	(Description of Change)		

## RECORD OF DISTRIBUTION

A single copy of this ***Hamilton County Public Health Emergency Response Plan*** is distributed to each person in the positions listed below.

Date Received	Program Area	Title	Name
5/17/18	Emergency Preparedness Program	Emergency Response Supervisor	John Sherrard

This plan is available to all agency staff via the shared X:drive (**X:HCPH Plans and SOGs/PLANS and SOGS/Emergency Response Plan – Basic Plan**) in electronic format and one copy can be found on the book shelf by the Emergency Preparedness Supervisor in hard copy format.

## SECTION I

### 1.0 PURPOSE

Hamilton County Public Health (HCPH) has developed this ***Emergency Response Plan (ERP) – Basic Plan*** in order to support HCPH's mission to protect and improve the health of all HCPH jurisdiction residents at all times, even during emergencies. This plan was developed to operationalize the execution of HCPH'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 into three (3) principle sections designed to guide a response at HCPH. 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 HCPH. 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 HCPH ERPs, plans and annexes are developed.

The HCPH 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 HCPH 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 ***Hamilton County Emergency Management & Homeland Security Agency's Emergency Operations Plan (Hamilton County EOP)***, other HCPH plans, or annexes.

### 2.0 SCOPE AND APPLICABILITY

This plan pertains to HCPH and all of its program areas. This plan is always in force and is activated whenever an incident impacts public health and/or medical systems and requires a response by HCPH 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 HCPH jurisdiction residents.

The HCPH ERP incorporates NIMS and connects agency response actions to responses at the local, state and federal levels. This plan directs appropriate

HCPH response operations to any incidents that either impact, or could potentially impact, public health or healthcare within Hamilton County or require HCPH to fulfill its roles described in the Hamilton County EOP. The Hamilton County EOP describes the high-level responsibilities of county agencies in response to incidents in Hamilton County. The HCPH ERP supports the Hamilton County EOP through direction of HCPH response activities, and provides needed detail for operations at the agency level. It describes the roles and responsibilities of HCPH program areas during an emergency response.

HCPH has assigned responsibilities in multiple Hamilton County EOP Emergency Support Functions (ESFs) and Annexes as both a primary and support agency. HCPH's roles and responsibilities can be found on the X:drive at [\*X:HCPH Plans and SOGs/PLANS and SOGS/ESF 8/ESF Plans for Hamilton County EMA\*](#).

This plan does not address issues related to continuity of operations (COOP) planning at HCPH. All continuity issues are addressed through HCPH's **COOP Plan – Annex #1**.

Additionally, the coordination of communications is not directed by this plan. Coordinated communications is directed by HCPH's **Crisis Communications Plan – Annex #3**. However, since coordinated communications is an essential component of all incident responses, this plan identifies how the ERP interfaces with HCPH's **Tactical Communications Plan** to ensure that information and messaging are effectively managed and adequately supported across all HCPH response activities.

### 3.0 SITUATION

While all HCPH employees are expected to contribute to the emergency response and recovery efforts of the community, employees' first responsibility is to their own and their families' safety. Each employee is encouraged to develop family emergency plans to facilitate family safety and self-sufficiency, which in turn will enable employees to assume their responsibility to the county and its citizens as rapidly as possible.

Hamilton County consists of an area of 407.4 square miles and is located in the southwestern corner of Ohio. The county's southern border is defined by the Ohio River. The County encompasses 17 Cities, including the Cities of Cincinnati, Norwood and Springdale, 12 Townships, and 19 Villages. The County contains two metropolitan statistical areas (MSAs) that have received funding through the Cities Readiness Initiative (CRI): City of Cincinnati and Hamilton County.

According to the 2010 population estimate by the United States Census, Hamilton County is the 3<sup>rd</sup> most populous county in the state of Ohio, with a population of 802,374. The population within HCPH service jurisdictions is 480,068 or 59.8% of the population within Hamilton County. **Figure 1** on the

next page shows a map of HCPH service jurisdictions. HCPH's largest service jurisdiction is Colerain Township, with a population of 58,499.

Hamilton County is bordered by Butler County to the north; Warren County to the northeast; Clermont County to the east; Boone County, Kentucky to the southwest; Kenton County, Kentucky to the south; Campbell County, Kentucky to the southeast; and Dearborn County, Indiana to the west.

Six roadway bridges, two railroad bridges, and one pedestrian bridge connect Hamilton County to Northern Kentucky (the Cincinnati Southern Bridge (Norfolk Southern), the Brent Spence Bridge (I-71/I-75), the Chesapeake and Ohio Bridge (CSX), the Clay Wade Bailey Bridge (U.S. 25/42/127), the John A. Roebling Suspension Bridge (KY 17), the Taylor Southgate Bridge (U.S. 27), the Newport Southbank Bridge (Pedestrian- known as the Purple People Bridge), the Daniel Beard Bridge (I-471) and the Combs-Hehl Bridge (I-275).

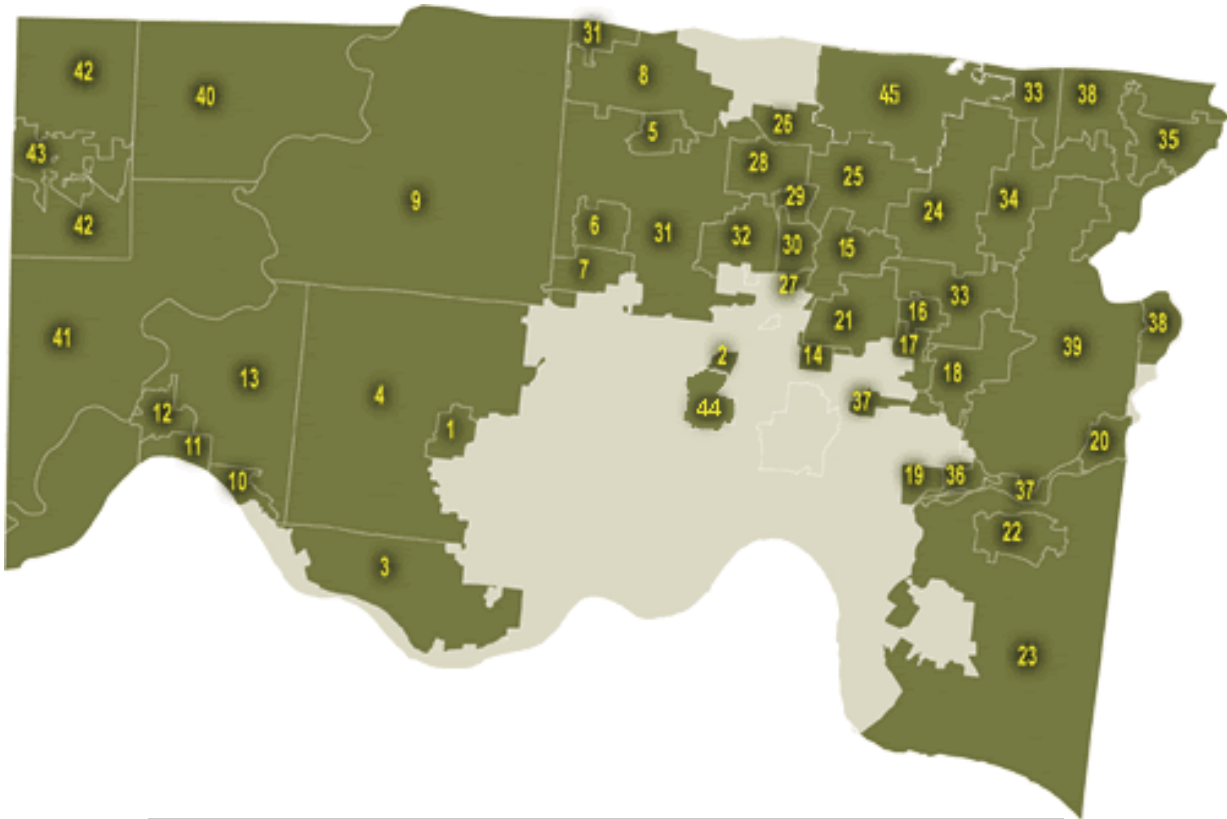
Four major railroad companies (CSX, Norfolk Southern, Indiana and Ohio Railway, and Amtrak) operate in the County supporting both freight and passenger transportation. CSX has an average of 60-70 trains traversing daily on its seven lines, classification yard (Queensgate Yard) and other support yards. Norfolk Southern operates approximately 40 trains daily on its three major routes and classification yards (Gest Street – with an intermodal yard on the grounds of the former Cincinnati Union Terminal; Sharon Yard in Sharonville, and Berry Yard in Bond Hill). The Indiana and Ohio Railway operates one yard (McCullough Yard). Amtrak runs into and out of the Cincinnati Union Terminal.

The County has 15 Hospitals and Medical Centers (Bethesda Evendale; Christ; Children's (2); Drake; University; Mercy West, Anderson; Jewish; Select Specialty Hospital; Shriners; Summit Behavioral Health; Bethesda North (Tri-Health); Good Samaritan; and Veteran's Affairs Medical Center. The County hosts four professional sports teams (Cincinnati Reds, Cincinnati Bengals, FC Cincinnati and Cincinnati Cyclones). The county has multiple large venues and sporting arenas (Great American Ballpark, Paul Brown Stadium, U.S. Bank Arena, Nippert Stadium, Fifth Third Bank Arena, Cintas Center, Riverbend Music Center, and Cincinnati Music Hall).

The County also has ten (10) Class I Dams. Class I Dams have a storage volume greater than 5,000 acre-feet or a height greater than 60 feet. In addition, failure of these dams would result in the probable loss of human life and/or present a serious hazard to health, damage to homes, high value industrial or commercial properties or major public utilities.

## Figure 1: Hamilton County Public Health Service Jurisdictions

Hamilton County Public Health serves the following communities in Hamilton County.



- |                    |                      |                     |
|--------------------|----------------------|---------------------|
| 1. Cheviot         | 16. Deer Park        | 31. Springfield Twp |
| 2. Elmwood Place   | 17. Silverton        | 32. Wyoming         |
| 3. Delhi Twp       | 18. Madeira          | 33. Sycamore Twp    |
| 4. Green Twp       | 19. Fairfax          | 34. Montgomery      |
| 5. Greenhills      | 20. Terrace Park     | 35. Loveland        |
| 6. Mt. Healthy     | 21. Amberley Village | 36. Mariemont       |
| 7. N. College Hill | 22. Newtown          | 37. Columbia Twp    |
| 8. Forest Park     | 23. Anderson Twp     | 38. Symmes Twp      |
| 9. Colerain Twp    | 24. Blue Ash         | 39. Indian Hill     |
| 10. Addyston       | 25. Evendale         | 40. Crosby Twp      |
| 11. North Bend     | 26. Glendale         | 41. Whitewater Twp  |
| 12. Cleves         | 27. Arlington Hts    | 42. Harrison Twp    |
| 13. Miami Twp      | 28. Woodlawn         | 43. Harrison        |
| 14. Golf Manor     | 29. Lincoln Hts      | 44. St. Bernard     |
| 15. Reading        | 30. Lockland         | 45. Sharonville     |

### **Hazard Analysis Summary**

Hamilton County is subject to events that could potentially result in a large scale disaster. These events include: floods, urban/structural fires, tornadoes, hazardous materials incidents, earthquakes, transportation incidents, droughts, power failures, severe weather and winter storms, civil disorder, extreme heat and cold weather, terrorism, port security breaches, and public health incidents. Contributing factors such as seasonal weather patterns, special events, and the time of day have an impact on the likelihood and severity of each hazard.

Due the geographic, economic, and social attributes, Hamilton County is vulnerable to a wide array of hazards that threaten its communities, businesses, and environment.

