# Lawrence County Health Department
# Emergency Response Plan
## base plan

This page was intentionally left blank.

# PREFACE

Homeland Security Presidential Directive (HSPD)-5, mandates the development of a National Response Plan (NRP) to align Federal coordination structures, capabilities, and resources into a unified, all discipline, and *all-hazards* approach to domestic incident management. This approach is unique and far reaching in that it, for the first time, eliminates critical seams and ties together a complete spectrum of incident management activities to include the prevention of, preparedness for, response to, and recovery from terrorism, major natural disasters and other major emergencies.

The Department of Health and Human Services and Centers for Disease Control and Preventions' Public Health Emergency Preparedness (PHEP) program's main focus is to develop emergency-ready public health departments.  Some activities include evaluation and upgrade of State and local public health preparedness, and increasing integration with federal, state, local, private sector, and non-governmental organizations.  These emergency preparedness and response efforts are intended to support the National Response Plan and the National Incident Management System.

The Ohio Department of Health (ODH), Office of Health Preparedness, manages grant funds to support the Public Health Infrastructure (PHI) Program and PHEP Program.  The goal of the PHI and PHEP programs is to address bioterrorism, outbreaks of infectious disease and other public health threats at the county and regional public health level.

The PHEP grant deliverables provide the guidance for planning within the Public Health Planning regions of Ohio.  This plan is a product of Federal and State requirements to provide an efficient and timely response to a *Public Health* emergency and to assist in the mitigation of events that could ultimately affect the public's health.

This page was intentionally left blank.

# TABLE OF CONTENTS

## ANNEXES

## APPENDICES

**PUBLIC HEALTH and MEDICAL SERVICES**

**PRIMARY AGENCY:**     Lawrence County Health Department

**SUPPORT AGENCIES:**     Lawrence County EMA

St. Mary's Medical Center Emergency Room

SEO Epidemiologists

Lawrence County Corner

Local Veterinarians

# INTRODUCTION

The Lawrence County Health Department (LCHD) Emergency Response Plan (ERP) shall serve as the operational framework for responding to all emergencies and disasters that impact the public health and medical system in LAWRENCE County. The plan is an all-hazards plan that establishes a comprehensive framework for the management of the public health response to incidents within LAWRENCE County. The plan is activated when it becomes necessary to assess incidents or to mobilize resources identified herein in order to protect the public's health. The plan assigns roles and responsibilities to the LAWRENCE County Health Department's program areas and response personnel within these programs for responding to emergencies and events. The ERP is intended to be executed in conjunction with both the more detailed annexes and appendices included as part of this document. Additionally, the ERP is designed to work in conjunction with the Southeast Central Ohio (SCO) Regional Public Health ERP, Ohio Departmentof Health ERP and the State of Ohio Emergency Operations Plan (EOP)

## Purpose

The LCHD has the primary responsibility for protecting the public health of the residents of Lawrence County, coordinating emergency preparedness, and is identified as the lead agency for response to public health emergencies.  The LCHD Public Health Emergency Preparedness (PHEP) Program and the Emergency Response Coordinator has the primary responsibility for coordinating emergency preparedness and response for the jurisdiction.  The Lawrence County Emergency Response Plan (ERP)/Emergency Support Function-8 (ESF-8), Public Health and Medical Services, provides a mechanism for coordinated local assistance to supplement resources and implement protective actions in response to the public health needs resulting from emergency/disaster situations.

Federal and State agencies divide their planning into 15 annexes, with identified "leads" for each annex.  ESF-8: Public Health and Medical Services is the only annex in which public health is the "Lead" agency; for other activities, Public Health provides support.

Emergency Support Functions (ESF):  A grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and

critical infrastructure, and help individuals impacted by the incident  and communities return to normal following domestic incidents.

## Scope

The framework of the LCHD  ERP was developed using a modified functional approach which consists of an ESF-8 model base plan with general annexes, and functional appendices.  These are supplemented by implementing instructions which will be utilized to execute all or portions of the LCHD ERP in conjunction with the roles and responsibilities identified in Lawrence County  Emergency Operations Plans (EOP) and St. Mary's Medical Center Emergency Room.  The LCHD ERP utilizes an all-hazards planning and preparedness approach.  It is meant as a guide for an all-hazards emergency response & deviation from the plan may be necessary as unforeseen incidents occur.

## Public Health Law, Authority and Policies

Authority

Ohio Revised Code (ORC) Chapters 3701, 3707 and 3709 and Ohio Administrative Code (OAC) Chapter 3701-3 provide authority to ODH and local health districts (LHDs) with respect to human infectious diseases, including pandemic influenza.

- ORC 3701:  deals with the authority of ODH, and
- ORC 3707 and 3709 deal with the authority of local health boards and districts, respectively.

For more specific federal and state laws, statues, executive orders, etc, see:

- Annex 4:  Epidemiological Response Plan;
  - EPI Team Notebook
- Appendix 1: Medical Countermeasures (MCM) Plan;
- Appendix 8:  Volunteer Management (liability protection); and
- Implementing Instruction:  Contain:  Legal Authority (isolation and quarantine.

Basic Authorities for Response

Basic authorities define essential authorities vested in the Incident Commander (IC). These authorities are listed below:

- IC may utilize and execute any approved component (i.e., attachment, appendix or annex) of the ERP;
- IC may direct all resources identified within any component of the ERP in accordance with agency policies;
- IC may set response objectives and develop/approve an incident action plan (IAP), as applicable, in accordance with overall priorities established by the agency administrator or policy group;
- IC may authorize incident-related in-state travel for response personnel;
- IC may authorize exempt staff to work a schedule other than their normal schedule, as needed;

- IC may approve incident expenditures totaling up to $5,000.

Limitations of Authorities

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

- IC must engage health department administration when staffing levels begin to approach any level that is beyond the total number of staff at the health department;

- IC must adhere to the policies of LCHD regarding overtime/comp-time and should clarification on these policies or exemption be required, the IC must engage the health department administration;

- IC must seek approval from the Financial Agent for incident expenditures totaling more than $5,000.  This is to be understood as total incident expenditures, not just the total cost for a single transaction.

- All expedited actions (such as: request for overtime, execution of contracts, or purchases exceeding pre-determined limits) will be initially approved by the Fiscal/Logistics Section Chief and provided to the Incident Commander for approval

Legal Counsel Engagement

During any activation of the emergency response plan, legal counsel  may need to be engaged.  The specific topics that may require targeted engagement of legal counsel include the following, but not limited to:

- Isolation and quarantine,

- Drafting of public health orders,

- Execution of emergency contracts,

- Protected health information,

- Interpretation of rules, statutes, codes and agreements.

The Health Commissioner or designee shall decide when internal approvals are required to engage legal counsel; the Health Commissioner, Incident Commander, their designee or supervisory staff may reach out.  The Prosecuting Attorney or his designee will serve as the legal counsel in all legal matters.  Contact information for legal counsel can be found in LCHD Health Alert Network (HAN) Directory.

Lawrence County Board of Health (BOH)

The Lawrence County Board of Health (LCBOH) will be notified whenever the LCHD ERP is activated and the incident is expected to go beyond one operational period.  The LCBOH may also be notified (for LCBOH situational awareness) at the Health Commissioner (HC), or designee's, discretion for any incident which may adversely affect public health but not rise to the level of necessitating ERP activation.

The Health Commissioner, or designee wil notify the LCBOH  by phone, or email.  At a minimum, the LCBOH President will be contacted to inform the board of the incident and response operation initiation.

## National Incident Management System (NIMS) Adoption and Compliance

Plans, exercises, & trainings are developed and structured to be consistent with local, regional, state, & federal regulations, standards, and policies and to comply with the National Response Framework (NRF), NIMS – Homeland Security Presidential Directives (HSPD) - 5, and National Infrastructure Protection Plan (NIPP) contributing to the National Preparedness Goal - HSPD-8.  The national incident management system (NIMS) has been adopted by Ohio (Ohio Revised Code 5502.28) as the standard procedure for incident management in this state.  All departments, agencies, and political subdivisions within the state utilize the system for incident management.

## ESF-8 Integration into County Emergency Operations Plan (EOP)

The LCHD ERP is integrated as part of the Lawrence County All-Hazards Emergency EOP.  The Lawrence County All-Hazards EOP is the single legal document that describes responsibilities of agencies and individuals for carrying out specific actions in or in preparation for an emergency or disaster in Lawrence County.  The LCHD ERP functions, as a part of the Lawrence County EOP, to provide specific information for the preparedness, response, mitigation, and recovery responsibilities of the LCHD for public health-related disaster situations in Lawrence County.

