TUSCARAWAS COUNTY HEALTH DEPARTMENT

ATTACHMENT XI TO THE ERP – INCIDENT COMMAND SYSTEM STANDARD OPERATING PROCEDURES

Original Date of Adoption: 11/8/2017

CONTENTS

STATEMENT OF PROMULGATION

The Tuscarawas County Health Department (TCHD) **INCIDENT COMMAND SYSTEM STANDARD OPERATING PROCEDURES** establishes the procedures for developing an incident command structure in the event of an emergency or incident. 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.

The **TCHD Incident Command System SOP** is an attachment to the **TCHD ERP Basic Plan**; when the **TCHD ERP Basic Plan** is promulgated, this included all attachments and appendices. This **INCIDENT COMMAND SYSTEM STANDARD OPERATING PROCEDURES** is hereby adopted, and all program areas are directed to implement it. All previous versions OF **INCIDENT COMMAND SYSTEM STANDARD OPERATING PROCEDURES** are hereby rescinded.

RECORD OF CHANGES

The Health Commissioner for the Tuscarawas County Health Department authorizes all changes to the Tuscarawas County Health Department **INCIDENT COMMAND SYSTEM STANDARD OPERATING PROCEDURES.** 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	Version Number	Summary of Changes	Date of Changes	Name & Title
1	2019.10	Included information on incident mangement team, IMT Phone tree, ICS Forms, and ICS Job Action Sheets (pages 15 through end of document).	10/2/2019	Natasha Yonley PHEP Coord.
2	2019.10	Updated record of change table. Updated distribution table. Minor formatting and grammar changes.	10/3/19	Natasha Yonley PHEP Coord.
3	2019.10	Removed promulgation statement. Since it is an attachment to the ERP Base plan, promulgation of that plan covers all attachments and appendices. Included a table of organization (showing the organization structure at each activation level) and description of how the table of organization expands or collapses based upon the activation level.	10/07/19	Natasha Yonley PHEP Coord.

RECORD OF DISTRIBUTION

A single copy of this Tuscarawas County Health Department OF **INCIDENT COMMAND SYSTEM STANDARD OPERATING PROCEDURES** is distributed to each person in the positions listed below.

Program Area	Title	Name
Administration	Health Commissioner, TCHD	Katie Seward
Administration	Health Commissioner, NPCHD	Vickie Ionno
Emergency Management	Tuscarawas County EMA	Alex McCarthy
Emergency Preparedness	PHEP Coordinator	Natasha Yonley

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. Additionally, each Director and the Public Health Emergency Preparedness Coordinator possess an individual copy.

DOCUMENT DESCRIPTION

The content of the OF **INCIDENT COMMAND SYSTEM STANDARD OPERATING PROCEDURES** is intended to provide guidance for emergency operations regarding 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).

The information in this Incident Command System SOP represents a suggestion for how ICS operations should be carried out.

TCHD INCIDENT COMMAND SYSTEM:

ICS will be established for any event that requires a systematic, controlled and coordinated approach to mitigating the incident, including but not limited to:

- A biological event of a serious infectious disease with the potential for person-to-person spread.
- A bioterrorism incident.

- A chemical or hazardous materials incident that may impact the health of the general public.
- Whenever the TCHD COOP plan must be implemented.
- Whenever the Health Commissioner or their designated represented deems the ICS is necessary.

Actions will be taken according to established emergency operations plans, including the Tuscarawas County Emergency Response Plan and associated attachments, appendices and annexes.

The actual Incident Action Plan will be developed by the incident command staff as the situation dictates. Procedures on how to develop an IAP are found in the **Attachment VII: Incident Action Plan Standard Operating Procedure (SOP).**

Operations may be further subdivided geographically by Divisions as needed by the incident.

Demobilization procedures will be followed as outlined in **Attachment IX: Demobilization Plan Standard Operating Guide.**

ICS COMPOSED OF 5 MAJOR FUNCTIONAL AREAS:

- Command
- Operations
- Planning
- Logistics
- Finance/Administration

The ICS organizational structure is modular and can be extended based on an incidents size and complexity. It builds from the top-down, with responsibility beginning with the Command Staff, specifically the establishment of an Incident Commander, Public Information Officer, Liaison Officer, and Safety Officer.

If needed, 4 General Staff sections may be developed. General Staff include the Operations Section Chief, Planning Section Chief, Logistics Sections Chief, and the Finance Section Chief. Each of the General Staff sections may be broken down further into branches if needed for an incident response. *Table 1: Staff ICS Structure,* shows which TCHD staff or staff positions may fulfill certain ICS roles as well as the required training for each role.

MANAGEMENT BY OBJECTIVES

The Incident Commander or Unified Command establishes objectives that drive incident operations. Management by objectives includes the following:

- Establishing specific, measurable objectives;

- Identifying strategies, tactics, tasks, and activities to achieve the objectives;
- Developing and issuing assignments, plans, procedures, and protocols for various incident management functional elements to accomplish the identified tasks; and
- Documenting results against the objectives to measure performance, facilitate corrective actions, and inform development of incident objectives for the subsequent operational period.