The following hazards were identified to pose a threat to the County. These hazards were then grouped into three priority areas:

#### **Natural Hazards:**

- Tornadoes/Severe Thunderstorms
- Floods
- Landslides
- Wind Events
- Winter Storms
- Drought
- Earthquake
- Pandemic
- Foreign Animal Disease
- Wildfire

#### **Technological Hazards:**

- Power Failure
- Hazardous Materials Release
- Train Derailment
- Dam/Levee failure
- Urban Conflagration

#### **Human Caused Hazards:**

- Terrorist Acts
- Cyber Events
- Civil Disturbance
- Sabotage
- School Violence



There are no public health hazards; rather, all hazards could lead to impacts on public health, which may require HCPH to respond using this plan. Potential impacts include the following:

- Community-wide limitations on maximal health for residents;
- Widespread disease and illness;
- Establishment of new diseases in the County;
- 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

Incidents in Hamilton County have largely been attributed to the county's geographic location and accessibility. Hamilton County's surrounding counties, states and airports may cause the county to become affected by incidents or events originating from outside its borders. These external events have the ability to directly impact both public health and medical services statewide by causing a demand for preventative and healthcare measures. Most notably, public health threats such as infectious diseases have the ability to arrive to Hamilton County through travel-related mechanisms. The following airports are located within Hamilton County or within close proximity to Hamilton County:

- 1) Cincinnati Municipal Airport – Lunken Field, Cincinnati, Ohio
- 2) Butler County Regional Airport – Hogan Field, Hamilton, Butler County, Ohio (17 miles)
- 3) Cincinnati/Northern Kentucky International Airport, Hebron, Kentucky (21 miles)
- 4) Middletown Regional Airport, Middletown, Butler County, Ohio (31 miles)
- 5) Dayton International Airport, Dayton, Ohio (58 miles)

### **Public Health and Medical Incidents – Recent History**

HCPH has responded to numerous public health and medical incidents in recent years. Among them are the following:

- Meningitis Outbreak - In October 2012, patients of Cincinnati Pain Management Clinic physicians were identified as having received injections of a potentially contaminated medication that was linked to an outbreak of fungal meningitis. HCPH staff were assembled to contact approximately 210 individuals that may have received the potentially contaminated medication. This was part of an outbreak that affected people in locations in several states across the United States.
- Oak Glen Oil Release – In March 2014, HCPH responded to a 20,000 gallon oil pipeline release in Colerain Township.
- Ebola Preparedness – In October 2014, a citizen in the United States contracted Ebola, which led to extensive coordination and planning with local, state and federal partners. A county and regional Ebola Response Plan was developed.
- Harmful Algal Blooms Incident – In September 2015, HCPH responded to Harmful Algal Blooms in the Ohio River.
- Zika Preparedness – In 2016, due to the threat of Zika and confirmed cases in Florida, HCPH developed a Zika Response Plan.
- Pertussis, Shigella, Legionella, Salmonella, Scabies, Norovirus, Influenza and GI Outbreaks – HCPH disease investigators and epidemiologists frequently respond to these outbreaks on an annual basis.

### **Hamilton County EMHSA THIRA**

In July 2016, Hamilton County Emergency Management & Homeland Security Agency (EMHSA) completed its ***Threat and Hazard Identification and Risk Assessment (THIRA)***. The THIRA detailed and quantified hazards from significant historic events and the hazard's likelihood of occurrence. According to the indexed hazards in **Figure 2**, natural biohazards and drought are unlikely to occur in the county while wind events, such as tornados, hazardous materials releases, landslides, transportation incidents and floods were ranked as the most likely hazards to occur in Hamilton County.

Within Hamilton County, there are diverse events that reoccur yearly (e.g., county fair, shows, concerts, festivals, college and professional sporting events, etc.), with the occasional nationally recognized events (e.g., World Choir Games, Veterans Wheelchair Games, MLB All-Star Game, Civil Rights Baseball Game, etc.). 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.

HCPH personnel refer daily to the Ohio Homeland Security/Strategic Analysis Information Center (SAIC) Daily Briefing for a list of events occurring within the county and the State.

**Figure 2 – Hamilton County EMHSA THIRA Hazard Ranking Assessment**

Rank	Threat/Hazard	Probability	Magnitude	Warning Time	Duration	Total Score
1.	Wind Events (including Tornado)	3.67	2.58	3.83	1.00	<b>3.10</b>
2.	Hazardous Materials Release	3.67	1.92	4.00	2.42	<b>3.07</b>
3.	Landslide/Subsidence	3.92	1.83	3.58	1.92	<b>3.04</b>
4.	Transportation Incidents	3.25	2.25	4.00	2.08	<b>2.95</b>
5.	Flood (including Dam/Levee failure)	3.92	2.25	3.25	2.75	<b>2.94</b>
6.	Power Failure	2.75	2.08	4.00	2.83	<b>2.75</b>
7.	School Violence	2.67	2.67	3.75	1.58	<b>2.72</b>
8.	Severe Storms (including Lightning & Hail)	3.67	1.33	3.17	1.00	<b>2.63</b>
9.	Cyber Attack	2.75	1.83	4.00	2.33	<b>2.62</b>
10.	Winter Storms	3.67	1.58	1.42	2.42	<b>2.58</b>
11.	Terrorism	1.83	3.00	3.83	1.92	<b>2.49</b>
12.	Extreme Temperatures	3.25	1.75	1.17	3.00	<b>2.46</b>
13.	Pandemic	2.33	2.67	1.50	3.83	<b>2.46</b>
14.	Fire Hazards (including Urban and Wildfires)	2.00	2.58	4.00	1.75	<b>2.45</b>
15.	Structural Collapse	2.33	2.08	3.58	2.17	<b>2.43</b>
16.	Civil Disturbance	2.50	1.83	3.33	2.50	<b>2.43</b>
17.	Sinkhole/Karst	2.50	1.42	4.00	1.50	<b>2.30</b>
18.	Earthquake	1.92	2.08	3.92	1.00	<b>2.18</b>
19.	Radiological Incidents	1.17	2.50	3.75	2.67	<b>2.10</b>
20.	Drought	2.17	1.25	1.08	3.92	<b>1.90</b>
21.	Natural Biohazards	2.08	1.25	1.33	3.92	<b>1.90</b>
<b>Other Hazards Not Evaluated</b>						
Avalanche			Hurricane			
Celestial Event (Meteors)			Nuclear Attack			
Electromagnetic Pulse (EMP)			Volcano			

For an in-depth review of historical events in Hamilton County, consult **Appendix 1 – Disaster History from the State of Ohio Enhanced Hazard Mitigation Plan**.

### **HCPH's Role in the Greater Cincinnati Disaster Preparedness Coalition**

HCPH is a **core** member of the Greater Cincinnati Disaster Preparedness Coalition (GCDPC). The GCDPC is a regionally-focused group of multidisciplinary agencies, organizations, and hospitals who collaborate in planning and response in order to prepare for, respond to, and recover from disasters, mass casualty incidents, public health emergencies, or other catastrophic incidents.

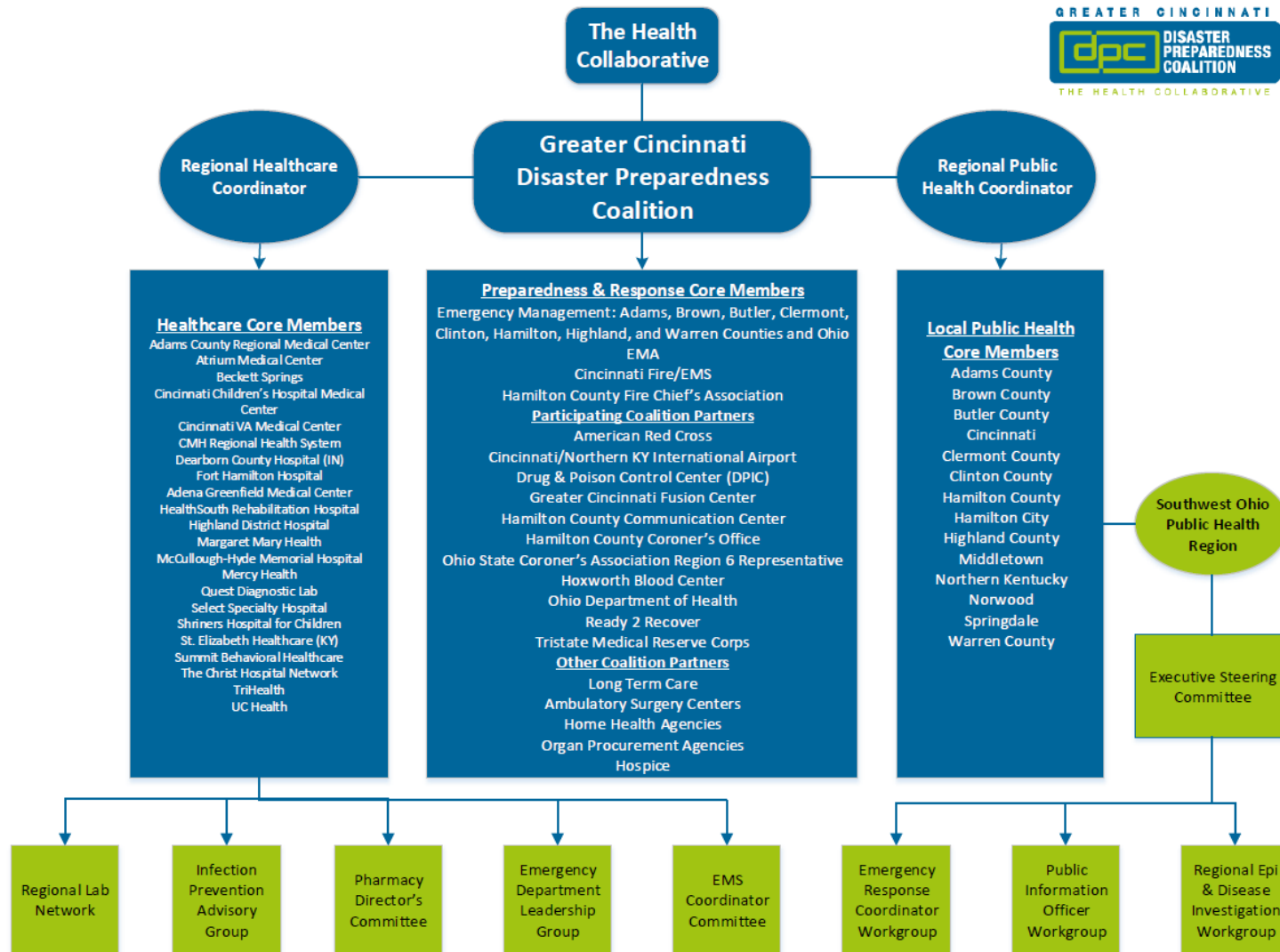
The region served by the GCDPC includes the tristate area which includes Southwest Ohio, Northern Kentucky, and Southeast Indiana. The Coalition's mission is to promote and enhance the emergency preparedness and response capabilities of healthcare entities through:

- Building partnerships to support health preparedness
- Engaging with community organizations to foster public health, medical, and mental/behavioral health networks
- Facilitating communication, information and resource sharing
- Promoting situational awareness among DPC members.
- Coordinating training, drills, exercises
- Strengthening medical surge capacity and capabilities
- Assisting emergency management and ESF #8 partners

As a core member, HCPH contributes to regional healthcare planning, preparedness, and response through the following activities:

- Attendance at regularly scheduled Coalition meetings (bimonthly)
- Participation in Coalition initiatives as needed/requested
- Participate in information sharing, emergency planning and surveillance activities, supported by the Regional Public Health and Healthcare Coordinator, as needed/requested through the following groups (see Coalition Organizational Chart on the following page):
  - Executive Steering Committee
  - Emergency Response Coordinator Workgroup
  - Regional Epidemiology and Disease Investigator Workgroup
  - Public Information Officer Workgroup
- Participate in Coalition-sponsored training, exercises and drills upon request
- Works collaboratively with Coalition core members and partners on Coalition initiatives and Coalition program activities aimed at supporting Hospital Preparedness Program (HPP) capabilities

Figure 3 – Coalition Organizational Chart



Greater Cincinnati Disaster Preparedness Coalition Organizational Chart August 2017

- Share ESF #8 Responsibilities/duties as needed with the Coalition representative (Regional Healthcare Coordinator) and/or local hospital response staff during an incident
- Support Medical Surge operations as able/applicable to incident

### **Emergency Support Function (ESF)- 8**

Many health-related impacts are beyond the scope of HCPH alone and require involvement of other county partners with responsibilities for addressing incidents with impacts on health. These agencies and organizations comprise ESF-8 Public Health and Medical Services in the county. Health and Medical Services provides coordinated local assistance to supplement jurisdictional resources in response to public health and medical care needs following a minor/major disaster or emergency, or during a developing potential medical situation.

HCPH and The Health Collaborative each serve as coordinating agencies for ESF-8 at the Hamilton County Emergency Operations Center (EOC).

*ESF-8 Public Health and Medical Services* will partner with the *ESF-6 Mass Care* team to support all individuals and organizations in regards to mass care services (including sheltering) that may be required to support disaster response and recovery operations in Hamilton County.

ESF-8 involves supplemental assistance to other local health departments and jurisdictional governments within the county in identifying and meeting the health and medical needs of victims of a minor/major disaster, emergency, or terrorist attack. This support is categorized in the following functional areas:

- a. Assessment of health/medical needs
- b. Organization and intra/inter-jurisdictional relationships
- c. Health surveillance and epidemiological investigation
- d. Laboratory testing and analysis
- e. Prevention and control practices
- f. Communications/notification
- g. Mass prophylaxis/vaccination
- h. Health/medical equipment and supplies
- i. Food/drug/medical device safety
- j. Health care personnel augmentation
- k. Patient evacuation
- l. Hospital care
- m. Public health information
- n. Limitation on movement
- o. Vector control
- p. Veterinary services
- q. Worker health and safety
- r. Environmental concerns-drinking water and waste management
- s. Radiological/chemical/biological hazard consultation
- t. Fatality Management – victim identification/mortuary services

- u. Mental health care
- v. Emergency Medical Services (EMS)
- w. Law enforcement support
- x. Recovery activities

Each ESF representative is responsible for the dissemination of information that may be of value to other ESF representatives located in the Hamilton County EOC. This information sharing contributes to the response and recovery during an emergency/disaster of any type.