## ESF-8 Preparedness Healthcare Coalition

Lawrence County Health District (LCHD) is a participating member of the Southeast Central Ohio Healthcare Coalition and the Scioto-Lawrence Health Coalition, which is a subset of this coalition.  LCHD maintains representation at coalition meetings and actively partakes in the planning and execution of all coalition events, including training and exercises.  This is a planning coalition and does not respond to incidents as a healthcare coalition.

The local healthcare coalition, which is made up of ESF-8 partners and other response partners, comes together  formally three (3) to four (4) times a year, with the goal of increasing medical response capabilities in the community, county, and region, by:

- Preparing for the needs of individuals at-risk & the general population in the community/county in the event of a public health emergency;

- Coordinating activities to minimize duplication of effort and ensure coordination among local planning, preparedness, response, & de-escalation activities;

- Maintaining continuity of operations in the community vertically with the local jurisdictional emergency management organizations;

- Unifying the management capability of the healthcare system to a level that will be necessary if the normal day-to-day operations & standard operating procedures of the health system are overwhelmed, & disaster operations become necessary;

- Promoting support of sufficient jurisdiction-wide situational awareness to ensure that the maximum number of people requiring care receive safe & appropriate care; Assist in the integration of each partners emergency response plans;

- Integrating agency/partners response plans into the county operations plan;
- Discussing activities each partner, or group of partners, have completed, or needs assistance with;
- Sharing new resources; and
- Planning for needed training and exercise.

<u>ESF-8 Agencies and Resources Coordination</u>

The LCHD is the LEAD/Primary agency for ESF-8 activities at the local-level, Southeast Central Ohio Public Health at the regional-level, and ODH at the state-level. LCHD/public health resources have been identified in advance of an emergency/ disaster.  LCHD's ESF-8 resource requests will be coordinated with the Lawrence County Emergency Management Agency (LCEMA).  State-level ESF-8 resources can be activated upon request from the LCEMA when local resources have been exhausted.  (See Annex 6: Resource Management and associated Resource Management Implementing Instructions)

<u>LCHD ERP Intergration During Emergency Response Activities</u>

LCHD ERP Annexes, Appendices, and Implementing Instructions integrate with the LCHD ERP in response to incidents; the plan or plan(s) integrated depend upon the actual incident.   Upon initial activation of the LCHD ERP, the following plan(s) would be integrated as follows:

| Response Level | Plan(s) to interfaces with: |
|---|---|
| Local | Lawrence County EOP<br>Local Healthcare Agencies' ERP<br>Other Response Partner ERPs |
| Regional | SCO Regional Public Health ERP |
| State | ODH ERP and State of Ohio EOP |

At the regional level, LCHD interfaces with the SCO Public Health Emergency Preparedness region.  This region consists of 10 counties in Southeast Central Ohio. The region meets on a monthly basis to review and update plans, discuss exercises and response activities. All health departments in the Southeast Central region utilize the same plan template for their ERP. The plans produced by the region are designed to work in concert with the plans of other medical organizations and define how agencies collaborate during responses that affect one or more of the counties in the region.

At the state level, LCHD interfaces with ODH to support public health and medical response respectively.  LCHD does reference ODH plans in their plan reviews.  LCHD plans are designed to identify, access and integrate with state plans for support and resources made available to the local health department during an emergency.

<u>Administrative Triad</u>

The LCHD will maintain a full-time administrative triad (Health Commissioner, Director of Environmental Health, & Director of Nursing). In the event of a vacancy, LCHD will follow the procedures within the employee personnel manual.

<u>Populations with Access or Functional Needs</u>

The definition used to describe "Access and Functional Needs" can be found in Attachment B: Glossary.  It is the policy of the Health Department that it will take appropriate action in accordance with this plan to mitigate any harm to the citizens or property in the county, including those with access or functional needs (i.e. Long Term Care, Pediatrics, Geriatrics, Mental Health, Language Barriers, and sheltering).  LCHD has adopted  The Arc of the United States' "People-First Language" in all components of the ERP in an effort to emphasizes the person, not the disability.  All components use of both appropriate terminology for access and functional needs, and person-first language throughout the ERP, consistent with the standards described in Attachment A of Appendix 7: Functional Needs.  See the "reference" section at the end of this document for resources related to this.  By placing the person first, the disability is no longer the primary, defining characteristic of an individual, but one of several aspects of the whole person.  People-First Language is an objective way of acknowledging, communicating, and reporting on disabilities.  It eliminates generalizations and stereotypes, by focusing on the person rather than the disability.  See Appendix 7: Functional Needs for additional details of "access and functional Needs" inclusion.

## Phases of Emergency Management for Public Health

<u>Mitigation</u>

Mitigation activities are those designed to either prevent the occurrence of an emergency or long- term activities to minimize the potentially adverse effects of an emergency.

<u>Preparedness</u>

Preparedness activities, programs, and systems are those that exist prior to an emergency and are used to support and enhance response to an emergency or disaster.  Planning, training, and exercising are among the activities conducted in this phase.

<u>Response</u>

Response is activities and programs designed to address the immediate and short-term effects of the onset of an emergency or disaster.  It helps to reduce the casualties and damage and to speed recovery.  Response activities include direction and control, emergency information and warning, mass dispensing, and other similar operations.

<u>Recovery</u>

Recovery is the phase that involves restoring systems to normal.  Short- term recovery actions are taken to assess the damage and return vital life support systems to minimum operating standards; long term recovery actions may continue for months or maybe even for years.

# SITUATION AND ASSUMPTIONS

## Situations

Lawrence County is a rural, medically underserved county with limited resources for emergency preparedness and response activities.  It is located in the foot hills of

Appalachia and has a total area of 457 square miles, of which greater than 25% is forested land:

- Wayne National Forest
- Dean State Park

Major waterways in Lawrence County include: The Ohio River

United States (US) and Ohio (OH) highways include:  US 52; OH 7; OH 141; OH 217; OH 243; OH 378; OH 650.

With a population of 60,622(2018), the residents that are:

- Below the poverty line – 18.8 %
- 65 years old, or older – 18.9%
- Caucasian – 94.9%;
- English speaking (as their primary language) – 98.7%
- Individuals with disabilities (non-institutionalized) – 18.1%

For more specifics, in accordance with our Communication; Maintaining health; Independence; support, safety and Self-determination; Transportation  (CMIST) profile, see Attachment E.

Unemployment is usually higher than the state average and the businesses/ agencies that employ the greatest number of full- and part-time employees are:

- Lawrence County School Districts (Chesapeake Union, Dawson-Bryant Local, Fairland Local, Ironton City, Rock Hill Local, South Point Local, Symmes Valley Local, St. Joseph & St. Lawrence Catholic, Sugar Creek Christian Academy, Tri-State STEM+M Academy, Collins Career Center, and Ohio University Southern & Proctorville Campuses)
- County and Local Government
- Liebert
- McGinnis Inc.
- Sunoco
- Dow Chemical
- Walmart

Medical care services in LAWRENCE County include:

- Emergency Room/ Urgent Care Facilities
- Medical clinics;
- Dental clinics;
- Assisted Nursing Facilities

Lawrence County is exposed to many hazards, all of which have the potential to disrupt the community, cause damage, and impact the public health.  Possible hazards, from the Lawrence County Hazard Assessment, indicated include, but are not limited to, floods, tornados/severe wind storms, severe winter storms,

earthquakes, landslides/subsidence, wild fires, power outages, human infectious disease, HAZMAT spills, civil disturbances, and terrorism.

Potential impacts include the following:

- Community-wide limitations on maximal health for residents;
- Widespread disease and illness;
- Heat-related illnesses and injuries;
- Hypothermia;
- Overwhelmed medical facilities;
- Insufficient resources for response, especially medical countermeasures;
- Insufficient personnel to provide adequate public health response;

Recurring events in the county that may affect Public Health include:

- Lawrence County Fair
- Festival of Trees & Christmas Market
- Other schedules events can be found on the Lawrence County Chamber of Commerce website (https://www.lawrencecountyohio.org/chamber/)

Neigboring (Adjacent) Jurisdictions and Potential Hazards/Threats

Lawrence County is bordered by 7 Counties: Jackson, Gallia, and Scioto Counties in Ohio; Cabell and Wayne Counties in West Virginia; Boyd and Greenup Counties in Kentucky. Incidents or events originating in these counties may impact LAWRENCE County and its residents. In addition, such incidents or events may create an increased need for precautionary and/or mitigating public health measures in Lawrence County. For example, infectious and vector-borne diseases may reach LAWRENCE County via bordering counties' highways, waterways, railways, and air travel routes. See the Lawrence County Hazard Vulnerability Analysis (HVA) for information regarding potential Lawrence County public health hazards/threats.

