

TUSCARAWAS COUNTY HEALTH DEPARTMENT



Public Health
Prevent. Promote. Protect.

ATTACHMENT II TO THE ERP:
INITIAL INCIDENT ASSESSMENT
STANDARD OPERATING
PROCEDURE

Version: 2017.11

Date Originally Adopted: 11/08/2017

Date of Last Revision: N/A

Date of Last Review: N/A

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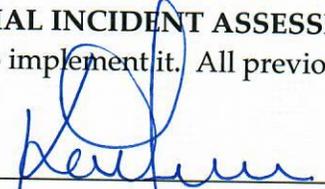
STATEMENT OF PROMULGATION

The Tuscarawas County Health Department (TCHD) **INITIAL INCIDENT ASSESSMENT SOP** defines the steps to be taken upon notification or detection of an incident that requires or may require an emergency response by the Tuscarawas County Health Department.

Program areas are directed to implement training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities of the TCHD.

TCHD 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 **INITIAL INCIDENT ASSESSMENT SOP** is hereby adopted, and all program areas are directed to implement it. All previous versions of **THIS PLAN** are hereby rescinded.



 Katie Seward, Health Commissioner, Tuscarawas County General Health District

11/8/2017

 Date



 Board of Health President, Tuscarawas County General Health District

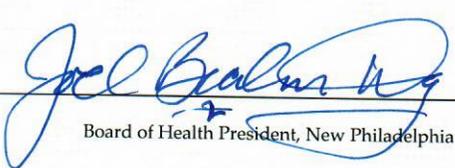
 Date



 Vickie Ionno, Health Commissioner, New Philadelphia City Health Department

11/27/17

 Date



 Board of Health President, New Philadelphia City Health Department

11/27/17

 Date

RECORD OF CHANGES

The Health Commissioner for the Tuscarawas County Health Department authorizes all changes to the Tuscarawas County Health Department **INITIAL INCIDENT ASSESSMENT SOP**.

Change notifications are sent to those on the distribution list. To annotate changes:

- Add new pages and destroy obsolete pages.
- Make minor pen and ink changes as identified by letter.
- Record changes on this page.
- File copies of change notifications behind the last page of this EOP.

Change Number	Date of Change	Print Name & Signature	Title
Version Number:	[DESCRIPTION OF CHANGE]		
Change Number	Date of Change	Print Name & Signature	Title
Version Number:	[DESCRIPTION OF CHANGE]		
Change Number	Date of Change	Print Name & Signature	Title
Version Number:	[DESCRIPTION OF CHANGE]		
Change Number	Date of Change	Print Name & Signature	Title
Version Number:	[DESCRIPTION OF CHANGE]		

RECORD OF DISTRIBUTION

A single copy of this Tuscarawas County Health Department **INITIAL INCIDENT ASSESSMENT SOP** is distributed to each person in the positions listed below.

Date Received	Program Area	Title	Name
		Health Commissioner, TCHD	Katie Seward
		Health Commissioner, NPCHD	Vickie Ionno

This plan is available to all Tuscarawas County Health Department and New Philadelphia Health Department employees on their respective agency websites. Two copies can also be found in the department operations center (DOC) in hard copy format.

DOCUMENT DESCRIPTION

The content of the **INITIAL INCIDENT ASSESSMENT SOP** is intended to provide guidance for emergency operations in regards to any planned or unplanned public health event. Position descriptions, checklists, and diagrams are provided to facilitate that guidance. The information contained in this document is intended to enhance the user's experience, training, and knowledge in the application of the emergency response and management principles. This document complies with the intent and tenets of the National Incident Management System (NIMS).

PROCESS

Upon notification of an incident potentially requiring emergency response by the TCHD, the Department Directors or the Health Commissioner will follow this process for completing an initial incident assessment. If the ERP is activated by the Health Commissioner before this process is initiated, the process will be completed as described, except the need for activation will not be reevaluated.