The HCPH Health Commissioner and *The Health Collaborative* will coordinate the provision of local health and medical assistance to fulfill the requirements identified by the affected local authorities having jurisdictional control. Included in the ESF-8 are overall public health and medical response. The ESF-8 will utilize resources primarily from:

- Local Public Health agencies;
- Hospitals and healthcare agencies
- The local American Red Cross Medical Assistance Team which includes medical response, patient evacuation, and definitive medical care

In addition to ESF-8, HCPH may also support other ESFs during a response (such as ESF-6 – Mass Care). Delineation of responsibilities at the county level can be found in **Appendix 2 – Roles of County Agencies in Emergency Support Functions**.

Within Annexes A through O of the Hamilton County EOP, all of the ESFs are defined and the basic responsibilities accepted by elected officials, managers, county departments and community agencies in response to a disaster. The annexes also details Primary and Support Agencies by ESF. Hamilton County's EOP can be found at <http://www.hamiltoncountyohioema.org/emergency-operations-plan/>.

Delineation of the responsibilities at the state level can be accessed on the Ohio EMA website at: [http://www.ema.ohio.gov/Documents/Ohio\\_EOP/EOP\\_Overview/PRIMARY\\_AND\\_SUPPORT\\_AGENCIES.pdf](http://www.ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/PRIMARY_AND_SUPPORT_AGENCIES.pdf).

Delineation of responsibilities at the federal level can be accessed at [https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency\\_support\\_function\\_annexes\\_introduction\\_2008.pdf](https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency_support_function_annexes_introduction_2008.pdf).



### **Access and Functional Needs**

Access and functional needs include anything that may make it more difficult, or even impossible, to access, without accommodations, the resources, support and interventions available during an emergency. The access and functional needs identified in HCPH service jurisdictions, as well as within the cities of Norwood and Springdale, have been detailed in **Appendix 3 – HCPH CMIST Profile**. Potential impacts from an incident may require HCPH to respond by initiating or supporting the following activities to address an incident:

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

HCPH 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.)

## **4.0 ASSUMPTIONS**

- All HCPH staff with identified emergency response functions are trained and capable of performing their roles within the Incident Command Structure.
- The county is vulnerable to hazards, which may lead to emergencies or disasters anywhere in the county.
- A HCPH response may be necessary to support any local jurisdiction affected by a variety of hazards and incidents.
- An incident may occur with little or no warning.
- To ensure appropriate public health response, HCPH must be prepared to respond to any incident with the ability to impact the health of county residents.
- 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 the county.
- HCPH 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 under in accordance with NIMS and respond as necessary to the extent of their available resources.



- HCPH will support and work in partnership with local response efforts.
- 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 HCPH, 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 HCPH responds will not result in a declaration.
- Incidents can affect HCPH responders, staff, volunteers, vendors, partners, and the families of each group, impacting the Agency's ability to respond.
- HCPH may have incomplete information, as it must rely on federal, state and local partners to provide some critical details during response.
- HCPH may receive competing requests for support beyond its available resources.
- HCPH personnel may be assigned to assist other local health departments (LHD) under the direction of a local incident management system, or may be assigned to various roles or tasks within a regional, state or federal level incident management system
- 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 HCPH has readily available.
- Although great care has been taken to provide direction for HCPH 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. As such, response leadership must have the training and tools to direct effective incident response activities.
- Prioritizing who will receive prophylaxis will be under guidance and direction from ODH and/or US Department of Health and Human Services Centers for Disease Control and Prevention (CDC) through HCPH.
- Every component of the HCPH **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 HCPH staff have a role in supporting and participating in the agency's preparedness and response efforts. The following personnel and groups have critical responsibilities in agency preparedness and response efforts.

##### 5.1.1 HEALTH COMMISSIONER

The Health Commissioner is the lead health official for HCPH. During incident response, the Health Commissioner has the following responsibilities:

- Inform Ohio Department of Health of actual or potential health emergencies.
- Set policy and guidance for HCPH and HCPH jurisdictional service area health response.
- Support and authorize the Incident Commander (IC) to lead agency response.
- Monitor the response progress through briefings and updates on the situation.
- Provide additional guidance and direction to HCPH response staff, as needed.
- Represent HCPH, or assign a HCPH representative, at the Hamilton County EOC, as necessary
- Engage the health commissioners from the cities of Cincinnati, Norwood and Springdale, as necessary.
- Engage and brief the Southwest Ohio Public Health Regional (SWOPHR) leadership group, as necessary.
- Engage Ohio Department of Health to request public health and medical resources support, if necessary.

##### 5.1.2 MEDICAL DIRECTOR

As the lead health expert for HCPH, the HCPH Medical Director could be engaged in any incident response. The Medical Director's responsibilities include the following:

- Provide medical consultation to the Health Commissioner, Assistant Health Commissioners, and response personnel.

- Inform medical policy and guidance for HCPH and statewide health response.
- Engage local and state partners regarding medical decisions and guidance.
- Engage other local health department commissioners and medical directors within Hamilton County, as appropriate.
- Engage Ohio Department of Health on matters that require their consultation or clarification of existing guidance.
- Engage the federal government on matters that require their consultation or clarification of existing guidance.

### 5.1.3 EMERGENCY PREPAREDNESS PROGRAM

The Emergency Preparedness (EP) Program has the primary responsibility for coordinating emergency preparedness, planning and response for HCPH.

The Health Commissioner has the primary responsibility for facilitating the activation of the ERP and the department operations center (DOC). If the Health Commissioner is unavailable or chooses to delegate responsibility, activation may be successfully facilitated by either Assistant Health Commissioner, the EP Supervisor, or the EP Specialist.

To facilitate a consistent application of the ERP in all incidents, EP will utilize **Attachment 1 – Public Health Operations Guide (PHOG)**. Engaged HCPH staff will begin utilizing the PHOG as soon as they are notified of an incident.

### 5.1.4 COMMON RESPONSIBILITIES FOR HCPH

All HCPH Departments may be asked to support the response and may provide agency staff to respond to an incident.

HCPH staff is expected to do the following:

- Maintain appropriate timekeeping records/documents.
- If required, use ICS Form 252 as prescribed by the Finance Section.
- Follow any organizational procedures set by the individual leading the response.
- Support execution of the Hamilton County EOP; the HCPH responsibilities are listed in ESF-8 (Annex H) of the Hamilton County EOP.  
<http://www.hamiltoncountyohioema.org/wp-content/uploads/2015/09/ESF-8-Health-Medical.pdf>

Staff will learn their job assignment and hours of operation upon arrival and checking in. Personnel assignments are made within the chain-of-command structure based on the required minimum qualifications for the position; the knowledge, training, experience, and subject matter expertise of individual staff; and the resources available at the time.

Staff from the program area that actually performs the function as a part of normal work will be prioritized for assignment to that function.

Staff that is reassigned to work in a capacity that is other than their normal daily job will be given a job action sheet that explains the job responsibilities and to whom they report.

Staff will not be given job assignments they are not able to do or cannot be trained to perform.

To assure a timely response and activation of response plans, HCPH maintains a staffed reporting telephone number whereby, physicians, hospitals and other health care providers and the public can phone to report communicable disease or other public health emergencies 24 hours a day, seven days a week. Outside of regular business hours, an on-call supervisor receives calls. The supervisor can coordinate a public health response and communicate with relevant partners for situational awareness and subject matter expertise.

Direction and control functions of HCPH will vary according to the situation and circumstances. This function may be initiated immediately upon the onset of an event, such as when a tornado occurs, or develop gradually as the situation evolves, such as when a widespread flooding occurs. Additionally, direction and control functions may be long term in nature such as during a pandemic, changing significantly as the situation moves from response to recovery. Composition of staff assigned to the direction and control function may change significantly as the situation progresses through the various stages of an emergency and into the recovery phase.

## **5.2 INCIDENT DETECTION, ASSESSMENT AND ACTIVATION**

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

- The Health Commissioner personally authorizes activation of the ERP upon determination that an incident requires implementation of one or more of the strategies or plans included herein. If the Health Commissioner is not available, either Assistant Health Commissioner or the EP Supervisor can authorize activation of the ERP. 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.
- Response personnel employ the entire process described in this section of this plan and present their recommendation for activation to the Health Commissioner. Barring deactivation by the Health Commissioner, response personnel then complete identified response actions.

Activation of the ERP marks the beginning of the response.

### 5.2.1 INCIDENT DETECTION

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

### 5.2.2 INCIDENT ASSESSMENT

The Incident Assessment is the parallel of the "Incident Size-Up" described in the Incident Command System (ICS). It is a formal process for reviewing and evaluating an emergency incident and informs the level of activation. The assessment can be done either via a telephone or a face-to-face meeting. The purpose of the assessment is to review the situation, determine the activation level, and document the decision.

Supervisors/Directors will immediately inform one or both Assistant Health Commissioners and the Health Commissioner of any incident that they believe is likely to require activation of the ERP. Following notification, one or both of the Assistant Health Commissioners will contact the Emergency Preparedness Supervisor. These notifications will trigger an Initial Incident Assessment Meeting, which must take place via phone or face-to-face within 1 hour of the initial detection of the threat.

### 5.2.3 INCIDENT ASSESSMENT MEETING

During the Incident Assessment Meeting, those in attendance will go through the following Incident Assessment Meeting agenda items as outlined below:

1. Incident Summary
2. Situation Overview
3. Response Requirements
4. Establish Current Organization

## 5. Adjourn

The outcome of the Incident Action Meeting will determine the activation level.

### 5.2.4 ACTIVATION DETERMINATION

The results of the Initial Incident Assessment Meeting will determine if the plan will be activated and the Activation Level. After determining the necessary activation level during the Initial Incident Assessment Meeting, activation of the plan will occur. Activation of the ERP indicates that the incident is of sufficient significance to warrant a response beyond day-to-day operations

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

If it is determined there is a need to activate the ERP, then the decision is posed to those in the Incident Assessment Meeting whether to activate the HCPH DOC in support of the ERP.

Once the determination is made to activate the ERP, the meeting group will identify whether the incident requires Command or Coordination.

- If HCPH is in the command of the incident, then an Incident Commander will be identified by the Incident Assessment Meeting group.
- If HCPH is supporting the ICS with coordination, then an Agency Coordinator will be identified by the Initial Assessment Meeting group.

### 5.2.5 ACTIVATION NOTIFICATIONS

If the ERP is activated, the Health Commissioner, or other designee, will determine if the following partners will be notified that we have activated our ERP:

- Directors/Supervisors
- Hamilton County EMHSA
- Board of Health
- Elected Officials
- Other Hamilton County Local Health Departments
- SWOPHR leadership group
- Other community partners

Activation notifications include, at a minimum, the following pieces of information:

1. A summary of the incident.
2. A description of the activation level the agency is operating under.

3. Primary points of contact for the incident.
4. Estimated time for distribution of the first Situation Report.
5. DOC activation status.

Notifications can be made via the Operational Public Health Communication System (OPHCS) and/or email within a least one (1) hour of the conclusion of the Incident Assessment Meeting or the determination that the ERP has been activated.

Activation Level	Description	Minimum Command Function & Staffing Recommendations
<b>Level 1 Routine Operations</b>	Routine incidents to which HCPH responds on a daily basis and for which day-to-day SOPs and programmatic resources are sufficient.	Normal, Day-to-Day Staff  DOC not activated
<b>Level 2 Situation Awareness &amp; Monitoring</b>	<ul style="list-style-type: none"> <li>• An emergency with limited severity, size, or actual/potential impact on health or welfare but that cannot be handled at the programmatic level</li> <li>• Requires a minimal amount of coordination and agency engagement to conduct response; situational awareness and limited coordination are the primary activities</li> <li>• Examples: Power outage in a nursing home; water disruption requiring limited state support</li> </ul>	<ul style="list-style-type: none"> <li>•Response Lead (1)</li> <li>•Public Information (1)</li> <li>•Situation Awareness Section (1)</li> </ul> <p>Consider activation of the DOC</p> <p>Hamilton County EOC unlikely to be activated</p>
<b>Level 3 Partial Activation</b>	<ul style="list-style-type: none"> <li>• An emergency with moderate-to-high severity, size, or actual/potential impact on health or welfare</li> <li>• Requires significant coordination and agency engagement to conduct response, likely with significant engagement from other county partners; Hamilton County EOC may be activated</li> <li>• Examples: Widespread radiation contamination in a facility; multicounty disease outbreak requiring significant local support; water disruption requiring substantial state support and guidance; flooding</li> </ul>	<ul style="list-style-type: none"> <li>•Response Lead (1)</li> <li>•Public Information (1)</li> <li>•Partner engagement (1)</li> <li>•Situational Awareness (2)</li> <li>•Planning Support (1)</li> <li>•Operational Coordination (1)</li> <li>•Resources Support (1)</li> <li>•Staffing Support (1)</li> </ul> <p>DOC activation required</p> <p>Hamilton County EOC may be activated</p>
<b>Level 4 Full Activation</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Requires an extreme amount of coordination and agency engagement to conduct response; almost certain engagement of multiple state partners; Hamilton County EOC most likely activated</li> <li>• Examples: Pandemic influenza; mass casualty incident from chemical plume; bioterrorism attack; tornado</li> </ul>	<p><b>FULL STAFFING:</b></p> <ul style="list-style-type: none"> <li>• Response Lead (1)</li> <li>•All Section/Function Leads and key support staff (16+)</li> <li>• All other functions and positions, as identified by activated plans</li> </ul> <p>DOC activation required</p> <p>Hamilton County EOC activated</p>



Execution of the ERP may require staff mobilization and activation of the HCPH DOC. The HCPH DOC is a facility/location where the agency's response personnel can be collected to promote coordination of response activities. The HCPH DOC is located in the large conference room. Activation of the DOC is described in **Attachment II – DOC Activation Standard Operating Procedure**.