Lawrence County and all bordering counties also have forested areas, which could present potential threats to the public and infrastructure in the event of forest fire and/or subsequent watershed runoff. Additionally, significant bodies of water impacting Lawrence County and the bordering counties include the Ohio River and Symmes Creek. Both the river and the creek have the potential to impact the public and infrastructure in the event of flooding.

## Assumptions

The below listed items are assumed to be facts for planning purposes, in order to make it possible to execute the ERP.

This plan and all its parts are kept on the Public Z shared drive of the health department server and LCHD staff have electronic access to this plan and all its parts, including staff notification and medical surge.

Disasters:

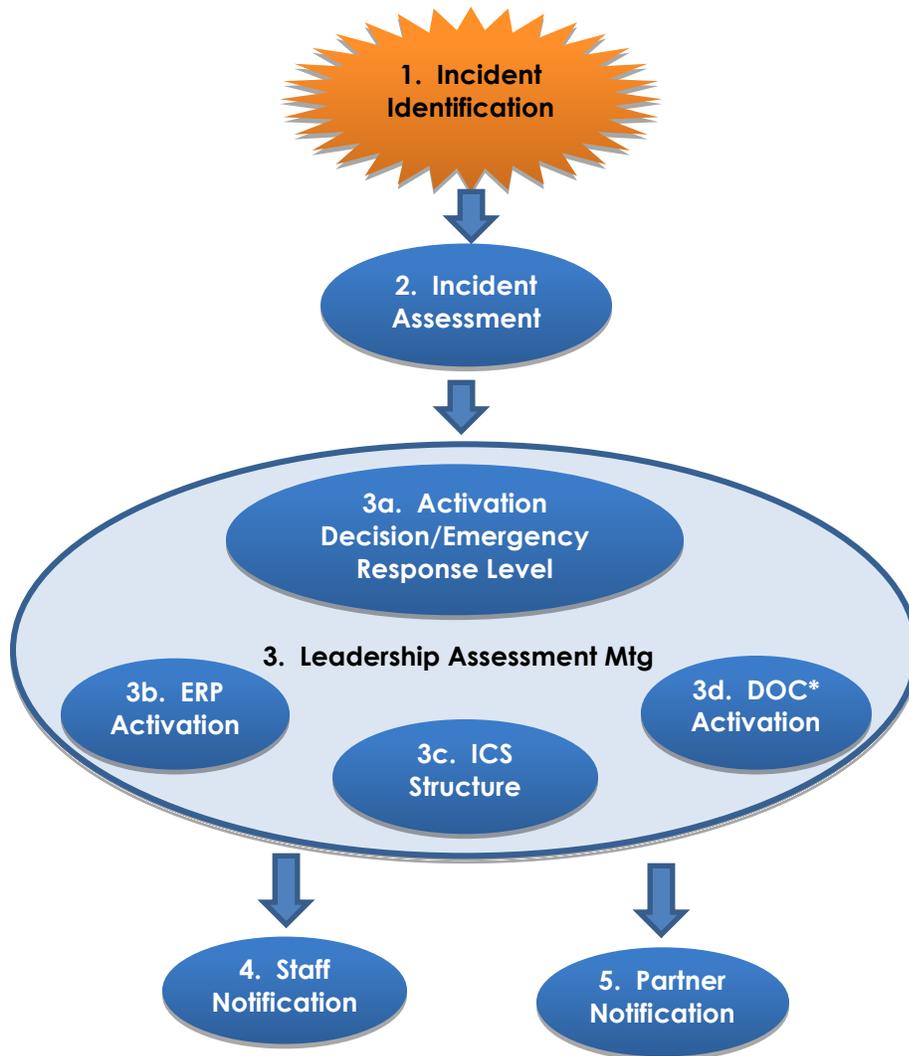1. May occur at any time with little or no warning.

2. Require significant information - sharing at the unclassified and classified levels across multiple jurisdictions and between public and private sectors.

3. Involve single or multiple geographic areas.

4. May have significant county and state impact and/or require significant county and state information sharing, resource coordination, and/or assistance.

5. The LCHD is capable of handling the day-to-day public health situations that occur in Lawrence County.

6. At least one method of communications will be available for use.  See "Annex 2: Communications" for available methods to communicate.

7. Public Health problems that overwhelm the LCHD during disaster will be supported by LHDs in the SCO region, and ODH when requested.

8. Wide spread outbreaks that affect major areas of the state or nation, such as pandemic influenza, may reduce the available assistance to Lawrence County.

## CONCEPT OF OPERATIONS

The State of Ohio has adopted the Emergency Support Functions (ESF) format for their emergency planning which corresponds to the format of the National Response Framework.  The ESF is the primary mechanism through which federal assistance to the state and state assistance to local governments is managed during emergencies.   ESFs detail the roles and responsibilities of state, federal and other public and private agencies that are charged with carrying-out functional missions to assist jurisdictions in response to disasters.  Each ESF is headed by a Primary Agency that coordinates and reports activity for that ESF.  The Primary Agency is supported by a number of Support Agencies, which are selected based upon their legislative authorities, knowledge, resources, and capabilities for responding to a specific type of disaster.  Any of the Primary or Support Agencies to an ESF can function as a Lead Agency by taking the lead for and carrying out missions that are assigned to the ESF.

Diagram 1. ERP Activation Process

```
          ┌──────────────────┐
          │  1. Incident     │
          │  Identification  │
          └──────────────────┘
                   │
                   ▼
          ┌──────────────────┐
          │  2. Incident     │
          │  Assessment      │
          └──────────────────┘
                   │
                   ▼
┌─────────────────────────────────────────┐
│      3a. Activation                       │
│      Decision/Emergency                   │
│      Response Level                       │
│                                           │
│      3. Leadership Assessment Mtg         │
│  3b. ERP                    3d. DOC*      │
│  Activation                 Activation    │
│              3c. ICS                      │
│              Structure                    │
└─────────────────────────────────────────┘
         │                    │
         ▼                    ▼
   ┌────────────┐      ┌────────────┐
   │ 4. Staff   │      │ 5. Partner │
   │ Notification│     │ Notification│
   └────────────┘      └────────────┘
```

1. **Incident Identification**. Health department discovers or is notified of incident.

2. **Incident Assessment**. Completed. See Annex 1: Direction and Control, pg 1.3 (II: DirectControl: Initial Incident Assessment form) for details.

3. **Leadership Assessment Mtg**.

    a. Activation/Emergency Response Level. Determined. See: "Emergency Response Level" and "Internal Staff and Partner Activation Levels" for details.

    b. ERP Activation. Determined. See "ERP Activation Authority" for details.

    c. Incident Command Structure. Determined. See "Annex 1: Direction and Control", page 1.5 for Public Health Lead structure.

    d. Department Operations Center (DOC*) Activation. Determined. See: "Annex 1: Direction and Control", page 1.9 for details.

4. **Staff Notification**. Completed. See: "staff notification" and II: "Comm: Incident Notification and Staff Call-Down" for details.

5. **Partner Notification**. Completed. See: "Annex 2: Communications", page 2.3 for details.

In an incident, LCHD would  institute the Incident Command System( ICS) as directed in Annex 1: Direction & Control.  The Health Commissioner or the person who he designates as his backup will assume command of the incident for the health department.  General roles and responsibilities  will determined by the Incident Commander ( IC) based up the type of incident after the Incident Action Plan ( IAP) has been established and approved by the Incident Commander.

- As a Lead Agency,  LCHD would establish the standard command system as established by NIMS.

- In a support function, and If the Lawrence County EOC is activated, LCHD would have a liason in the EOC.  The LCHD Liaison would coordinate all LCHD actions that support the County EOP Annexes that are coordinated through the County EOC.

A Department Operations Center (DOC) may be established to determine how LCHD is going to operate based upon the magnitude and type of incident.

If a need would arise for a Multi Agency Coordination Center (MACC),  LCHD could be responsible for the co-lead, response support, or no response role during the incident.  For these types incidents, the LCHD incident commander assigns a Liaison who coordinates the agency's support of the incident.  Support activities include the following:

- Support incident management policies and priorities.

- Support logistical and resource tracking.

- Support resource allocation decisions using incident management priorities.

- Coordinate public health-related incident information.