INITIAL INCIDENT ASSESSMENT

The Initial Incident Assessment is the parallel of the “Incident Size-Up” described in ICS. It is a formal process for reviewing and evaluating an emergent incident and informs the level of activation. The assessment can be done either via 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.

ACTIVATION OF ERP

Activation of the ERP indicates that the incident is of sufficient significance to warrant a response beyond day-to-day operations. The purpose of this procedure is to determine the activation level.

If the need for activation is confirmed, staff should proceed to **Attachment III - ERP Activation Standard Operating Procedure (SOP)** to complete the activation process.

The ERP may be activated by either of the Health Commissioners, members of the TRIAD or the PHEP Director.

INCIDENT DETECTION NOTIFICATIONS

Directors or other designated TCHD personnel who are made aware of an incident that qualifies for further assessment should contact the Health Commissioner via the Emergency 24/7 phone number (see below). The Health Commissioner will then contact the PHEP Director and the PHEP Coordinator to schedule the Initial Incident Assessment meeting (via phone or face-to-face) within one (1) hour of initial detection of the threat. In the event that the Health Commissioner is not available, contact should be made according to the Orders of Succession, Table 2, of the **Annex 1 - Tuscarawas County Health Department Continuity of Operations Plan (COOP)**.

<i>Notification</i>	<i>Contact Information</i>	<i>Date/Time</i>	<i>Name of Person Contacted</i>
<input type="checkbox"/> Tuscarawas County Health Department	330-343-5555 (24/7 Emergency Contact Line)		
<input type="checkbox"/> New Philadelphia City Health Department	330-364-4491 (24/7 Emergency Contact Line)		

NOTIFICATION OF THE NEED TO FURTHER ASSESS

The Health Commissioner or designee will confirm with the reporting Director the individuals needed to participate in the incident assessment meeting and notify of the time and location of the Incident Assessment Meeting.

INITIAL INCIDENT ASSESSMENT MEETING

Initial Incident Assessment Meeting (phone or face-to-face) is to be held within one (1) hour of the initial detection of the threat.

Attendees should include at least the health commissioner(s)—or designee(s)—of the involved jurisdiction, the reporting director – or designee, the PHEP director and the PHEP coordinator.

During the initial incident assessment meeting, those in attendance will go through the initial assessment meeting agenda items as outlined in the table below:

Facilitation: PHEP Director or designee.

Initial Incident Assessment Meeting Agenda	
<i>Agenda Item</i>	<i>Responsible Party</i>
1. Incident Summary	Reporting Director
2. Situation Overview	Reporting Director
3. Response Requirements	Facilitated by HC or designee
4. Establish Current Organization	Facilitated by HC or designee
5. Adjourn	IC/DC or Health Commissioner, if no IC/DC

DOCUMENT INITIAL INCIDENT ASSESSMENT MEETING

Using the *Appendix 1 - Initial Threat Assessment Form*, document the Initial Incident Assessment Meeting and file a copy (hardcopy or electronic) of the completed form with the Office of Emergency Preparedness. Completion of this form is a component of Agenda Items 1-4.

Purpose of meeting: To determine the activation level, if any.

The Initial Incident Assessment Meeting will aid in the completion of *Appendix 1 - Initial Threat Assessment Form* to determine the activation level.

- Should the determination be made to NOT ACTIVATE the Emergency Response Plan, the Initial Threat Assessment Form will be updated to reflect this, and the form will be signed by the alerting Director or Health Commissioner. A copy of the completed and signed form will then be filed in the Office of Emergency Preparedness.
 - The PHEP Director will confirm with the alerting Director and/or Health Commissioner if there is a need to reassess at a later date. If so, PHEP Director will schedule a follow-up meeting
- If it is determined there is a need to activate the plan, then the decision is posed to those in the Initial Incident Assessment Meeting whether to activate the Department Operations Center in support of the Emergency Response Plan.
- Once the determination is made to activate the plan, the meeting group will identify whether the incident requires Command or Coordination.
 - If TCHD is in command of the incident, then an Incident Commander will be identified by the Initial Incident Assessment Meeting group.
 - If TCHD is supporting the ICS with coordination, then a Department Coordinator will be identified by the Initial Incident Assessment Meeting group.