### 5.3 COMMAND, CONTROL, AND COORDINATION

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

See **Attachment I – Public Health Operations Guide** for details on implementation.

#### 5.3.2 INCIDENT COMMANDER/AGENCY COORDINATOR

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

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

#### 5.3.3 BASIC AUTHORITIES FOR RESPONSE

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

- The IC/AC may utilize and execute any approved component (i.e., attachment, appendix, or annex) of the ERP;
- IC/AC may direct all resources identified within any component of the ERP in accordance with agency policies;



- IC/AC 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/AC may engage the minimum requirements for staffing as outlined in the activation levels of the plan;
- The IC/AC may authorize incident-related in-state or out of state travel for response personnel;
- IC/AC may authorize exempt staff to work a schedule other than their normal schedule, as needed;
- The IC/AC must obtain approval through the Health Commissioner to approve emergency expenditures using the agency credit card. The Finance Officer manages the financial terms of the agency credit card. The use of the agency credit card needs to be arranged with the Finance Officer.

### **LIMITATIONS OF AUTHORITIES**

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

- The IC/AC must engage human resources management when staffing levels begin to approach any level that is beyond those pre-approved within this plan. Human Resources must authorize engagement of staff beyond those pre-approved levels;
- The IC/AC may not authorize bargaining unit staff to work a schedule other than their normal schedule without authorization from Human Resources. This includes approval of overtime, changing the number of days staff work in a week, changing the specific days staff work in a week, or changing the number of hours staff work in a day;
- The IC/AC must adhere to the policies of HCPH regarding overtime/comp-time and should clarification on these policies or exemption be required, the IC/AC must engage Human Resources management;
- The IC/AC must obtain approval through the Health Commissioner to approve emergency expenditures using the agency credit card. The Finance Officer manages the financial terms of the agency credit card. The use of the agency credit card needs to be arranged with the Finance Officer.

#### **5.3.4 INCIDENTS WITH HCPH AS THE LEAD AGENCY**

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

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

HCPH 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 HCPH IS INTEGRATED INTO AN ICS STRUCTURE LED BY ANOTHER AGENCY**

For incidents in which HCPH is integrated into an existing ICS structure led by another agency, HCPH provides personnel and resources to support that agency's response. HCPH staff may be assigned to assist a local government under the direction of a local incident management system or may be assigned to various roles or tasks within a regional, state or federal incident command system. Assigned HCPH staff may serve in any ICS role, except for Incident Commander.

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

If such support is needed, HCPH will determine the appropriate activation level and assign an AC to lead the integration activities. In such responses, the Planning Support Section Chief will track engagement of HCPH 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 AC of any attempt to circumvent the established parameters, as well as of any unapproved use of HCPH resources. The AC will then work with the incident's IC to determine an appropriate resolution.

### 5.3.6 INCIDENTS WITH HCPH IN A SUPPORTING ROLE

For incidents in which HCPH is a support agency, the IC is supplied by another agency. For these incidents, HCPH assigns an AC 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 Hamilton County EOC is activated, the HCPH AC coordinates all agency actions that support any ESFs in which HCPH has a role. In such incidents, the AC will ensure that all HCPH actions to address incidents for which the Hamilton County EOC is activated are coordinated through the Hamilton County EOC. Interface between the agency and the Hamilton County EOC is further detailed in **Attachment III - Interface between HCPH and the Hamilton County EOC Standard Operating Procedure**.

### 5.3.7 LEGAL COUNSEL ENGAGEMENT

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

- Isolation and quarantine,
- Drafting of public health orders,
- Execution of emergency contracts,
- Immediate jeopardy,
- Any topic that requires engagement of local legal counsel,
- Protected health information,
- Interpretation of rules, statutes, codes and agreements,
- Other applications of the authority of the Director of Health,
- Anything else for which legal counsel is normally sought.

HCPH legal counsel is integrated at the outset through the activation notification. The Health Commissioner or either Assistant Health Commissioners normally engage legal for assistance. HCPH staff must go through senior management prior to contacting legal counsel.

The contact information for HCPH's legal counsel is the following:

NeeFong Chin  
Hamilton County Prosecutor's Office  
William Howard Taft Law Center  
230 East 9<sup>th</sup> Street, Suite 4000  
Cincinnati, OH 45202

#### 5.3.8 INCIDENT ACTION PLANNING

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

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

For the documents included in an IAP, see **Attachment IV – Incident Action Plan Template**.

For additional information on the planning process, see **Appendix 4 - The Planning Process**.

#### 5.3.9 ACCESS AND FUNCTIONAL NEEDS

HCPH coordinates response actions to ensure that access and functional needs are appropriately addressed during response. HCPH will coordinate the following:

- HCPH utilizes jurisdictional risk assessments identified within the Annexes of the Hamilton County Hazard Mitigation Plan to identify and prioritize jurisdictional public health hazards and vulnerabilities;
- Review of incident details to ensure all access and functional needs have been accounted for;
- Outreach to partner organizations that serve access and functional needs;
- Assistance with development of the IAP, to include points of contact for individuals and organizations who serve individuals with access and functional needs;
- Provision of just-in-time training to response personnel regarding serving individuals with access and functional needs.

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

HCPH engages other internal/external programs that serve individuals with access and functional needs. These include the following:

- Maternal and Child Health (Children and Pregnant women)
- Council on Aging of Southwestern Ohio (Residents of long-term care facilities)
- WIC (Women, Infants and Children with limited financial resources)
- HIV/STD (Individuals with chronic illness)
- Injury Prevention (Individuals with a drug addiction)
- Hamilton County Developmental Disabilities Services
- Hamilton County Mental Health and Recovery Services

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

### **Communication**

Every emergency will affect populations who may have special information needs related to the incident. This includes any persons unable to receive messages through mainstream media, persons unable to act on crucial messages and potentially life-saving information, or persons who require specialized information relevant to their circumstances, capabilities, and available resources. Examples of affected vulnerable populations include:

- a. Persons with limited English proficiency
- b. Persons with physical or cognitive impairments or disabilities (ranging from minor impairments where independence and ability to function are maintained to no ability to survive independently).
- c. Blind, visually impaired, low vision
- d. Deaf, hearing impaired, hard-of-hearing
- e. Frail elderly or seniors
- f. Children, unattended minors, runaways, latchkey kids
- g. Persons with limited or no access to information or limited escape routes (geographically isolated)
- h. Undocumented persons, political dissidents, or others who may not avail themselves to government or other services.
- i. Ex-convicts, registered offenders and other clients of the criminal justice system
- j. Culturally isolated persons with little or no interaction or involvement outside of their immediate community (including religious, ethnic, sexual orientation etc.)

- k. Medically dependent or medically fragile
- l. Chemically dependent
- m. Tourists, homeless or shelter dependent
- n. Poor, or extremely low income
- o. Single parents with no support systems
- p. Owners of pets (including companion animals), and livestock
- q. Those for whom the messages or recommended protective actions present a serious challenge to important cultural or religious beliefs.

The following information response strategies will be used to facilitate communication:

- a. Distribute information via trusted community based organizations (including social service agencies, faith based organizations, and other service agencies).
- b. Provide written materials in Spanish, or other appropriate languages.
- c. Inform Spanish Language Media outlets (radio, television, or print), and assure availability of Spanish Language public information staff. Utilize other translation services when appropriate.
- d. Utilize contracted TTY services for public information phone banks and publish the number.
- e. Use simple, clear language. Review printed information for readability. Provide visuals, such as maps or sketches when relevant.
- f. Incorporate suggestions from vulnerable populations, their advocates, or organizations which serve them when preparing and maintaining media tools.

### **MAPPED LOCATIONS OF AT-RISK POPULATIONS**

1. For planning purposes, HCPH Epidemiologists [have mapped the following at-risk populations](#) using 2010 Census data:
  - a. Elderly
  - b. Limited English
  - c. No Vehicle
  - d. Overall Social Vulnerability
2. HCPH has a [community demographics spreadsheet](#) showing language, race, percent poverty, percent on public assistance, percent unemployed, percent of children in poverty and education summaries within the HCPH service jurisdictions.

3. HCPH has mapped out the Social Vulnerability Index (2014) [here](#).

HCPH also has access to translation and interpretation services through [existing local contracts](#). This information can also be found on **X:HCPH Plans and SOGs/PLANS and SOGs/BASE PLAN/Translation services**.

#### 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.

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

The IC/AC will ensure the Demobilization Plan is communicated to all DOC staff, the HCPH representative at the MAC and the HCPH liaison at the EOC. See HCPH's [Demobilization SOG](#).

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.

#### 5.3.11 AFTER ACTION REPORT/IMPROVEMENT PLAN(S)

An After Action Report/Improvement Plan (AAR/IP) must be produced whenever one of the following criteria is met:

1. Any activation of the HCPH ERP
2. HCPH opens its DOC due to an emergency or disaster
3. Based on the discretion of the EP Supervisor, if there is a Natural Disaster or a Nationally Significant Event within a HCPH jurisdiction
4. Based on the discretion of the Director of the Epidemiology Division, an AAR/IP will be written if there is an outbreak of Class A or B Reportable Diseases
5. Following an exercise. The exercise will be conducted in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP) criteria.
6. At the request of the Health Commissioner.

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 V - 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 county level, the HCPH ERP interfaces with the Hamilton County EOP. HCPH provides specificity for how the agency will complete the actions assigned to HCPH in the Hamilton County EOP.

At the local level, the HCPH ERP interfaces with response plans for public health and medical organizations; these include organizations regulated by ODH, like long-term care facilities. HCPH recognizes that all responses are local and will activate the HCPH ERP to support the actions directed by local response plans.

At the regional level, HCPH interfaces with SWOPHR, which is a collection of local health departments in ODH Region 6. The plans produced by SWOPHR are designed to work in concert with the plans of the SWOPHR organization and define how the agencies collaborate during responses that affect one or more of their jurisdictions.

At the state level, ODH interfaces with CDC and ASPR to support public health and medical response, respectively. Although HCPH does not review response plans from ODH, HCPH plans are designed to identify, access and integrate with state plans for support and resources made available to the county. Examples of such resources include the Strategic National Stockpile (SNS), CDC Emergency Response Teams, and medical consultation through ATSDR. These resources and how to access them are included in each of the annexes they support.

#### 5.3.13 SITUATION REPORTS

A situation report (SITREP) may 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 may be produced. For a larger scale responses, the SITREP may include more defined response information as it relates to goals and objectives, communications, staffing, schedules, and background information. In addition to these core SITREP informational elements, incident specific information will be added based on the informational needs of the incident response.



SITREPs will be sent electronically to HCPH management and Directors for their situational awareness. In addition, SITREPs will be sent electronically to all operational staff. Hardcopies of SITREPs will also be available in the HCPH DOC, if the DOC is active. At the discretion of the HCPH Health Commissioner, any SITREP may be forwarded electronically to Hamilton County EMHSA, Regional Public Health Coordinators (RPHC), LHDs, or other federal, state or local partners for their situational awareness and to foster a common operating picture. Additional SITREP recipients will be based on a per-incident basis, based upon their informational needs and to maintain effective and efficient response coordination among partner responding agencies. These additional recipients will be identified by the staff responsible for disseminating the SITREPs, through discussion with Public Information, the IC/AC, and operational staff.

SITREPs frequency is detailed in the table below.

Activation Level	SITREP Frequency
<b>Level 2 - Situation Awareness &amp; Monitoring</b>	At least daily, if required
<b>Level 3 - Partial Activation</b>	At least at the beginning and end of each operational period
<b>Level 4 - Full Activation</b>	At least at the beginning, the middle, and the end of each staff shift or operational period, whichever is more frequent

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

#### 5.3.14 STAFF SCHEDULE (BATTLE RHYTHM)

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

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

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

## 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 county and local levels and documenting response actions. All high-level response actions must be documented in WebEOC for accountability and reimbursement. HCPH will also track all agency objectives to ensure that they remain on track for completion. Any incidents that are off-track will immediately be identified to the IC/AC.

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

At the individual level, response staff may maintain an Activity Log, using ICS form 214. If used, these logs will be turned in at the end of the shift and filed.

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

### 5.4.2 ESSENTIAL ELEMENTS OF INFORMATION

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

HCPH will include a list of the current EEIs with the completed ICS 201 form and with each IAP. This list will be reviewed during IAP development and refined for each operational period. At a minimum, the IC/AC, Public Information Officer (PIO), Planning lead, and Operations lead will contribute to this refinement.

To identify sources of information for EEIs, consult **Appendix 7 - External POCs** and **Appendix 8 - Internal HCPH Division and Program POCs**.

### 5.4.3 INFORMATION SHARING

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

## 6.0 COMMUNICATIONS

HCPH is responsible for maintaining communication with local, regional, state, federal, private and non-profit partners during an incident requiring activation of this plan.