## Public Health Incident Lead Agency versus Support Agency Roles

Public Health Lead Agency

Every day, LCHD helps protect the health of the community.  During an incident, these services become even more essential.  When an incident is a public health emergency, such as a disease outbreak, LCHD will be the "Lead" agency; the agency designated to take primary responsibility for, and coordination of the interagency oversight of the day-to-day conduct of an ongoing incident/operation.

Public Health Primary Agency

In any incident that is not of a public health emergency, LCHD, or other ESF-8 support partners will manage and support the ESF-8 responsibilities as the primary agency.

In the aftermath of any disaster, the community's health care system may be damaged or become overwhelmed addressing individual health concerns.  And the community may face a wide range of public health concerns, including:

- Sanitation and hygiene concerns due to crowded shelters, lack of utilities, or unsafe water.

- Spread of disease carried by insects, rodents, or other vectors.

- Measures to control infection, including prompt treatment of infections and immunizations.

- Supplies of medical equipment and products, including drugs, medical devices, blood, and blood products.

- Environmental health measures to ensure the safety of residents and response workers.

- Behavioral health needs of community members and response workers.

- Veterinary medical needs for service and companion animals.

- Mass fatality management, including the decontamination and identification of remains.

- Access to needed health care, including displaced individuals who need help managing chronic diseases.

Public Health Support Agency

There are five (5) additional ESFs that public health has been assigned to as a "support" agency, they are:

ESF-3: Engineering and Public Works

- Coordinate with Environmental Protection Agency (EPA) and assist in sanitation measures

ESF-5:  Information and Planning

- Information sharing and planning for public health

ESF-6:  Mass Care

- Shelter inspections

ESF-11: Agriculture

- Food inspections

ESF-15:  Emergency Public Information

- Public health specific information/education for the publict

- Using established Essential Elements of Information( EEI) standards as determined  in Implementing Instruction (II) :Comm: Situation Reporting.

See Annex 1: Direct and Control for integration into an ICS structure led by another agency.

## Declaration of Emergency

LCHD's role in the emergency declaration process is to provide subject matter expertise and situational information.  LCHD cannot declare an emergency or disaster; only the County Commissioners and/or City Mayor may do so.  The Health Commissioner or designee may be asked by the elected officials to weigh in on the effects of a disaster and its public health implications.   If the governor declares a disaster, then the LCHD will coordinate with other local, regional, state and federal agencies through the county EOC.

## Emergency Response Levels (ERLs)

Diagram 2. ERLs from "LHD only" through "State" involvement flowchart.
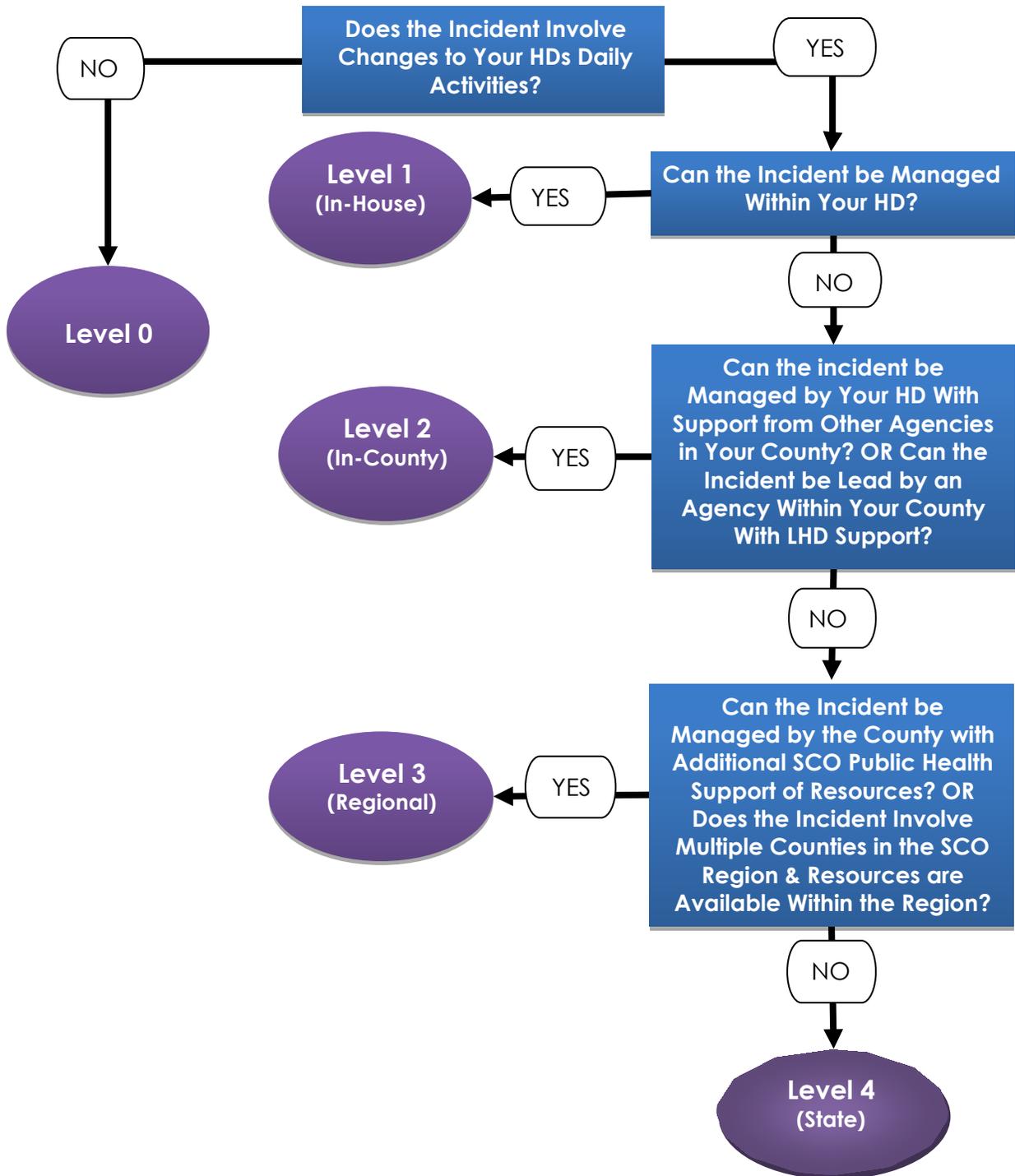


## Emergency Staffing Levels

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.

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

## Internal Staff Activation Levels

Table 1. Internal Staff & Partner Activation Levels

| Internal Activation Level | Description | Minimum Command Function & Staffing Recommendations |
|---|---|---|
| **Level 0:  Routine Operations** | Routine incidents to which LCHD responds on a daily basis and for which day-to-day resources are sufficient. | Normal, Day-to-Day Staff |
| **Level 1A:  In-House: Situation Awareness & Monitoring** | An incident with limited severity, size, or actual/potential impact on health and can be handled within a  department, or with less than 25% of staff members.<br>• Requires a minimal amount of coordination and agency engagement to conduct response;<br>• Situational awareness and limited coordination are the primary activities.<br>• As demobilization occurs, the activation level, staffing involved & situational updates will likely decrease.<br>• Example: Power outage in a nursing home. | Response Lead/Incient Commander (1)<br>Public Information Officer (1)<br><br><br>County EMA receiving Situational updates |
| **Level 1B:  In-House: Partial Activation** | An incident with limited-to-moderate-severity, size, or actual/potential impact on health.  Fifty (50) %, or less of staff involved in response<br>• Requires significant coordination and agency engagement to conduct response,<br>• May have limited involvement with county partners.<br>• As demobilization occurs, the activation level, staffing involved & situational updates will likely decrease.<br>• Examples: disease outbreak within the county. | Response Lead/Incident Commander (1)<br>Public Information Officer (1)<br>Planning/Resources Section Chief(1)<br>Operational Section Chief (1)<br><br>DOC likely activation.<br><br>County EMA receiving Situational updates |
| **Level 1C:  Full Activation** | An incident with moderate-to-high severity, size, or actual/potential impact on health.  More than fifty (50)% of staff involved in response.<br>• Requires an extreme amount of | Response Lead/Incident Commander (1)<br>Public Information Officer (1)<br>Planning/Resources Section Chief(1) |