Upon completion of the previous steps, the *Appendix 1 - Initial Threat Assessment Form* will be distributed to the staff identified by the IC/DC.

CONDUCT ACTIVATION NOTIFICATIONS

Responsible Party: PHEP Director or IC/DC	
<input type="checkbox"/>	Executive Leadership (required) – TCGHD BOH or NPCHD BOH
<input type="checkbox"/>	TCHD/NPCHD Directors
<input type="checkbox"/>	PHEP Coordinator
<input type="checkbox"/>	NECO Region 5 Public Health Regional Coordinator
<input type="checkbox"/>	Tuscarawas County Emergency Management Agency
<input type="checkbox"/>	Ohio Department of Health
<input type="checkbox"/>	Other (as applicable):

ACTIVATE THE EMERGENCY RESPONSE PLAN (AS NEEDED)

After distributing the Initial Incident Assessment Meeting Summary, begin activation of the Emergency Response Plan by utilizing **Attachment III - ERP Activation Standard Operating Procedure**.

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TCHD/NPCHD INITIAL INCIDENT ASSESSMENT FORM

Date Prepared:

First person to identify need for assessment:

Director or Designee

Health Commissioner or Designee

Incident Name:

List other incident assessment participants:

INCIDENT SUMMARY: *(Include how notification occurred, timeline of events, media involvement, key unknowns, & credibility of information, etc.)*

PUBLIC HEALTH IMPACT(S)

What are the impacts of the incident to public health and healthcare?

How many are affected? What is the location? Any population characteristics?

Please list any details on the agent, illness, hazard, etc. (what is it, and what does it do):

Is there expected growth or change over time? If so, please describe the changes and specify the time period:

What mitigation measures are being taken, and are there any existing challenges to the mitigation?

SITUATION OVERVIEW *(What is happening?)*

What agencies are involved?

What staff and resources are committed? What is the location(s) of these resources?

Has there been a request for TCHD or NPCHD assistance or guidance? Is such a request anticipated?

Any additional information that aids in the overall picture of the incident?

TCHD/NPCHD INITIAL INCIDENT ASSESSMENT FORM

Date Prepared:

RESPONSE REQUIREMENTS

How many staff need to be assigned to the response? For how long? During what hours? What location(s) need to be staffed? What functions need to be staffed? From which program area(s)?

What are the communication needs of the incident?

What coordination is needed with partners (local and state)?

What support is needed from TCHD or NPCHD or other program areas?

Based upon the activation table, what is the recommended activation level?

Based upon the opinion of engaged Subject Matter Experts (SMEs), is activation recommended and at what level?

Type 5 (Routine Incident)

- Day-to-day SOPs
- Programmatic resources are sufficient.

Type 4 (Small to Moderate Scale Incident)

- One county jurisdiction is affected
- Response may be handled without (or require limited) regional / outside assistance or resources.
- The incident may escalate and require regional/outside assistance if not addressed early in the incident cycle.

Type 3 (Moderate to Large Scale Incident)

- One or more county jurisdictions are affected
- Response may require coordination across jurisdictions
- The incident may escalate and require regional/state assistance if not addressed early in the incident cycle.

Type 2 (Large Scale/Complex Incident)

- One or more regions (and/or states) are affected
- Response requires coordination from regional, cross regional and state level to ensure an integrated response.
- The incident is expected to escalate.

Type 1 (National Incident)

- The region, state, and/or nation are affected
- Response requires coordination from both a regional, cross regional, state, and federal level
- Federal assistance required based on incident complexity.

ACTIVATION LEVEL:

ACTIVATION DECISION:

DOC ACTIVATION (Yes or No)

Command or Coordination

Command or Coordination:

Incident Commander Name:

Department Coordinator Name:

Signature of IC/DC:

Signature of Alerting Director or Health Commissioner if activation is deemed not necessary:

Prepared by:
(name and position)