The agency's **Crisis Communications Plan** 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, HCPH will ensure the dissemination of information and maintain communication with the following entities to ensure continuity of response operations:

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

In an event, communication between the above personnel and groups will be accomplished through a combination of communications systems and devices currently used on a day-to-day basis. These include:

- voice over internet protocol (VoIP)
- phone lines
- email
- fax machines
- Web-based applications, including OPHCS and WebEOC.

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

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

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

When notifications or alerts must be sent, HCPH 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 HCPH, other local health departments, ODH, 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 ODH communication resources become overburdened or destroyed, redundant or back-up communication equipment include:

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

GETS cards have been made available to all HCPH staff. 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 allows for personnel priority access and prioritized processing in all nationwide and several regional cellular networks, greatly increasing the probability of call completion. WPS is not currently set up as it is an extra monthly cost but can be set up at the time of an incident.

HCPH maintains three (3) Multi-Agency Radio Communications (MARCS) base units and thirteen (13) MARCS radios that can be deployed to response staff should HCPH experience power failure or the inability to reach partners. HCPH

conducts monthly MARCS radio checks with ODH to verify distributed MARCS radios are operational for emergency use. Both GETS and MARCS radios are maintained and managed by the Emergency Preparedness Supervisor and should be requested through appropriate resource request mechanisms as outlined in this plan.

HCPH may engage primary and redundant methods of communication both at the programmatic and county state level. When responses require the engagement of the Hamilton County EOC, HCPH assumes its role at the ESF-8 desk. From the desk, HCPH may require additional collaboration with other ESFs, Hamilton County EMHSA staff and other 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 flow chart in **Figure 3**. Additional detail of the communication flow is detailed in **Attachment III - Interface between HCPH and Hamilton County EOC Standard Operating Procedure**.

For a list of partner point of contacts, please refer to **Appendix 7 - External POCs**.

For a contact list of our Southwest Regional Partners, go to [X:\\_HAN Update\SWOPHR Contact List](#).

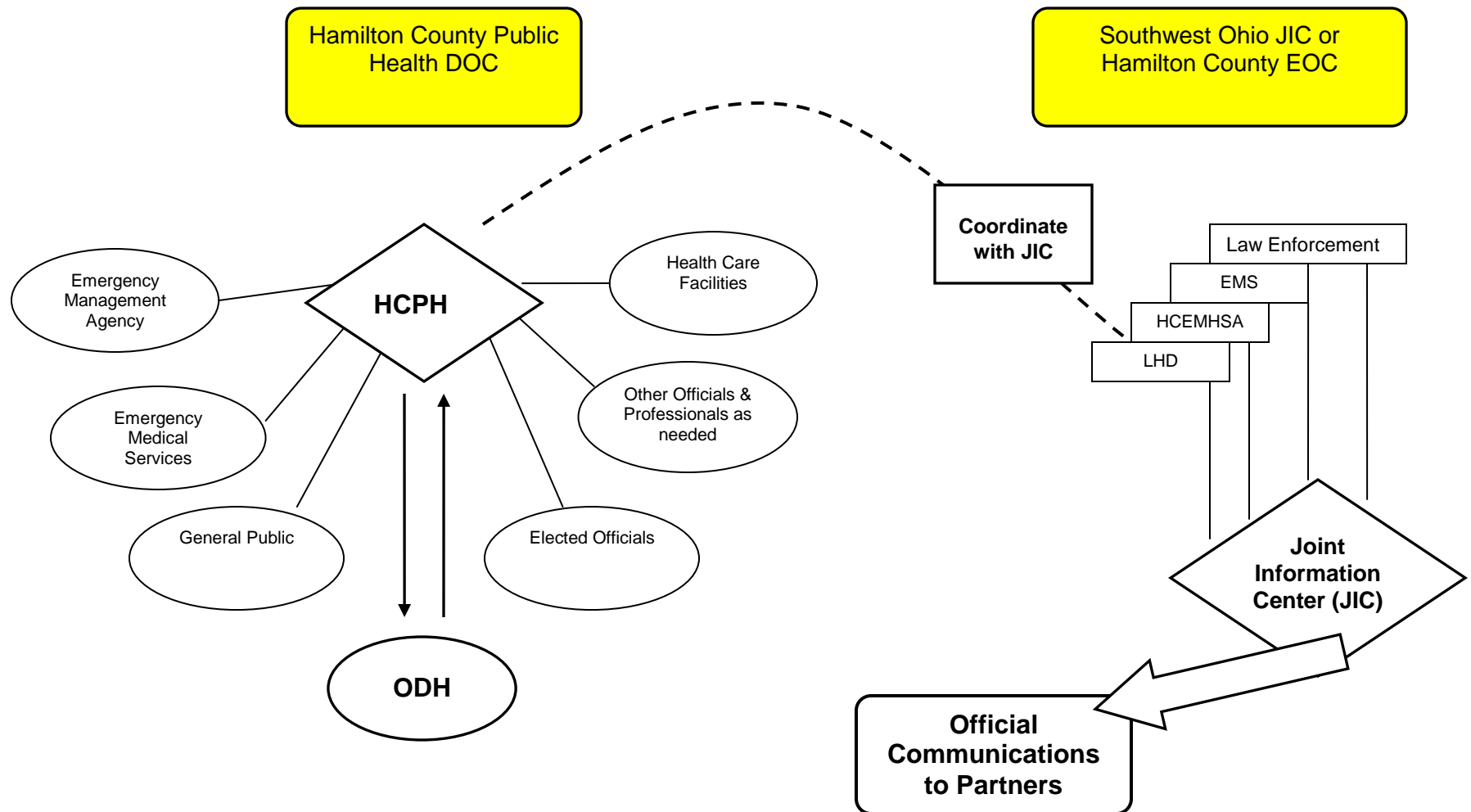
HCPH communicates EEIs and other tactical information through the messaging of information to response staff to ensure responders are well informed on the response operation. Key Messages must include:

- 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

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

Figure 4 - Communication during a Public Health Emergency



## 7.0 ADMINISTRATION AND FINANCE

### 7.1 GENERAL

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

- a) In an HCPH-led ICS response, finance and administration duties may be delegated by the IC to the Finance and Administration Section Chief.
- b) When HCPH is engaged in coordination, these duties may be delegated by the AC to the Staff Support Section Chief.

### 7.2 COST RECOVERY

Cost recovery for an incident includes all costs reasonably incurred by HCPH 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 in actual operation performing eligible work in order for reimbursement to be eligible.
- **Mileage:** Mileage may be applicable during the incident for the vehicles directly involved with the incident resolution.
- **Supplies:** These may include items that are used exclusively for incidents that cannot or should not be reused. Some examples would be syringes, personal protective equipment, gloves, pH paper, and chemical classifiers.
- **Operational charges:** Operational charges are costs to support the response. Some examples would be fuel, water, food.
- **Equipment replacement:** This includes material used during normal operations that must be replaced due to contamination or breakage during the incident response.

### 7.3 LEGAL SUPPORT

HCPH 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;
- Union or bargaining unit grievances,
- Improper use or authority.
- Improper uses of funds or resources.

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

HCPH Legal Counsel 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, and (e) development of the AAR/IP. All forms completed or prepared for response will be collected at the end of each operational period. Staff will be required to turn in all required documentation before the end of their shifts.

Cost-recovery Documentation is vital to all cost recovery, administration actions regarding personnel, payroll, benefits, financial and procurement recordkeeping. The Finance/Administration section will use activity/incident logs/forms or chronology as the tracking mechanisms for determining resources expended and initiating any follow on/additional documentation (e.g., receipts, injury reports, accidents investigations).

Documentation procedures are further detailed in **Attachment X - 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, or designee. Any approvals beyond the basic authority of the IC/AC 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 HCPH Director of Human Resources.
- Expedited Financial and Procurement Actions: All expedited financial and procurement actions will be coordinated with the Health Commissioner (or designee) and the Finance Officer. No funding will be obligated or committed without the consent of the Finance Officer.

These actions will be tracked in the operational activity log ICS 214 form or chronology of events document and reviewed with the Health Commissioner and Finance Officer as needed. All necessary agency forms will also be completed, in addition to the incident forms.

## 8.0 LOGISTICS AND RESOURCE MANAGEMENT

### 8.1 GENERAL

HCPH has a limited amount of materiel and personnel staffing resources available for incident response, and shortfalls are most likely in these commodities. The following seven (7) levels of sourcing have been identified to fill potential resource shortfalls and minimize any time delays in acquiring the asset:

- Source 1: HCPH internal human resource/personnel and inventory management systems. All resources will be queried internally prior to engaging local and county partners or stakeholders. When HCPH requires resources that are not on-hand or have been exhausted, the agency will pursue with regional and State agency partners for resources and potentially the Medical Reserve Corps for personnel resources.
- Source 2: State agency resources. When HCPH resource avenues have been exhausted, the acting logistics section chief will work through the Hamilton County EMHSA to engage State Partners to secure a resource. Ohio EMA may choose to activate the Ohio Emergency Operations Center (Ohio EOC) and ESF Partners to identify and secure a resource (e.g., DAS, ESF-1, ESF-7).
- Source 3: MOUs and MAAs. When a required resource is needed, the Health Commissioner, or designee, will refer to existing MOUs or MAAs to fulfill resource shortfalls. See **Attachment XI - Southwest Ohio Public Health Region (SWOPHR) Mutual Aid Agreement**. Assistance will be sought from the Finance Department or Legal, as necessary.
- Source 4: Emergency Purchasing. HCPH maintains an agency credit card. Agency staff must get approval from the Finance Director and the Health Commissioner to utilize the agency credit card to purchase items in the event of an emergency.

- Source 5: Interstate Mutual Aid Compact (IMAC). When a resource for HCPH use is not available and cannot be found in the county or the state, the Health Commissioner, or designee, can request IMAC assistance. IMAC is mutual aid agreement through which all political subdivisions can request and receive assistance from any other political subdivisions in the state.
- Source 6: Emergency Management Assistance Compact (EMAC). When a resource for HCPH use is not available and cannot be found in the county or the state, the Health Commissioner, or designee, will work through the Ohio 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 state incident response. Federal agencies that support HCPH responsibilities include but are not limited to the CDC, Department of Health and Human Services (HHS), U.S. Environmental Protection Agency (U.S. EPA) and the Department of Energy (DOE). These assets range from requests from the CDC for SNS Medical Countermeasures (MCM) and U.S. EPA and DOE for radiation incidents.

## 8.2 HCPH RESOURCES

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

### 8.2.1 PERSONNEL RESOURCES

The Planning/Planning Support Section chief will work with Human Resources to fill the shortfalls. If there are insufficient HCPH personnel staffing assets available internally, HCPH will engage the staffing pools in section 9.3 of this plan.

### 8.2.2 MATERIEL RESOURCES

In an effort to fulfill materiel resource gaps the Health Commissioner, Assistant Health Commissioner(s), and/or the Logistics/Resources Support Section Chief will research for the asset internally. If the asset is not available, HCPH will do one of the following:

- 1) Utilize the existing Regional MAA and request the resource from a local health department in the region.
- 2) Contact Hamilton County EMHSA to make a resource request.
- 3) Contact ODH to make a resource request.
- 4) Purchase the resource.

If a resource is borrowed, the resource will be assigned to an equipment custodian for the duration of the incident. Request for medical countermeasures will follow the procedures set forth in the ***Medical Countermeasure Dispensing Plan***.

### 8.2.3 TRANSPORTATION RESOURCES

HCPH transportation assets are limited for both personnel and material transportation. During an incident response, the Health Commissioner, Assistance Health Commissioner(s), and/or the Logistics/Resources Support Section Chief will determine available HCPH vehicle fleet/ transportation assets for use in the form of vehicles for personnel and materiel transport. If the event involves medical countermeasures, HCPH has an MOU with the Cincinnati Library to provide trucks for materiel transportation. HCPH also has the ability to rent box trucks and larger cargo vans, if needed. Any transportation needs that remain unmet after this engagement will be addressed through engagement with Hamilton County EMHSA.

## 8.3 MANAGEMENT AND ACCOUNTABILITY OF RESOURCES

### 8.3.1 MANAGEMENT OF HCPH INTERNAL RESOURCES

The management of HCPH internal resources and assets used in support of an incident will be in compliance with agency protocols. Assets, resources, supplies and material used to assist in the response will be tracked using Excel spreadsheets managed by the Finance Office, and the Inventory Management and Tracking System (IMATS) for MCM, supplies and material managed by the Emergency Preparedness Specialist.

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

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

### 8.3.2 MANAGEMENT OF EXTERNAL RESOURCES

Upon receipt of an external resource, the HCPH IC/AC will accept responsibility of the asset, by entering in relevant information into the tracking system designated. For equipment, supplies or MCMs received by HCPH, IMATS 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 HCPH Director is responsible for managing the internal resources that belong to their Division. When a HCPH 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 HCPH employee responds or deploys to an incident with a HCPH 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 HCPH (internal and external) will be compiled at the beginning of and end of each operational period for the HCPH incident lead or authorized designee throughout the response and demobilization phases.
- 3) The following Incident Command System (ICS) forms will be used to assist in resource accountability tracking and post incident cost recovery:

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

## 8.4 DEMOBILIZATION OF RESOURCES

Once the response has been scaled down, any remaining assets or equipment used during the incident will be returned to their place of origin. Upon demobilization and recovery of the HCPH asset or resource used in an incident, a full accountability of equipment returning to HCPH will be done. The asset will be inventoried and matched against the asset tag, and serial number, then inspected for damage, serviceability and cleanliness. If all equipment serviceability and cleanliness requirements are met, the assets or resource will be returned to normal service. This can be done using the ICS Form 221 Demobilization Check-Out Form.