| Internal Activation Level | Description | Minimum Command Function & Staffing Recommendations |
|---|---|---|
| | coordination and agency engagement to conduct response;<br>• May be of such magnitude that the available HD assets that were put in place for the response are being depleted;<br>• Engagement with agencies in county likely.; &<br>• As demobilization occurs, the activation level, staffing involved & situational updates will likely decrease. | Operational Section Chief(1)<br><br>DOC likely activation.<br><br>County EMA receiving Situational updates |
| **Level 2:  In-County Involvement** | An incident with moderate-to-high severity, size, or actual/potential impact on health.  More than fifty (50)% of staff involved in response.<br>• Requires an extreme amount of coordination and agency engagement to conduct response;<br>• May be of such magnitude that the available HD assets that were put in place for the response are being depleted;<br>• Engagement with agencies in county likely.; &<br>• As demobilization occurs, the activation level, staffing involved & situational updates will likely decrease.<br>• Example: water disruption within a municipality. | Incident Commander (1)<br>Public Information Officer (1)<br>Planning Section Chief(1)<br>Operational Section Chief(1)<br>Logistics Section Chief (1)<br>Fiscal Section Chief (1)<br>Liaison Officer (1)<br><br>DOC activated<br><br>Regional Public Health Preparedness Coord receiving situation updates<br><br>County EOC may be activated |
| **Level 3: Region Involvement** | An incident with varying severity, size, or actual/potential impact on health. Twenty-five (25) %  or more of staff involved in response<br>• Requires significant coordination and agency engagement to conduct response,<br>• Engagement with agencies in region likely;<br>• As demobilization occurs, the activation level, staffing involved & situational updates will likely decrease.<br>• Examples: multicounty disease outbreak; | Incident Commander (1)<br>Public Information Officer (1)<br>Planning Section Chief(1)<br>Operational Section Chief(1)<br>Logistics Section Chief (1)<br>Fiscal Section Chief (1)<br>Liaison Officer (1)<br><br>DOC activated<br><br>County EOC may be activated<br><br>Regional Coordination Center Open for situational awareness across region |
| **Level 4:  State** | An incident with moderate-to-high | Incident Commander (1) |

| Internal Activation Level | Description | Minimum Command Function & Staffing Recommendations |
|---|---|---|
| involvement | severity, size, or actual/potential impact on health.  More than fifty (50)% of staff involved in response.<br>• Requires an extreme amount of coordination and agency engagement to conduct response;<br>• May be of such magnitude that the available assets that were put in place for the response are being depleted;<br>• Engagement with agencies in region and state likely; &<br>• As demobilization occurs, the activation level, staffing involved & situational updates will likely decrease.<br>• Examples: Pandemic influenza | Public Information Officer (1)<br>Planning Section Chief(1)<br>Operational Section Chief(1)<br>Logistics Section Chief (1)<br>Fiscal Section Chief (1)<br>Liaison Officer (1)<br><br>DOC activated<br><br>County EOC may be activated<br><br>Regional Coordination Center Open for situational awareness across region |

Command staff and Subject Matter Expert (SME) staff are denoted in an LCHD staffing pool list. See II: Resource: StaffPool.

## Emergency Response Plan (ERP) Activation Authority

The Emergency Preparedness division has the primary responsibility for coordinating emergency preparedness and respons for the LCHD.  The Emergency Response Coordinator has primary responsibility for facilitating activation of the ERP.  The LCHD ERP may only be activated under the authorization of the Health Commissioner or by the identified primary or secondary backup personnel to the Health Commissioner.  Once the ERP is activated, the Emergency Response Coordinator, in collaboration with the Health Commissioner, assigns staff to fill the planning functions in the incident organization.  If the Emergency Response Coordinator is unavailable or choses to delegate these responsibilities, they may be successively facilitated by the Director of Nursing or Environmental Health Director.

The ERP may be activated, as deemed necessary and based on the incident assessment, by the Health Commissioner, or identified backups, during a bioterrorism event, disaster, or public health emergency that is impacting, or has the potential to impact the health of the residents of Lawrence County.

## Typical Sequence of Emergency Activities

1. Identify the threat.  Any LCHD staff member who becomes 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 lead to activation of the ERP:

   • Any incident that is not considered a day-to-day activity

   • Anticipated impact on or involvement of divisions in LCHD beyond their day to day capacity

   • Potential 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 LCHD

- LCHD anticipates the need to request support from outside agencies

- Significant or potentially significant mortality or morbidy;

- The Lawrence County EMA has actiavated the EOC.

- See Annex 1: Direct and Control for incident assessment  and the expected timeframe.

2. Notification of staff and appropriate response partners of critical Information requirements.  Notification of staff and response partners shall be initiated by the IC or his/her designee using the Health Alert Network (HAN) Directory and LCHD call down list. Once the IC determines that the notification process needs to be implemented, the ERC or other admin staff will start notifying other staff or response partners.  This decision will be based upon the current situational awareness report.  The use of email, texting and other available communications will be utilized.  See section: "Essential Elements of Information and Situation Reporting" of Annex 2: Communications and Implementing Instructions (II): Comm:  Communications Matrix; Initial Notification and Staff Call-Down; Ohio Public Health Communications System (OPHCS) Protocol; HAN Directory; and Situation Report. Also see: Annex 1: Direction and Control.

3. Formulate Incident Command structure.  See Annex 1: Direction and Control for Public Health Lead structure and any other annexes or appendices that may be appropriate for the incident.

4. Creation of Public Health Objectives and an Incident Action Plan (IAP).  The Incident Commander/response lead may set Specific, Measureable, Attainable, Relevant, Timely ( SMART) objectives and develop/approve an IAP in accordance with overall priorities established by the Board of Health, or its designee.  See Annex 1: Direction and Control, II: DirectControl: IAP and ICS forms for additional information.

5. Assessment of Public Health/Medical Needs.  Determine if this incident will require more human and/or material resources than are on-hand, or if this may be a prolonged incident.   See "Emergency Response Levels" above.

6. Enhance existing surveillance systems to monitor the health of the general and medical needs population.

7. Identify Public Health Resources for sustained operations.  This may include the need for additional staff/trained public health individuals.  See Annex 2: Communications for staff notification.  See Annex 6: Resource Management, and Appendix  8: Volunteer Management for additional staffing pools available.

8. Documentation and a description of the activation, notifications, services enhanced, services reduced/eliminated, and other pertinent information should begin.  The Incident Command System (ICS) form 201 may be used, or other documents deemed more appropriate by LCEMA or ODH.   Incident reporting documents may include, but are not limited to:

- ICS Forms and Instructions (See II:DC:ICSforms & Instructions);

- Incident Action Plan  (See II:DirectControl (DC):IAP);

- Operations (Ops) Schedule form (See II: DirectControl: OpsSchedule);

- Shift  Change Briefing form  (See II: DirectControl: Shift Change Brief); and

- Situational Reports (SITREPS) (See II:Comm:SituationReport).

9. Collect, analysis and disseminate information.  The Planning Chief will be responsible for collection and tracking of all activities logs and communications documents throughout the incident.  To aide in centralized communication, LCHD will create & maintain 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.

10. Implement/execute the response to address the objectives.

11. Prepare/communicate situational reports to staff and appropriate response partners daily or as dictated by the incident intensity.  LCHD will utilize II: Comm: Situational Report for this purpose, as this document provides the incident name, time period, name/title of individual preparing the report, date and time of report, and significant events/information occurring during the reporting timeframe.

    Standard Recipients who receive all situation reports include:

    - SITREPs will be sent electronically to LCHD leadership (Environmental health director, Director of Nursing, Health Commissioner and Fiscal Officer), for their situational awareness.  In addition SITREPs will be sent electronically to all operational staff.  Hardcopies of SITREPs will be available in the LCHD DOC, if active.

    - At the discretion of the LCHD Incident Commander, any SITREP may be forwarded electronically to other local, regional or state partners for their situational awareness. These additional recipients will be identified on a per-incident basis, based upon their informational needs

    - SITREPs frequency is detailed in the table below:

| Activation Level | SITREP Frequency |
|---|---|
| Level 1A Situation Awareness | At beginning of each operational period. |
| Level 1B Partial Activation | At least at the beginning and end of each operational period. |
| Level 1C Full Activation | At least at the beginning, middle and end of each staff shift or operational period, whichever is more frequent. |

12. Monitor/assess the effectiveness of the response and modify as needed. Assess staffing levels during the development of the IAP for each operational period.  Incident Action Plans (IAPs) developed may be with other response partners when appropriate.

13. Demobilization.  Begin reducing response activities as incident begins to resolve.  See "II: DirectControl:  Demobilization"" for guidance in demobilization.

14. Recovery Operations.

15. After Action Review.   Review the actions taken, or should have been taken, to determine where response improvements can be made.

16. Review and revise plans.


## ASSIGNMENT OF RESPONSIBILITIES

### Organization Responsibilities

Annex E of the Lawrence County Emergency Operations Plan details the primary and support roles of the LCHD.  Below is a partial list:

1. Assessment of county health and medical needs – Primary role.

    - Assistance in assessing potable water and waste water/solid waste disposal issues and coordination to provide potable water and wastewater/solid water disposal equipment.