- If the equipment deployed is lost, damaged or does not meet serviceability requirements, the HCPH incident lead, or designee and stakeholder, or equipment custodian will collaborate with the Health Commissioner or the Finance Director to determine the 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.

- <http://codes.ohio.gov/orc/5502.41> - Intrastate Mutual Aid Compact
- <http://codes.ohio.gov/orc/2744.01> - Political Subdivision Definition
- <http://codes.ohio.gov/orc/3345.042> - IMAC Participation by State Institutions of Higher Education

Requests for mutual aid can now be made without a formal declaration by the chief executive of a political subdivision and the first eight hours of assistance is expressly identified as not requiring reimbursement. Requests can also be made for assistance with training, exercises, and planned events. The regional response teams that have been developed, such as bomb, collapse search and rescue, water rescue, and hazardous materials, can also be requested and provided through this mutual aid compact.

Political subdivisions are authorized to enter into mutual aid agreements and new language expressly authorizes political subdivisions to enter into mutual aid agreements with political subdivisions in neighboring states without a governor's declaration of emergency. Many of the same protections set forth in IMAC apply

to this form of mutual aid as well. Several neighboring states also have similar provisions which should make working out these mutual aid agreements much easier.

HCPH can make a request to Hamilton County EMHSA to use IMAC to request additional personnel and resources to respond to an emergency where a state of emergency is declared.

**Request Process:** The Health Commissioner or designee will work with Hamilton County EMHSA to fill out and approve the necessary IMAC Request documents, such as the IMAC Deployment Information Sheet and Resource Request Information Sheet.

- Hamilton County EMHSA will notify the Ohio EMA Watch Office that mutual aid may soon be requested through IMAC.
- Hamilton County EMHSA may directly contact potential assisting entities (i.e., other Ohio county EMAs) to alert them that assistance may be requested.
- See the [Ohio IMAC Operations Manual](#) for further information on the IMAC request process.

## 8.6 EMERGENCY MANAGEMENT ASSISTANCE COMPACT (EMAC)

Per State Revised Code 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) The EMAC process may be used to support a Public Health Emergency at either a State, or local jurisdiction level.
- 3) The request for EMAC resources is an executive level decision. Ohio EMA will support EMAC request. The ODH Director, the Director of State Department of Public Safety, the State EMA Executive Director, and the Governor's Office dictate if EMAC assistance will be sought. To request EMAC resources there must be a Governor's declaration in State.

- 4) EMAC Process. The HCPH Health Commissioner will request EMAC support through Hamilton County EMHSA, who will then make the request to Ohio EMA. The Health Commissioner (or designee) will fill out and approve any necessary EMAC paperwork which may need to be completed as part of the EMAC request. All EMAC requests will follow Ohio EMA instructions and procedures.

The following website provides additional information on EMAC - <https://www.emacweb.org/>

## 8.7 MEMORANDUMS OF UNDERSTANDING AND MUTUAL AID AGREEMENTS

- 1) MOUs and MAAs are similar in that they are both designed to improve interagency or interjurisdictional assistance and coordination. MOUs/MAAs are established between emergency response agencies to identify their agreements to collaborate, communicate, respond and support one another during a disaster or other public health emergency. Understandings regarding the incident command structure, patient and resource management, processes and policies in place for requesting and sharing of staff, equipment and consumable resources, as well as payment, are generally addressed in an MOU/MAA. These agreements expand the capacity of HCPH 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.
- 2) Established MOUs and MAAs are retained by each Division and Program that has an existing agreement. The EP Supervisor retains the compilation of original/official agreements. Additionally, the Finance Director also retains copies that have financial commitments.
- 3) Upon an incident response, it is incumbent upon the Logistics/Resources Support Section Chief to inquire with the Health Commissioner, Assistance Health Commissioners and the EP Supervisor 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, Assistance Health Commissioners and/or the EP Supervisor EP will collaborate on execution of the MOU/MAA.

## 9.0 STAFFING

### 9.1 GENERAL

All HCPH employees are designated as public health responders and can be called upon to fulfill response functions during an incident. The role assigned to any HCPH employee in an incident is dependent upon the nature of the incident



and the availability of staff to respond. With approval by HCPH Human Resources, staff may be asked to work outside of business hours or for periods of time longer than a standard work day. Staff rosters are maintained by each Division and Human Resources. All staffing considerations will adhere to county personnel policies.

## 9.2 STAFFING ACTIVATION LEVELS

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

HCPH will utilize the HCPH 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 HCPH COOP Plan.

## 9.3 STAFFING POOLS

HCPH Divisions will be tapped to provide staffing for incidents that can be effectively supported by their staff. The following HCPH staffing pools could be considered for fulfilling staffing requirements:

- 1) Qualified program staff from involved Divisions;
- 2) Specific roles for program personnel that are defined in functional or incident-specific annexes included in this plan;
- 3) The EP Program comprises the primary Subject Matter Experts (SME) for each of HCPH response areas; members of this group may be selected to serve key leadership roles during incident response;
- 4) IC/AC role may be filled by the Health Commissioner or either Assistant Health Commissioner or their designee.

Other Partner Staffing pools include the following:

- 1) Staffing agreements in Mutual Aid Agreements or Memorandums of Understanding -- LHDs within Hamilton County and Regional LHDs
- 2) County Employees – County Resolution dated 6/13/16
- 3) State (ODH) and Federal Agencies
- 4) Medical Reserve Corps
- 5) Contract staff, especially for positions requiring specific skills or licensure;
- 6) Staffing request through Emergency Management Assistance Compact (EMAC).



The Health Commissioner, Assistant Health Commissioner(s), EP Supervisor and Human Resources will be engaged, as appropriate, prior to outreach efforts to these alternate staffing pools.

## 9.4 MOBILIZATION ALERT AND NOTIFICATION

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

- 1) **Where to report:** All personnel alerted for mobilization/deployment for an incident will report to the HCPH DOC, unless otherwise specified.
- 2) **When to report:** Staff alerted will report within the required time established by the IC/AC. The goal for initiating deployment is within 30 minutes of notification; arrival times may vary depending on the distance the staff must travel.
- 3) **Whom to report to:** The staff alerted will report to the DOC Manager or other individual, if designated. The Assistance Health Commissioner of Community Health Services or EP Supervisor will review the responsibilities of assigned staff and consult with them to ensure they are able to receive and process responding personnel.

Upon reporting to the DOC, the staff will be received, checked in, provided an incident summary, assigned and integrated into their role. At this time, the staff could be deployed to another location in support of the incident response. All reasonable efforts will be made to inform HCPH employees who will be deployed to another location, on what to prepare for in relation to time expected for deployment and providing the appropriate packing list information. **No HCPH staff member will self-deploy to an incident response.**

## 10.0 DISASTER DECLARATIONS

### 10.1 NON-DECLARED DISASTERS

HCPH 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 HCPH resources and assets as necessary to prepare for, respond to, and recover from an event.

### 10.2 DECLARED DISASTERS

The difference between a disaster declaration and declaration of a state of emergency is that a state of emergency can be declared as the result of an

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

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

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

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

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

#### **10.2.1 PROCESS FOR STATE DECLARATION OF DISASTER EMERGENCY**

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

If the Governor declares a disaster, then HCPH will coordinate with other federal, state and local agencies through the Hamilton County EOC. HCPH functions as both a primary and support agency for multiple ESFs coordinated by the Hamilton County EOC Operation Room.

#### **10.2.2 PRESIDENTIAL DECLARATION OF DISASTER OR EMERGENCY**

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

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

### 10.2.3 SECRETARY OF HHS PUBLIC HEALTH EMERGENCY DECLARATION

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

Response support available through the declaration may include (a) issuing grants, (b) entering into contracts, (c) conducting and supporting investigations into the cause, treatment, or prevention of the disease or disorder, and (d) temporary reassignment of state and local personnel. Declaration of a PHE does not require a formal request from state or local authorities.

## SECTION III

### 11.0 PLAN DEVELOPMENT AND MAINTENANCE

#### 11.1 USING PEOPLE-FIRST LANGUAGE IN PLANS

People-first language is a type of linguistic prescription in English. It aims to avoid perceived and subconscious dehumanization when discussing people with disabilities and is sometimes referred to as a type of disability etiquette. People-first language can also be applied to any group that is defined by a condition rather than as a people: for example, "those that are homeless" rather than "the homeless."

The basic idea is to use a sentence structure that names the person first and the condition second, for example "people with disabilities" rather than "disabled people" or "disabled", in order to emphasize that "they are people first". Because English syntax normally places adjectives before nouns, it becomes necessary to insert relative clauses, replacing, e.g., "asthmatic person" with "a person who has asthma."

HCPH will use people-first language in all of its plans, including the Basic Plan, Attachments, Appendices and Annexes according to the ODH-provided people-first language resource described in **Appendix 5 – Communicating with and about Individuals with Access and Functional Needs**.

## 11.2 PLAN FORMATTING

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

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

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

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

**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.

### 11.3 REVIEW AND DEVELOPMENT PROCESS

- The planning shall be initiated and coordinated by the EP Program. Planning shall address revisions to the ERP Basic Plan, as well as revision or development of any other ERP components. The EP Program will form a collaborative planning team to include one or more of the following staff:
  - Assistant Health Commissioner of Community Health Services (CHS)
  - Health Commissioner
  - Emergency Preparedness Specialist
  - Representative for access and functional needs
  - SMEs from both within HCPH and without
- Revisions will be determined on an annual revision schedule and by identifying gaps and lessons learned through exercise and real-world events, or by the direction of the Health Commissioner or the Assistant Health Commissioner of CHS. 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.
- The EP Program will develop an achievable work plan by which content will be developed, vetted and reviewed prior to final submission. The collaborative team will identify the needs for improvement and update the plan component(s). Once EP Program has prepared the plan revisions, the components will be submitted to reviewers prior to being submitted for approval. Any feedback will be incorporated and then the updated document will be presented for approval.

- Once these elements are identified, revised processes are developed for improvement or replacement. In order to maintain transparency and record of collaboration, the EP Program will record planning and collaborating meetings by designating a scribe to record meeting minutes to sustain a record of recommendations from collaborative ERP meetings. These meeting minutes may be accessed by following the below file path:
- **X:HCPH Plans and SOGs\PLANS and SOGS\BASE PLAN\HCPH Review\Plan Development**
- On the next page are the established plan, annex, attachment and appendix review schedules. The EP Program will establish a key activities schedule for the plan they are managing to meet the thresholds identified below. Planning team members will work to ensure that plan components are staggered so that reviews do not become overwhelming.

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

Proposed changes to plans in-between the review cycle shall be tabled for further discussion at the review cycle meeting to be presented and approved or rejected by the collaborative team. In the interim, the changes may be used for response if approved by the EP Supervisor or designee.

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

- The basic plan and its attachments shall be reviewed by the EP Program and endorsed by the Health Commissioner. Once adopted, the basic plan and its attachments shall be reviewed annually, from the last date the plan was authorized. The purpose of this review will be to consider adoption of proposed changes, i.e., revisions, additions or deletions that were identified during the year. If adopted, the changes will be incorporated, and the basic plan and its attachments will be reauthorized.
- Any HCPH Division may initiate changes to the basic plan and its attachments by submitting the proposed changes to the EP Program for presentation to the Health Commissioner during the annual review.

- Proposed changes may be approved for use in response activities by the EP Supervisor before adoption by the Health Commissioner; such approval is only valid until the annual review, after which the Health Commissioner must have adopted the proposed changes for their continued use in response activities to be allowable.

## 11.5 REVIEW AND ADOPTION OF APPENDICES TO THE BASIC PLAN

- Because appendices are complementary to the basic plan, they may be approved for inclusion, revision or expansion by the EP Supervisor. Any HCPH Division may initiate changes to appendices by submitting the proposed changes to the ERP. All appendices should be reviewed by the EP Program and, if necessary, the appropriate Division Director(s) upon inclusion, revision or expansion, but it is not necessary, at any time, for the Health Commissioner to approve appendices.

## 11.6 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 the EP Program and conducted by a review team, which will comprise the following: (a) all HCPH Division Directors with responsibilities in the annex or attachments, (b) any other subject matter experts designated by the EP Supervisor in group a, and (c) appropriate representatives from outside the agency, including county partners and representatives of individuals with access and functional needs. The review committee will be led by a chair, who will be the EP Supervisor; this chair will be ultimate approver of both new and existing annexes and their attachments. The purpose of this review will be to consider adoption of proposed changes that were identified during the year. If adopted, the changes will be incorporated, and the revised annexes will be reauthorized by the identified approvers.
- Any HCPH Division may initiate changes to annexes and its attachments by submitting the proposed changes to the ERP for presentation to the identified reviewers. Please note that if an attachment is a directive, then that attachment must be updated through the existing directive policy.
- Proposed changes may be approved for interim use in response activities by the EP Supervisor outside the review cycle; such approval is only valid until the annual review, after which the review committee must have adopted the proposed changes for their continued use in response activities to be allowable.