2. Public Health Surveillance – Primary role.

    - Surveillance and investigations to determine disease patterns and potential disease outbreaks and implement prevention strategies.

3. Provision of public health and medical related services, supplies, and personnel – Primary role.

    - Provide logistical support for public health personnel in the field.

    - Provide pharmaceuticals, medical equipment, and supplies as available (includes the coordination and tracking of medical resources and equipment).

    - Provide consultation for the need to decontaminate people, buildings, and/or the environment, when applicable.

    - Provide mass dispensing clinics for the prophylaxis of the entire county population, if necessary.

4. Identification of areas where public health problems could occur – Primary role.

    - Public Health assessments of conditions at the site of the emergency to determine health needs and priorities.

5. Provision of medical related information releases and public health recommendations and related releases to the public – Primary role.

6. Research and consultation on potential health hazards, medical problems, and appropriate levels of Personal Protection Equipment (PPE), when applicable. – Primary role.

7. Monitoring of the availability and utilization of health systems' assets – Support role.

   - Supply, restock, and prioritize health-related equipment and supplies.

8. Coordination of behavioral health assistance – Support role.

9. Environmental sampling and analysis/collecting specimens for lab testing – Support role.

   - Coordination with ODH on specimen submission of possibly hazardous or contaminated substances throughout an emergency.

   - Testing of products for public consumption.

10. Veterinary support – Support role.

11. Assistance and support for mass casualty and mass fatality incidents – Support role.

    - Assist with Triage Operations.

    - Assist in the identification of mass burial sites.

    - Assist in the handling of infectious/contaminated bodies.

12. Coordination with other local, regional, state, and federal partners – Support role.

    - Assess and make recommendations concerning the public health needs of emergency responders.

    - Staff the ESF-8 desk at the LAWRENCE County Emergency Operations Center.

Departmental Operations Center's Assignment of Responsibilities

See the "Job Action Guides, located in Attachment C of this document, for description/list if responsibilities assigned to the:

- Incident Commander
- Planning Section Chief
- Operations Section Chief
- Logistics Section Chief
- Fiscal Section Chief
- Security Officer
- Safety Officer

See Annex 1: Direction and Control for "ICS Organizational Chart" and the LCHD Health Alert Network (HAN) directory, Tab "Staff Pool Assignments" for a list staff, and their contact information.

## Support and Partner Agency Roles and Responsibilities

| Agency | Public Health Emergency Roles/Responsibilities | MOU/MOA Established |
|---|---|---|
| Lawrence County Emergency Management Agency (EMA) | Resources acquisition and coordination | No |
| Lawrence County Sheriff's Office | Provide security for health department response activities/equipment/ pharmaceuticals | Signed Point of Dispensing (POD) Site Security Worksheet |
| Lawrence County Local School Districts | Provide school facilities for the use of Point of Dispensing (POD) operations. Provide Information and guidance for locating and supervising children in the community. | Yes |
| Lawrence County Emergency Medical Services (EMS) | Have staff on standby at POD sites for transport to medical facilities. Provide assistance to nursing staff for triage operations and possibly provision of vaccines or medications. | Yes |
| Healthcare Clinics | Provide medical staff for response activities, if possible. | Yes |
| Pharmacies | Provide pharmaceutical handling assistance for POD operations, if possible | Yes |
| Mental Health | May help coordinate mental health service activities in the county. | Yes |
| Lawrence County Coroner | Mass fatality management, including the decontamination and identification of remains. | No |
| Lawrence County Veterinarians | Provide medical needs for service and companion animals | No |
| St. Mary's Medical Center Emergency Room | Access to needed health care, including displaced individuals who need help managing chronic diseases. | Yes |
| Lawrence County Board of Developmental Disabilites | Assist in identification of individuals with access and/or functional needs as a result of the incident | No |
| Lawrence County Jobs and Family Services | Assist in identification of county residents who may have access and/or functional needs in the area where the incident has occurred. | No |
| Nursing Facilities & | Supervise and care for residents in facility | No |

| Agency | Public Health Emergency Roles/Responsibilities | MOU/MOA Established |
|---|---|---|
| Centers for Independent Living | | |
| Home Health Agencies | Supervise, monitor, and care for their clients | No |
| Lawrence County Medical Reserve Corps | Provide staffing support to response in form of trained volunteers | No |
| SEO & SCO Epidemiologists | Assist with disease surveillance, prevention, and recommendations for treatment. | Yes |
| SCO Regional Coordination Center | Provide communications to/between public health and healthcare partners in the SCO region.  Assist in location of resources within the region | No |
| Public Health Agencies in SCO region | Provide "reciprocal emergency management aid and assistance in case of any hazard too great to be dealt with unassisted." | Yes |
| Ohio Environmental Protection Agency | Provide information/assistance to the health department on the clean-up or decontamination of environments that pose risk to public health. | No |
| Ohio Department of Health | Provide subject matter experts for consultation and guidance on emergency situations, provide laboratories for testing of samples, and provide available equipment/pharmaceuticals to local health departments for emergency response activities. | No |
| Ohio Emergency Management Agency | Assist the County EMA in locating needed resources. | No |
| Federal Agencies | Each State agency has a Federal agency that provides services, resources, etc.  Local agencies do not usually communicate or utilize federal agencies services/resources without SAtate agency request.  Delineation of responsibilities at the federal level can be accessed at www.fema.gov/media-library/assets/documents/25512  Note: local agencies do not usually communicate or utilize federal agencies services/resources without State agency request. | No |

## ADMINISTRATION, FINANCE, AND LOGISTICS

### Administration and Finance

LCHD will create & maintain a "Incident" folder on the health deaprtment's server for all response personnel to store ALL incident-related documentation, including expedited actions.  Hard copy documents will be scanned and placed in the folder daily.  The Fiscal Officer will have access to the records and will allow access to staff involved in the incident.  Any documentation that the Incident Commander deems as sensitive, will be noted and the fiscal/logistic chief will be notified.  The Fiscal/Logistics Section Chief will restrict the sensitive files to staff involved in the incident. The LCHD record retention policy will be followed in regards to timeframe the documentation is kept. The retention policy states all records will be kept for seven (7) years after the incident.

The Fiscal Officer will be responsible for creation and organization of the file. All staff will be notified of location at the time of the incident.  HIPAA rules continue to apply to all documentation throughout the response.

The Fiscal Officer will be responsible for providing a brief for all expedited actions during the incident operational briefings and also during shift change briefs. These expediated actions will be documented, tracked, and monitored in the operational activity log ICS 214 form or chronology of events document and reviewed with the Incident Commander, as needed.

## Resource Requests

The Health Commissioner or Incident Commander will contact the Lawrence County EMA at the Emergency Operations Center to request resources;  materials, equipment, and/or staff.  All public health resources , local and regional, will be requested through the LCEMA for uniformity of documentation.  These resources will be utilized before requests are made outside the southeast central region.  See Annex 6: Resource Management for additional details for resource requests.

If it is determined that the local and regional resources will be insufficient to provide the projected need of response, State and Federal assets may be considered.  The Lawrence County EMA will then approach the Ohio Emergency Management Agency with this request.  The Ohio EMA will then contact the appropriate agency, i.e., the ODH at the ESF-8 desk at the Ohio Emergency Operations Center, to make the official request.  In addition to making the formal request, it is appropriate for the Lawrence County Health Department to contact the ODH or the ESF-8 desk at the Ohio Emergency Operations Center for a consultation.  See Annex 6: Resource Management for additional details.

## Emergency Funding

Government at all levels has the ability to make funding available to agencies in emergency response events.  This can be accomplished by either of two primary methods:

- o Funds provided as an increase to an existing grant and marked with incident-related obligations.  This method may only require a short acceptance process with key personnel signatures.
- o Funds provided separately through a 'new' grant application process.   In an emergency response event, the process may be abbreviated by suspending some application elements and shortening the grant execution period.

LCHD will use 'GrantsTracker to accelerate the approval process and receipt of the funding.  In addition, LCHD will work with key stakeholders to gain approval of the contract relationship and support additional funds availability as needed.  LCHD Board of Health (LCBOH) policy grants permission to the Health Commissioner to enter into contracts or receive funding on behalf of LCHD during emergency response events without prior LCBOH approval.