## 11.7 DEVELOPMENT AND ADOPTION OF APPENDICES TO AN ANNEX

- Because appendices to annexes are complementary, they may be approved for inclusion, revision or expansion by the EP Supervisor at any time. Any HCPH Division may initiate changes to an appendix to an annex by submitting the proposed changes to the ERP. All appendices should be reviewed by the review committee upon inclusion, revision or expansion, but it is not necessary, at any time, for those reviewers to approve appendices before they are added to an annex.

## 11.8 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.

## 11.9 PLAN FORMATTING

For plan formatting, see ***Appendix 9 – HCPH Plan Style Guide***.

## 11.10 PLAN PUBLISHING

Emergency response plans will be made available for review by the public on-line on the HCPH emergency preparedness website. The EP Supervisor will be responsible for communicating to HCPH's Public Information Officer (PIO) and HCPH's Assistant Health Commissioner for CHS 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 EP Supervisor and the Assistant Health Commissioner for CHS 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, PIO will coordinate with HCPH's Communications Specialist to publish the ERP online. Public comment to the ERP will be accepted via email and tabled in addition to the proposed changes between revision cycles for consideration.



## 12.0 TRAINING AND EXERCISES

### Training

1. HCPH staff will be trained according to the standards established in the Multiyear Training and Exercise Plan (TEP) and the HCPH Workforce Development Plan.
2. At the minimum, all employees will receive introductory NIMS training and ICS (IS-100 and IS-700) within the first 6 months of hiring.
3. Employees with identified command and general staff roles will require advanced training (IS-200, IS-300, IS-400 and IS-800). Further training may be required as new procedures are developed.
4. All upper level management, Division Directors/Supervisors and employees who will serve a role in ICS will be provided DOC Training by the Emergency Preparedness Program.
5. HCPH's training and exercise programs are administered by the EP Program in coordination with the local emergency response agencies. The TEP helps prepare HCPH to optimally address both the natural and technical hazards that it faces.
6. The Multiyear TEP is a living document that will be updated and refined annually. The Multiyear TEP provides a roadmap for HCPH to follow in accomplishing the priorities described by ODH. Each priority is linked to a corresponding National Priority, and, if applicable, an Improvement Plan (IP) action.
7. Included in the Multiyear TEP is the training and exercise schedule, which provides graphic illustration of the proposed activities, scheduled over a 5-year period. It is representative of the natural progression of training and exercises that should take place in accordance with the building-block approach.
8. HCPH will work with ODH, Ohio Emergency Management Agency, Hamilton County EMHSA, local police and fire as well other partners to assure that as trainings become available through these and other partners and stakeholders; that HCPH will facilitate those applicable trainings to staff, volunteers and others.

### Exercises

Training will additionally be conducted in conjunction with exercise of the Plan. The Plan shall be activated at least once a year in the form of a simulated emergency to provide practical controlled operational experience to those individuals who have emergency response roles.

## 13.0 DOCUMENT DEFINITIONS AND ACRONYMS

Definitions and acronyms related to the HCPH ERP Base Plan are in **Appendix 10 – Definitions & Acronyms**.

## 14.0 LEGAL AUTHORITIES

The following are a list of legal authorities for local and state public health agencies.

### 14.1 COUNTY HEALTH DEPARTMENT AND BOARDS OF HEALTH

- *RC §301.24 County health department or agency.*
  - Provides authority to the electors to create a county health department by charter. In accordance with the county charter, the county health department shall exercise all powers and perform all duties vested in or imposed upon authorities of city or general health districts. <http://codes.ohio.gov/orc/301.24>
- *RC §3709.01*
  - The state shall be divided into health districts. The townships and villages in each county shall be combined into a health district and shall be known as a “general health district.”  
<http://codes.ohio.gov/orc/3709.01>
- *RC §3709.03 (A)*
  - A general health district advisory council is comprised of the president of the board of county commissioners, the chief executive of each non-city municipal corporation, and the president of the board of the township trustees of each township.  
<http://codes.ohio.gov/orc/3709.03>
- *RC §3709.02 (A)*
  - Boards of health are comprised of five members, each serving a five-year term. <http://codes.ohio.gov/orc/3709.02>
- *RC §3709.03 (B)*
  - This advisory council appoints four persons to serve on the board of health, with the remaining member to be appointed by the health district licensing council. At least one member of the board of health shall be a physician. <http://codes.ohio.gov/orc/3709.03>

### 14.2 AUTHORITIES OF OHIO DEPARTMENT OF HEALTH

- *General Powers*
  - The Department of Health receives its general authority by statute.

- *RC §3701.13 Supervisory Powers*
  - The department of health shall have supervision of all matters relating to the preservation of the life and health of the people. <http://codes.ohio.gov/orc/3701.13>
- *RC §3701.13 “Ultimate Authority” Regarding Quarantine and Isolation.*
  - The Department of Health has “ultimate authority” in matters of quarantine and isolation, which it may declare and enforce, when neither exists, and modify, relax, or abolish, when either has been established. <http://codes.ohio.gov/orc/3701.13>
- *RC §3701.13 Immunization.*
  - The department may approve methods of immunization against the diseases specified in section 3313.671 of the Revised Code for the purpose of carrying out the provisions of that section and take such actions as are necessary to encourage vaccination against those diseases. <http://codes.ohio.gov/orc/3701.13>
- *RC §3313.671 Immunization*
  - Requirements related to schools. <http://codes.ohio.gov/orc/3313.671>
- *RC §3701.352 Violation of rule or order prohibited.*
  - No person shall violate any rule the director of health or department of health adopts or any order the director or department of health issues under this chapter to prevent a threat to the public caused by a pandemic, epidemic, or bioterrorism event. <http://codes.ohio.gov/orc/3701.352>
- *Special Duties and Powers of Director of Health*
  - The director of health is charged with several special powers and responsibilities under Ohio law.
- *RC §3701.14 (A) Epidemic and Pandemic Investigation*
  - The director of health shall investigate or make inquiry as to the cause of disease or illness, including contagious, infectious, epidemic, pandemic, or endemic conditions, and take prompt action to control and suppress it. The reports of births and deaths, the sanitary conditions and effects of localities and employments, the personal and business habits of the people that affect their health, and the relation of the diseases of man and beast, shall be subjects of study by the director. The director may make and execute orders necessary to protect the people against diseases of lower animals, and shall collect and preserve information in respect to such matters and kindred subjects as may be useful in the discharge of the director's duties, and for dissemination among the people. When called upon by the state or local governments, or the board

of health of a general or city health district, the director shall promptly investigate and report upon the water supply, sewerage, disposal of excreta of any locality, and the heating, plumbing, and ventilation of a public building. <http://codes.ohio.gov/orc/3701.14>

- *RC §3701.146 Powers and duties regarding tuberculosis; public health council standards.*
  - In taking actions regarding tuberculosis, the director of health has all of the following duties and powers: (1) The director shall maintain registries of hospitals, clinics, physicians, or other care providers to whom the director shall refer persons who make inquiries to the department of health regarding possible exposure to tuberculosis. (2) The director shall engage in tuberculosis surveillance activities, including the collection and analysis of epidemiological information relative to the frequency of tuberculosis infection, demographic and geographic distribution of tuberculosis cases, and trends pertaining to tuberculosis. (3) The director shall maintain a tuberculosis registry to record the incidence of tuberculosis in this state. (4) The director may appoint physicians to serve as tuberculosis consultants for geographic regions of the state specified by the director. Each tuberculosis consultant shall act in accordance with rules the director establishes and shall be responsible for advising and assisting physicians and other health care practitioners who participate in tuberculosis control activities and for reviewing medical records pertaining to the treatment provided to individuals with tuberculosis. <http://codes.ohio.gov/orc/3701.146>
- *O.A.C. 3701-73-01 (A)(1) Epidemic and Pandemic Investigation*
  - Such an investigation may be initiated when a local health district has reported documented cases of illness indicative of epidemic or pandemic conditions.
- *O.A.C. 3701-73-01 (A)(1) Animal Based Diseases*
  - The director may make and execute orders necessary to protect persons from animal-based diseases.
- *RC §3701.04 (B) (2) Volunteer Responders*
  - The director may establish fees, procedures, standards, and requirements necessary for recruiting, registering, training, and deploying the volunteers. <http://codes.ohio.gov/orc/3701.04>
- *RC §3701.03 General duties of director of health.*
  - The director of health shall perform duties that are incident to the director's position as chief executive officer of the department of health. The director shall administer the laws relating to health and sanitation and the rules of the department of health. The director

may designate employees of the department and, during public health emergency, other persons to administer the laws and rules on the director's behalf. Nothing in this section authorizes any action that prevents the fulfillment of duties or impairs the exercise of authority established by law for any other person or entity.

<http://codes.ohio.gov/orc/3701.03>

### 14.3 DELEGATION OF POWERS TO LOCAL HEALTH DEPARTMENTS

- *Ex parte Company (1922), 106 Ohio St. 50, 139 N.E. 204*
  - The state may assign or delegate its power to preserve the public health and the duties incident to that power to either state or local authorities. It has done so through the General Assembly.
- *RC §3701.342*
  - The director of health shall adopt rules establishing minimum standards and optimum achievable standards for boards of health and local health departments. The minimum standards shall assure that boards of health and local health department provide for: (A) Analysis and prevention of communicable disease; (B) Analysis of the causes of, and appropriate treatment for, the leading causes of morbidity and mortality; (C) The administration and management of the local health department; (D) Access to primary health care by medically underserved individuals; (E) Environmental health management programs; (F) Health promotion services designed to encourage individual and community wellness. The director shall adopt rules establishing a formula for distribution of state health district subsidy funds to boards of health and local health departments. The formula shall provide no subsidy funds to a board or department unless it meets minimum standards and shall provide higher funding levels for boards and districts that meet optimum achievable standards.  
<http://codes.ohio.gov/orc/3701.342>
- *See D.A.B.E., Inc. v. Toledo-Lucas Cty. Bd. Of Health, 96 Ohio St. 3d 250, 773 N.E. 2d 536, 2002-Ohio-4172*
  - Local boards of health are granted broad authority for promulgating orders and regulation, so long as they possess proper rule-making authority and subject matter jurisdiction.
- *RC §3709.21*
  - The board of health of a general health district may make such orders and regulations as are necessary for its own government, for the public health, the prevention or restriction of disease, and the prevention, abatement, or suppression of nuisances. Such board may require that no human, animal, or household wastes from

sanitary installations within the district be discharged into a storm sewer, open ditch, or watercourse without a permit therefor having been secured from the board under such terms as the board requires. All orders and regulations not for the government of the board, but intended for the general public, shall be adopted, recorded, and certified as are ordinances of municipal corporations and the record thereof shall be given in all courts the same effect as is given such ordinances, but the advertisements of such orders and regulations shall be by publication in a newspaper of general circulation within the district. Publication shall be made once a week for two consecutive weeks or as provided in section 7.16 of the Revised Code, and such orders and regulations shall take effect and be in force ten days from the date of the first publication. <http://codes.ohio.gov/orc/3709.21>

- *RC §3709.21*
  - In cases of emergency caused by epidemics of contagious or infectious diseases, or conditions or events endangering the public health, the board may declare such orders and regulations to be emergency measures, and such orders and regulations shall become effective immediately without such advertising, recording, and certifying. <http://codes.ohio.gov/orc/3709.21>
- *RC §307.61 Institutions subject to inspection of commissioners or board of health.*
  - Each public or private hospital, reformatory home, house of detention, private asylum, and correctional institution shall be open at all times to inspection by board of county commissioners or the board of health of the general health district or the city health district in which the institution is located. <http://codes.ohio.gov/orc/307.61>
- *RC §3313.67 Immunization of pupils to prevent spread of diseases....*
  - Except as provided in division (A)(2) of this section, the board of education of each city, exempted village, or local school district may make and enforce such rules to secure the immunization of, and to prevent the spread of communicable diseases among the pupils attending or eligible to attend the schools of the district, as in its opinion the safety and interest of the public require. A board of education shall not adopt rules under division (A)(1) of this section that are inconsistent with divisions (B) and (C) of section 3313.671 of the Revised Code. Boards of health, legislative authorities of municipal corporations, and boards of township trustees, on application of the board of education of the district, at the public expense, without delay, shall provide the means of immunization to pupils who are not so provided by their parents or guardians. The board of education shall keep an immunization record for each



pupil, available in writing to the pupil's parent or guardian upon request, which shall include: Immunizations against the diseases mentioned in division (A) of section 3313.671 of the Revised Code; Any tuberculin tests given pursuant to section 3313.71 of the Revised Code; Any other immunizations required by the board pursuant to division (A) of this section. Annually by the fifteenth day of October, the board shall report a summary, by school, of the immunization records of all initial entry pupils in the district to the director of health, on forms prescribed by the director.

<http://codes.ohio.gov/orc/3313.67>

- *RC §3313.68 Employment of medical personnel....*
  - The board of education of each city, exempted village, or local school district may appoint one or more school physicians and one or more school dentists. Two or more school districts may unite and employ one such physician and at least one such dentist whose duties shall be such as are prescribed by law. Said school physician shall hold a license to practice medicine in Ohio, and each school dentist shall be licensed to practice in this state. School physicians and dentists may be discharged at any time by the board of education. School physicians and dentists shall serve one year and until their successors are appointed and shall receive such compensation as the board of education determines. The board of education may also employ registered nurses, as defined by section 4723.01 and licensed as school nurses under section 3319.22 of the Revised Code, to aid in such inspection in such ways as are prescribed by it, and to aid in the conduct and coordination of the school health service program. The school dentists shall make such examinations and diagnoses and render such remedial or corrective treatment for the school children as is prescribed by the board of education; provided that all such remedial or corrective treatment shall be limited to the children whose parents cannot otherwise provide for same, and then only with the written consent of the parents or guardians of such children. School dentists may also conduct such oral hygiene educational work as is authorized by the board of education. The board of education may delegate the duties and powers provided for in this section to the board of health or officer performing the functions of a board of health within the school district, if such board or officer is willing to assume the same. Boards of education shall co-operate with boards of health in the prevention and control of epidemics. <http://codes.ohio.gov/orc/3313.68>
- *RC §3707.01 Powers of board; abatement of nuisances.*
  - The board of health of a city or general health district shall abate and remove all nuisances within its jurisdiction. It may, by order, compel the owners, agents, assignees, occupants, or tenants of

any lot, property, building, or structure to abate and remove any nuisance therein, and prosecute such persons for neglect or refusal to obey such orders. Except in cities having a building department, or otherwise exercising the power to regulate the erection of buildings, the board may regulate the location, construction, and repair of water closets, privies, cesspools, sinks, plumbing, and drains. In cities having such departments or exercising such power, the legislative authority, by ordinance, shall prescribe such rules and regulations as are approved by the board and shall provide for their enforcement. The board may regulate the location, construction, and repair of yards, pens, and stables, and the use, emptying, and cleaning of such yards, pens, and stables and of water closets, privies, cesspools, sinks, plumbing, drains, or other places where offensive or dangerous substances or liquids are or may accumulate. When a building, erection, excavation, premises, business, pursuit, matter, or thing, or the sewerage, drainage, plumbing, or ventilation thereof is, in the opinion of the board, in a condition dangerous to life or health, and when a building or structure is occupied or rented for living or business purposes and sanitary plumbing and sewerage are feasible and necessary, but neglected or refused, the board may declare it a public nuisance and order it to be removed, abated, suspended, altered, or otherwise improved or purified by the owner, agent, or other person having control thereof or responsible for such condition, and may prosecute him for the refusal or neglect to obey such order. The board may, by its officers and employees, remove, abate, suspend, alter, or otherwise improve or purify such nuisance and certify the costs and expense thereof to the county auditor, to be assessed against the property and thereby made a lien upon it and collected as other taxes. <http://codes.ohio.gov/orc/3707.01>

- *RC §3707.02 Proceedings when order of board is neglected or disregarded.*
  - When an order of the board of health of a city or general health district, made pursuant to section 3707.01 of the Revised Code, is neglected or disregarded, in whole or in part, the board may elect to cause the arrest and prosecution of all persons offending, or to perform, by its officers and employees, what the offending parties should have done. If the latter course is chosen, before the execution of the order is begun, the board shall cause a citation to issue and be served upon the persons responsible, if residing within the jurisdiction of the board, but if not, such citation shall be mailed to such persons by registered letter, if the address is known or can be found by ordinary diligence. If the address cannot be found, the board shall cause the citation to be left upon the premises, in charge of any person residing thereon, otherwise it shall be posted conspicuously thereon. The citation shall briefly



recite the cause of complaint, and require the owner or other persons responsible to appear before the board at a time and place stated, or as soon thereafter as a hearing can be had, and show cause why the board should not proceed and furnish the material and labor necessary and remove the cause of complaint. If the persons cited appear, they shall be fully apprised of the cause of complaint and given a fair hearing. The board shall then make such order as it deems proper, and if material or labor is necessary to satisfy the order, and the persons cited promise, within a definite and reasonable time, to furnish them, the board shall grant such time. If no promise is made, or kept, the board shall furnish the material and labor, cause the work to be done, and certify the cost and expense to the county auditor. If the material and labor are itemized and the statement is accompanied by the certificate of the president of the board, attested by the clerk, reciting the order of the board and that the amount is correct, the auditor has no discretion, but shall place such sum against the property upon which the material and labor were expended, which shall, from the date of entry, be a lien upon the property and be paid as other taxes are paid. <http://codes.ohio.gov/orc/3707.02>

- *RC §3707.021 Injunction.*
  - When an order of the board of health of a city or general health district, made pursuant to section 3707.01 of the Revised Code, is not complied with in whole or in part, the board may petition the court of common pleas for an injunction requiring all persons to whom such order of the board is directed to comply with such order. The court of the county in which the offense is alleged to be occurring may grant such injunctive relief as the equities of the case require. <http://codes.ohio.gov/orc/3707.021>
- *RC §3707.03 Correction of nuisance or unsanitary conditions on school property.*
  - The board of health of a city or general health district shall abate all nuisances and may remove or correct all conditions detrimental to health or well-being found upon school property by serving an order upon the board of education, school board, or other person responsible for such property, for the abatement of such nuisance or condition within a reasonable but fixed time. The board of health may appoint such number of inspectors of schools and school buildings as is necessary to properly carry out this section. <http://codes.ohio.gov/orc/3707.03+>
- *RC §3707.07 Complaint concerning prevalence of disease; inspection by Health Commissioner.*
  - Upon a complaint or a reasonable belief that an infectious or contagious disease exists in a house or other locality, the city board

of health/general health district shall have the site inspected by its Health Commissioner. If the disease exists, the board may send the person(s) diseased to a hospital or other place provided for such person(s), may restrain the person(s) exposed from interaction with others, and prohibit ingress/egress to/from the premises.

<http://codes.ohio.gov/orc/3707.07>+

- *RC §3707.08 Isolation of persons exposed to communicable disease; placarding of premises.*
  - When a person known to be exposed to a communicable disease declared quarantinable by the board of health of a city or general health district or department of health is reported, the board shall restrict the person to his place of residence or other suitable place, prohibit entrance to or exit from the place without the board's permission, and enforce any restrictive measures prescribed by the department. When the person is required by the board or department of health to be isolated, the board shall at once separate the person from others in the premises. The board shall place a placard in a prominent place at the premises identifying the name of the disease. No person isolated or quarantined by a board shall leave the premises without the written permission of the board. <http://codes.ohio.gov/orc/3707.08>
- *RC §3707.09 Board may employ quarantine guards.*
  - The board of health of a city/general health district may employ persons to execute its orders and properly guard any house or place containing a quarantined person. <http://codes.ohio.gov/orc/3707.09>+
- *RC §3707.14 Maintenance of persons confined in quarantined house.*
  - The board of health of a city/general health district shall provide necessities of life for persons confined in a house due to quarantine for contagious diseases. Person quarantined is responsible for cost, unless unable to pay, and, when not, the municipal corporation is responsible for the cost. <http://codes.ohio.gov/orc/3707.14>+
- *RC §3707.16 Attendance at gatherings by quarantined person prohibited.*
  - No person isolated or quarantined for a communicable disease shall attend any public, private, or parochial school or college, Sunday school, church, or any other public gathering until released from isolation or quarantine by the board. <http://codes.ohio.gov/orc/3707.16>+
- *RC §3707.17 Quarantine in place other than that of legal settlement.*
  - When a person is quarantined in a county by a city or general health district but has a legal settlement in a municipal corporation

or township within the same county other than that in which quarantined or in another county and the individual is unable to pay expenses associated with the service, the place of legal settlement shall be notified and is responsible for such expenses.

<http://codes.ohio.gov/orc/3707.17>+

- *RC §3707.18 Expense of quarantining county public institution.*
  - The expenses for quarantining a county home or other public institution shall be paid by the county when properly certified by the president and clerk of the board of health, or Health Commissioner where there is no board, of the city or general health district in which such institution is located. <http://codes.ohio.gov/orc/3707.18>+
- *RC §3707.23 Examination of common carriers by board during quarantine.*
  - When a quarantine is declared, all railroads, steamboats, or other common carriers, and the owners, consignees, or assignees of any railroad, steamboat, or other vehicle used for the transportation of passengers, baggage, or freight, shall submit to any rules or regulations imposed and any examination required by a board of health of a city or general health district or Health Commissioner. <http://codes.ohio.gov/orc/3707.23>+
- *RC §3707.25 Application of quarantine rules to persons and goods on vehicles of transportation.*
  - Rules and regulations passed by a board of health or Health Commissioner shall apply to all persons, goods, or effects arriving by railroad, steamboat, or other vehicle of transportation, after quarantine is declared. <http://codes.ohio.gov/orc/3707.25>+
- *RC §3707.26 Board shall inspect schools and may close them.*
  - During an epidemic or threatened epidemic, or when a dangerous communicable disease is unusually prevalent, the board may close any school and prohibit public gatherings for as long as necessary. <http://codes.ohio.gov/orc/3707.26>+
- *RC §3707.30 Care and control of hospital; removal of persons to hospital.*
  - When a person suffering from a dangerous contagious disease is found in a hotel, lodging-house, boardinghouse, tenement house, or other public place in the municipal corporation, the board, if it deems it necessary for the protection of the public health, may remove the person to a hospital. <http://codes.ohio.gov/orc/3707.30>+
- *RC §3707.31 Establishment of quarantine hospital.*
  - A municipal corporation may establish a quarantine hospital within or without its limits. When great emergency exists, the board of health of a city/general health district may seize, occupy, and

temporarily use for a quarantine hospital a suitable vacant house or building within its jurisdiction. <http://codes.ohio.gov/orc/3707.31>+

- *RC §3707.32 Erection of temporary buildings by board; destruction of property.*
  - The board of health of a city/general health district may erect temporary wooden buildings or field hospital necessary for the isolation or protection of persons or freight thought to be infected, and may employ nurses, physicians, and laborers to operate them, and sufficient police to guard them. The board may disinfect, renovate, or destroy bedding, clothing, or other property when deemed necessary or a reasonable precaution against the spread of contagious or infectious diseases. <http://codes.ohio.gov/orc/3707.32>+
- *RC §3707.34 Authority of Health Commissioner regarding quarantine and isolation provisions.*
  - The Health Commissioner of a general or city health district may act on behalf of the board in administering RC sections 3707.04 to 3707.32 regarding quarantine and isolation if the commissioner acts pursuant to a policy the board adopts as described in this section. Each board of health shall adopt a policy specifying the actions a Health Commissioner may take pursuant to this section. <http://codes.ohio.gov/orc/3707.34>+
- *RC §3701.56 Enforcement of rules and regulations.*
  - The boards of health of a general or city health district, police officers, sheriffs, and others shall enforce the quarantine and isolation orders, and the rules adopted by the Ohio Department of Health (ODH). <http://codes.ohio.gov/orc/3701.56>+
- *RC §3701.57 Prosecutions and proceedings; injunctive or other relief.*
  - Authorizes the director of health, the board of health of a general or city health district, or any person charged with enforcing the rules of the ODH (under Chapter 3701), to petition the court of common pleas in which the offense is alleged to be occurring. The court may grant injunctive or other appropriate relief as the equities of the case require. <http://codes.ohio.gov/orc/3701.57>+
- *RC §3707.05 Limitations on Authority*
  - Local boards of health may not take certain actions without permission from the Department of Health. Local boards may not close or prohibit travel on public highways. Local boards may not establish a quarantine of one municipal corporation or township against another. <http://codes.ohio.gov/orc/3707.05>+
- *RC §3701.13 and RC §3701.28 Statutory Instruction*

- Statutory language indicates that orders and regulations of the Department of Health trump those of the local health boards. *State Retains Ultimate Control over Public Health Matters*
- *State Bd. Of Health v. city of Greenville (1912), 86 Ohio St. 1, 98 N.E. 1019*
  - The Ohio Supreme Court has determined the grant to a municipality of certain public health powers is not a relinquishment of the state's health control and authority within the municipality's territorial limits. *Public Health Matter of Statewide Concern*
- *Kraus v. City of Cleveland (C.P. 1953), 55 Ohio Op.6, 116 N.E. 2d 779, judgment aff'd (1955) 163 Ohio St. 559, 127 N.E.2d 609.*
  - Since the subject of public health is a matter of statewide concern, courts find the enactments of the General Assembly prevail over local enactments that are in conflict.

## 15.0 REFERENCES

### 15.1 FEDERAL

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

### 15.2 STATE

- 1) Ohio Department of Health Emergency Operations Plan – Basic Plan
- 2) Ohio Emergency Management Agency Enhanced Hazard Mitigation Plan, 2011.
- 3) Ohio Emergency Operations Plan, 2016

### 15.3 COUNTY

- 1) Hamilton County Emergency Management & Homeland Security Agency Emergency Operations Plan, 2016
- 2) Hamilton County Emergency Management & Homeland Security Agency Threat and Hazard Identification and Risk Assessment (THIRA), July 2016