**Emergency Funding Allocation**

In an emergency response event, LCHD can request a waiver of the standard budgeting processes from the LCBOH, and with LCBOH President approval, the Health Commissioner can allocate funds to critical response programs.  The allocations will stand until the next regular BOH meeting, when they will be reviewed.  If there are no BOH objections following the review, the allocated funds may continue to be used as assigned.  This determination will continue with the funds until the emergency response event has ended.

**Emergency Funding Expenditure**

All PHEP purchases must be pre-approved by the direct supervisor and the Administrator.  Purchases over $1000 are considered equipment, and single-item purchases over $5000 must be approved by the LCBOH under normal day-to-day operations.

In an emergency response event, local policy grants the Health Commissioner authority to apply funds as needed to address 'an emergent/critical public health emergency'.  Furthermore, procurement/contracting/hiring of staff/services will be modified in an emergency response event, with emergency staff possibly installed in a position after an interview with their direct supervisor and contracts developed if LCHD is the coordinating/lead agency.  After passing a background check, the employee/contractee would then be able to begin work.

**Cost Recovery**

Cost recovery activities begin when the incident begins.  Documentation of response activities and resources used and requested are essential to request reimbursement from incident funding sources when available during the recovery period of an incident.  Information needed to prove cost, including time sheets, receipts, activity logs.  The Fiscal Chief is responsible for starting this process and establishing a file on the LCHD server to collect those documents.  See the "Administration and Finance" section above for the establishment of a LCHD server file to be used.

Post-incident, the Administration, Fiscal, and Preparedness Division will be the "cost recovery" lead.  The director will assign LCHD staff to assist in the collection, organization, and submission of cost recovery reimbursement requests.  All requests for reimbursement will be initiated from LCHD through LAWRENCE County Emergency Management Agency.   More detailed information about cost recovery can be found in LCHD's Annex : COOP/ Recovery.

Eligible costs/work that may be eligible for recovery  include:

- Labor
- Equipment

- Materiel

- Rented equipment

- Mutual aid

Established funding sources through which reimbursement may be available can be found in LCHD's Annex 7:   COOP/Recovery.


# TRAINING AND EXERCISE

A Multi-Year Training and Exercise Plan (MTEP) has been developed and is updated annually to provide a timeline of training and exercising activities to take place throughout each PHEP Grant Fiscal Year cycle.  The MTEP incorporates NIMS training requirements and Homeland Security Exercise and Evaluation Program (HSEEP) training and training documentation.  The Emergency Response Coordinator ensures all new and current staff complete and maintain the appropriate level of NIMS and other emergency preparedness training for their identified emergency response roles.

Review of the LCHD ERP is part of the orientation training for new core emergency response staff including the Director of Nursing, Director of Environmental Health, the Public Health Supervisor, and the Emergency Response Coordinator.  Core emergency response staff must, additionally, review the emergency plans on an annual basis.

## Exercising

The health department conducts and participates in exercises, both locally and regionally, to test and validate plans, checklists, and response procedures and to evaluate the training and skills of response personnel.

Target Capabilities include:  Community Preparedness, Community Recovery, Emergency Operations Center, Emergency Public Information and Warning, Fatality Management, Information Sharing, Mass Care, Medical Countermeasure Dispensing, Medical Materiel Management and Distribution, Medical Surge, Non-Pharmaceuticals, Public Health Surveillance and Epidemiological Investigation, Responder Health & Public Safety, and Volunteer Management.  Corrective actions identified through the exercise are addressed in future plan revisions and training & exercise programs.

In a planned exercise, the LCHD will utilze experienced evaluators to analyse response activities.  The evaluators will utilize the HSEEP compliant Exercise Evaluation Guide (EEG), created by the exercise design team.  Planning an exercise evaluation typically includes: selecting lead evaluator and define evaluation team requirements; developing EEGs, which include objectives, core capabilities, capability targets, and critical tasks; recruiting, training, and assigning evaluators; developing and finalizing evaluation documentation; and conducting a pre-exercise C/E Briefing.  Through this process, an evaluation team can develop a thorough plan to address how the exercise will be evaluated.  Evaluation Team Early in the exercise planning process, the exercise planning team leader should appoint a lead evaluator to oversee all facets of the evaluation process.  The lead evaluator

participates fully as a member of the exercise planning team and should be familiar with the exercise's objectives.

In order to analyse response activities, the LCHD or Incident Commander will appoint an evaluator/record keeper as soon as possible to document actions.  All those involved will then provide input in the hotwash for evaluation and After Action Plan/Improvement Plan (AAR/IP) purposes.  An algorithm can be found in the LCHD MTEP to assist in determining the need to develop an AAR/IP.

The AAR/IP development begins with a hotwash.  A hotwash should occur as soon as possible but no later than 72 hours following the exercise or conclusion of response operations.  The lead agency will coordinate the hotwash and AAR/IP. When another agency is preparing the AAR/IP, the LCHD AAR/IP coordinator will work to ensure the health department's findings and lessons learned are reflected in the AAR/IP.  The LCHD AAR/IP coordinator will be the Emergency Response Coordinator and/or their designee.

The LCHD Multi-Training and Exercise Plan outlines  the AAR/IP process, implementation of corrective actions and methodology used to track the corrective actions.

Any activiation of the Emergency Response Plan will result in the need for an AAR/IP.


## PLAN DEVELOPMENT AND MAINTENANCE

### Development

The Lawrence County ERP design and content is coordinated with other public health jurisdictional plans within Homeland Security Region 7, the SCO Public Health Preparedness Region, Southeast Ohio Hospital All-Hazards Plan, and the ODH ESF-8 Plan.

The LCHD ERP, and its annexes, appendices, and implementing instructions, are to be kept current through an ongoing revision system.   TheEmergency Response Coordinator, in collaboration with the core emergency response staff and the Lawrence County Board of Health, are responsible for ensuring that all necessary revisions to the plans are made and distributed to the necessary plan holders.  Plan revisions may also be coordinated with the input from support agencies identified within this plan.

Plan holders are prohibited from making changes, revisions, or additions to individual copies of the plan.  Revisions are to be made on one master copy maintained by the Emergency Response Coordinator and distributed to the proper plan holders.

Plan Holders include:

- Lawrence County Health Department
- Lawrence County EMA (Electronic)
- Lawrence County EMS (Electronic)
- Lawrence County Sheriff's Office (Electronic)

### Availability of Emergency Response Plans to Staff

The "Original" is  kept on LCHD's Public Z shared drive on the server where all staff members have access electronically.  One hard copy is kept in the LCHD Emergency Response Coordinator's office.

## Availability of Emergency Response Plans to the Public

The LCHD ERP (base plan) is available for review by the public via the LCHD website (www.lawcohd.org/). The Emergency Response Coordinator (ERC) will be responsible for communicating to LCHD's Public Information Officer (PIO) and the Public Health Emergency Response Coordinator  (individual responsible for managing and updating the LCHD's website) when the emergency response plan has been revised and new version is available for public publishing.  Comments to the plan can be made through a link on that website page.  Public comment to the ERP will be accepted via the website link and tabled in addition to the proposed changes between revision cycles for consideration

Copies of the LCHD ERP and its accompanying Annexes, Appendices, and Implementing Instructions may be requested by the public.  Requests for copies of the plans must be made to the ERC or the Health Commissioner.  Plan content will be released in accordance with Ohio Sunshine Laws and LCHD Records Release Policy.  Exempt plans or plan content will be reviewed by the ERC and Health Commissioner before release.  Any ERP information provided to the public must be approved by the Health Commissioner.

## Maintenance

The LCHD ERP and accompanying Annexes, Appendices, and Implementing instructions will be reviewed and updated on an annual basis for content changes based on information gathered from exercises, trainings, actual incidents, and Federal/State guidelines.  Updates to notifications and contact lists within the plan will be made as changes occur.

## REFERENCES

| Title | Location |
|---|---|
| Adjacent county's(ies') Emergency Support Function - 8 | Dropbox |
| Ohio Emergency Operations Plan (EOP) Emergency Support Function (ESF) #8 | http://ema.ohio.gov/EOP_Overview.aspx |
| Ohio EOP ESF #8, Tab A:  Medical Countermeasure Management & Dispensing Plan | http://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/ESF8_TabA_MCM_MANAGEMENT_AND_DISPENSING_PLAN.pdf |
| Ohio EOP ESF #8, Tab B:  Chempak Plan | http://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/ESF8_CHEMPACK_PLAN_TAB_B.pdf |
| Ohio EOP ESF #8, Tab C:  Human Infectious Disease Incident Plan | http://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/ESF8_HUMAN_INFECTIOUS_DISEA |

| Title | Location |
|---|---|
| | SE_INCIDENT_PLAN_TAB_C.pdf |
| Ohio EOP ESF #8, Tab D:  Acute Mass Fatality Incident Response Plan | http://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/ESF8_ACUTE_MASS_FATALITIES_INCIDENT_RESPONSE_PLAN_TAB_D.pdf |
| Ohio EOP ESF #8, Tab E:  Non-Acute Mass Fatality Incident Response Plan | http://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/ESF8_NON-ACUTE_MASS_FATALITIES_INCIDENT_RESPONSE_PLAN_TAB_E.pdf |
| Ohio EOP ESF #8, Tab F:  Mass Casualty/Medical Surge Incident Response Plan | http://ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/ESF8_MASS_CASUALTIES_MEDICAL_SURGE_PLAN_TAB_F.pdf |
| Lawrence County Emergency Operations Plan | Lawrence County Health Department Server |
| The Arc of the United States.  "Media Center:  What Is People-First Language".  (2016) | http://www.thearc.org/who-we-are/media-center/people-first-language |
| The Arc of the United States (2011). "Introduction to Intellectual Disabilities." The Arc.  March 1, 2011. | http://www.thearc.org/what-we-do/resources/fact-sheets/introduction-to-intellectual-disabilities |
| Kailes, J.I. & Enders, A.  (2007).  "Moving Beyond "Special Needs:" A Function-Based Framework for Emergency Management and Planning."  Journal of Disability Policy Studies Vol. 17/No. 4/2007;pp. 230–237. | http://www.jik.com/KailesEndersbeyond.pdf |

## PROMULGATION DOCUMENT/<mark>SIGNATURE PAGE</mark>

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

The plan is activated when it becomes necessary to assess incidents or to mobilize the resources identified herein in order to protect the public's health.  The ERP incorporates the National Incident Management System (NIMS) as the standard for incident management.

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

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.

The Lawrence County Health Department (LCHD) Emergency Response Plan (ERP) establishes the base for coordination of LCHD resources and response to provide public health and medical services during an emergency or disaster.  The fundamental assumption is that a significant emergency or disaster may overwhelm the capability of our local government or the healthcare system to carry out operations necessary to save lives and protect public health.  Consequently, LCHD resources are used to provide public health and medical services assistance throughout the county.

All LCHD 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.  LCHD 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 was originally adopted on July 01, 2010.  The current version is hereby adopted on the date indicated below, and all LCHD program areas are directed to implement it.  All previous versions of the LCHD ERP are hereby rescinded.

_Georgia Allen_             _4/6/2020_
Georgia Dillon, Health Commissioner      date
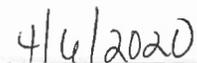
This page was intentionally left blank.

## SUMMARY OF CHANGES

| Date of Change | Version | Change # | Summary of Change | Initials* |
|---|---|---|---|---|
| 06/21/16 | 2016 | 1 | Made changes on pages 1, 3, 4,  & 27 to ensure "People First" Language | LCHD-ea |
|  |  | 2 | Review for acronym use & definition | LCHD-ea |
|  |  | 3 | Verified hyperlinks active | LCHD-ea |
|  |  | 4 | Reviewed for spelling errors | LCHD-ea |
|  |  | 5 | Added sections on page 3 to explain: <br> • Functional Needs Population <br> • Lawrence County Integrated Healthcare Disaster Planning Committee <br> • Health Department Triad | LCHD-ea |
|  |  | 6 | Added list of Target Capabilities on page 3 | LCHD-ea |
| 06/20/17 | 2016a | 1 | Added additional acronyms to Attachment A | LCHD-ea |
|  |  | 2 | Added additinal definitions to Glossary, Attachment B | LCHD-ea |
|  |  | 3 | Added additional Job Action Guide to Attachment C | LCHD-ea |
|  |  | 4 | Added an attachment for Plan Development History (Attachment D) | LCHD-ea |
|  |  | 5 | Hyperlinks verified as active and changed, if needed | LCHD-ea |
| 09/19/17 | 2017 | 1 | "Authority" moved to introduction pages | LCHD-jc |
|  |  | 2 | Added references to Annex 1 in "Typical Sequence of Activities" | LCHD-jc |
|  |  | 3 | Promulgation Letter re-drafted | LCHD-jc |
|  |  | 4 | Added "Attachment D:  Plan Development History" | LCHD-jc |
|  |  | 5 | Added "Attachment E:  CMIST profile | LCHD-jc |
|  |  | 6 | Updated "Attachment A:  Acronyms" and "Attachment B: Glossary" | LCHD-jc |
|  |  | 7 | Added "Planning P" to Attachment C | LCHD-jc |
|  |  | 8 | Added Base Plan attachments to TOC | LCHD- |

| Date of Change | Version | Change # | Summary of Change | Initials* |
|---|---|---|---|---|
| | | | | jc |
| | | 9 | ""Basic Authorities" & "limitations of Authority" added to "Authority" section | LCHD-jc |
| | | 10 | "Legal Counsel Engagement" added to "Authority" section | LCHD-jc |
| | | 11 | "Healthcare Coalition" added to introduction section | LCHD-jc |
| | | 12 | Description of adjacent/neighboring jurisdictions added | LCHD-jc |
| | | 13 | Description & use of MACC added to "Concept of Operations" | LCHD-jc |
| | | 14 | "Declaration of Emergency" added to "Concept of Operations" | LCHD-jc |
| | | 15 | More details added to "Level 1" of "Emergency response Levels" | LCHD-jc |
| | | 16 | Illustration of how local , regional, & state plans integrate into each other added under "Assignment of Responsibilities" | LCHD-jc |
| | | 17 | Administration, Finance, and Logistics section added | LCHD-jc |
| | | 18 | Resource Request section moved to the "Administration, Finance, and Logistics section | LCHD-jc |
| | | 19 | Added additional details to "Exercising" section | LCHD-jc |
| | | 20 | "Summary of Changes" re-formatted | LCHD-jc |
| 06/19/18 | 2018 | 1 | Reviewed for acronym definitions, spelling errors, & readability. | LCHD-mm |
| | | 2 | Reviewed for implementing instruction title changes, i.e., Communications = Comm | LCHD-mm |
| | | 3 | Added subtitle: " ESF-8 Preparedness Healthcare Coalition", | LCHD-mm |
| | | 4 | Completed sentence , pg 11 (Public Health Lead Agency. | LCHD-mm |
| | | 5 | Clarified Emergency Response Level 3 description 3 | LCHD-mm |
| | | 6 | Combined terms: "PHEP Coordinator" & "Emergency Response Coordinator" to = " Emergency Response Coordinator throughout the document | LCHD-mm |
| | | 7 | Changed title of Appendix 1 & Appendix 5 in the Table of Contents. | LCHD-mm |
| | | 8 | Verified hyperlinks throughout , including the reference section. | LCHD-mm |

| Date of Change | Version | Change # | Summary of Change | Initials* |
|---|---|---|---|---|
| 10/18/18 | 2018a | 1 | Added definition of "Pyschological First Aid" to Attachment B of the LCHD ERP" | LCHD-mm |
| | | 2 | Added a section on Emergency Funding, Emergency Funding Allocation, & Emergency Funding Expenditures under "Administration, Finance, & Logistics", | LCHD-mm |
| | | 3 | Added section on Cost Recovery under "Administration, Finance, & Logistics", | LCHD-mm |
| | | 4 | Added section, "Emergency Funding", | LCHD-mm |
| | | 5 | Added section, "Emergency Funding Allocation | LCHD-mm |
| | | 6 | Added section, "Emergency Funding Expenditures", | LCHD-mm |
| | | 7 | Added new attachment: "ERP Attachment F: Social Vulnerability Index" | LCHD-mm |
| 06/18/19 | 2019 | 1 | Added section under "Public Health Law, Authority and Policies" related to notification of the County Board of Health | LCHD-mm |
| | | 2 | Replaced hyperlink for federal ESF responsibilities | LCHD-mm |
| 04/01/20 | 2019a | 1 | Added "demobilization" bullet to each activation level | LCHD-SNV |
| | | 2 | Added sharing of IAP with partners when appropriate | LCHD-SNV |
| | | 3 | Removed Lawrence County Disaster Planning Committee | LCHD-SNV |

* Key for "initals" column

SCO – dje        SCO Local Health Departments Review, Debbie Elliott, RPHPC

LCHD-ea        LCHD ERC, Erik Anderson

LCHD-jc        LCHD ERC, Jessica Conatser

LCHD – mm        LCHD ERC, Melissa Mullins

LCHD- SNV        LCHD ERC, Stormi Vasvary