INCIDENT ACTION PLANNING

Coordinated incident action planning guides incident management activities. IAPs represent concise, coherent means of capturing and communicating incident objectives, tactics, and assignments for operational and support activities.

Every incident should have an action plan; however, not all incidents need written plans. The necessity for written plans depends on incident complexity, command decisions, and legal requirements. Formal IAPs are not always developed for the initial operational period of no-notice incidents. However, if an incident is likely to extend beyond one operational period, becomes more complex, or involves multiple jurisdictions and/or agencies, preparing a written IAP becomes increasingly important to maintain unity of effort and effective, efficient, and safe operations.

Staff in EOCs also typically conduct iterative planning and produce plans to guide their activities during specified periods, though these are typically more strategic than IAPs.

MANAGEABLE SPAN OF CONTROL

Maintaining an appropriate span of control helps ensure an effective and efficient incident management operation. It enables management to direct and supervise subordinates and to communicate with and manage all resources under their control. The type of incident, nature of the task, hazards and safety factors, experience of the supervisor and subordinates, and communication access between the subordinates and the supervisor are all factors that influence manageable span of control.

The optimal span of control for incident management is one supervisor to five subordinates; however, effective incident management frequently necessitates ratios significantly different from this. The 1:5 ratio is a guideline, and incident personnel use their best judgment to determine the actual distribution of subordinates to supervisors for a given incident or EOC activation.

SCALABILITY

Depending on the complexity of the incident, will determine the staffing activation. 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.

During a routine incident (type 5) the TCHD is able to handle the incident using day-to-day staff for responding to the incident. Once an incident exceeds daily operations the Emergency Response Plan (ERP) will be activated incident type 1-4. Each of these incident types and corresponding staffing will be explained below.

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TYPE 4

During a type 4 incident, this would be a small to moderate scale incident. The TCHD DOC will operate at level 1. Only individuals with a direct role in response will be involved. This should include one or more representatives from one or more of the TCHD divisions.

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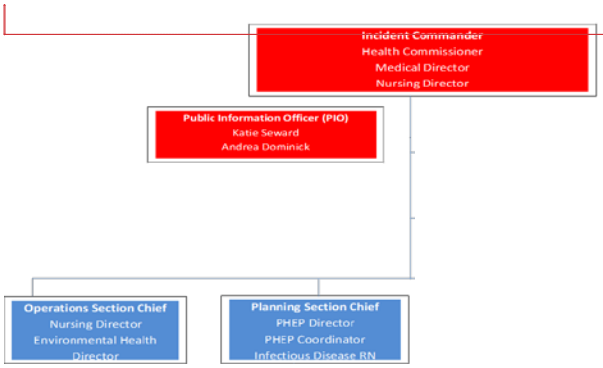

TYPE 3

During a type 3 incident, this would be a moderate to large scale incident. The TCHD DOC will be at level 2 and will activate ICS command staff and section chiefs. See the chart below for positions that will be activated.

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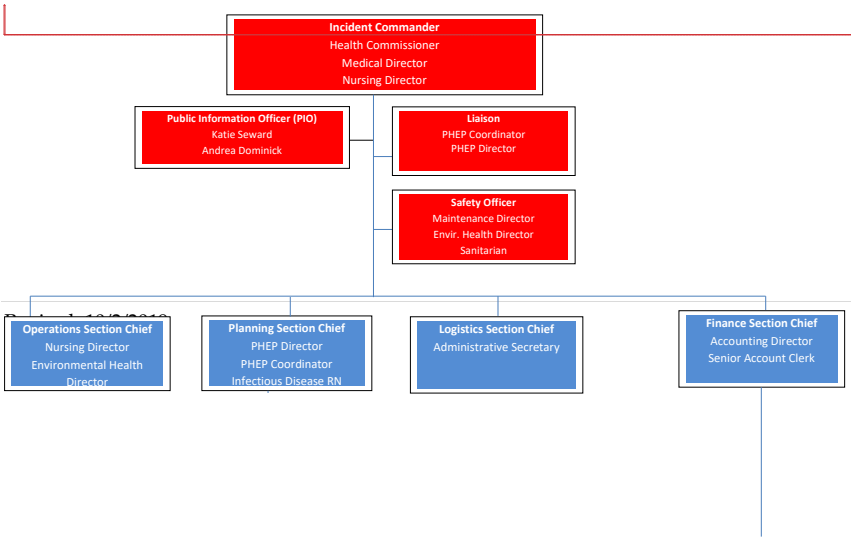

TYPE 2

During a type 2 incident, this would be a large scale or complex incident. The TCHD DOC will be at level 3 and will operate in full incident command. Table 1 on the following page illustrates all positions that will be filled. During a national emergency TCHD may need assistance from outside agencies.

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TYPE 1

During a type 1 incident, this would be a national level incident. The TCHD DOC will be at level 3 and will operate in full incident command. Table 1 on the following page illustrates all positions that will be filled. During a national emergency TCHD may need assistance from outside agencies.

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TABLE 1: STAFF ICS STRUCTURE

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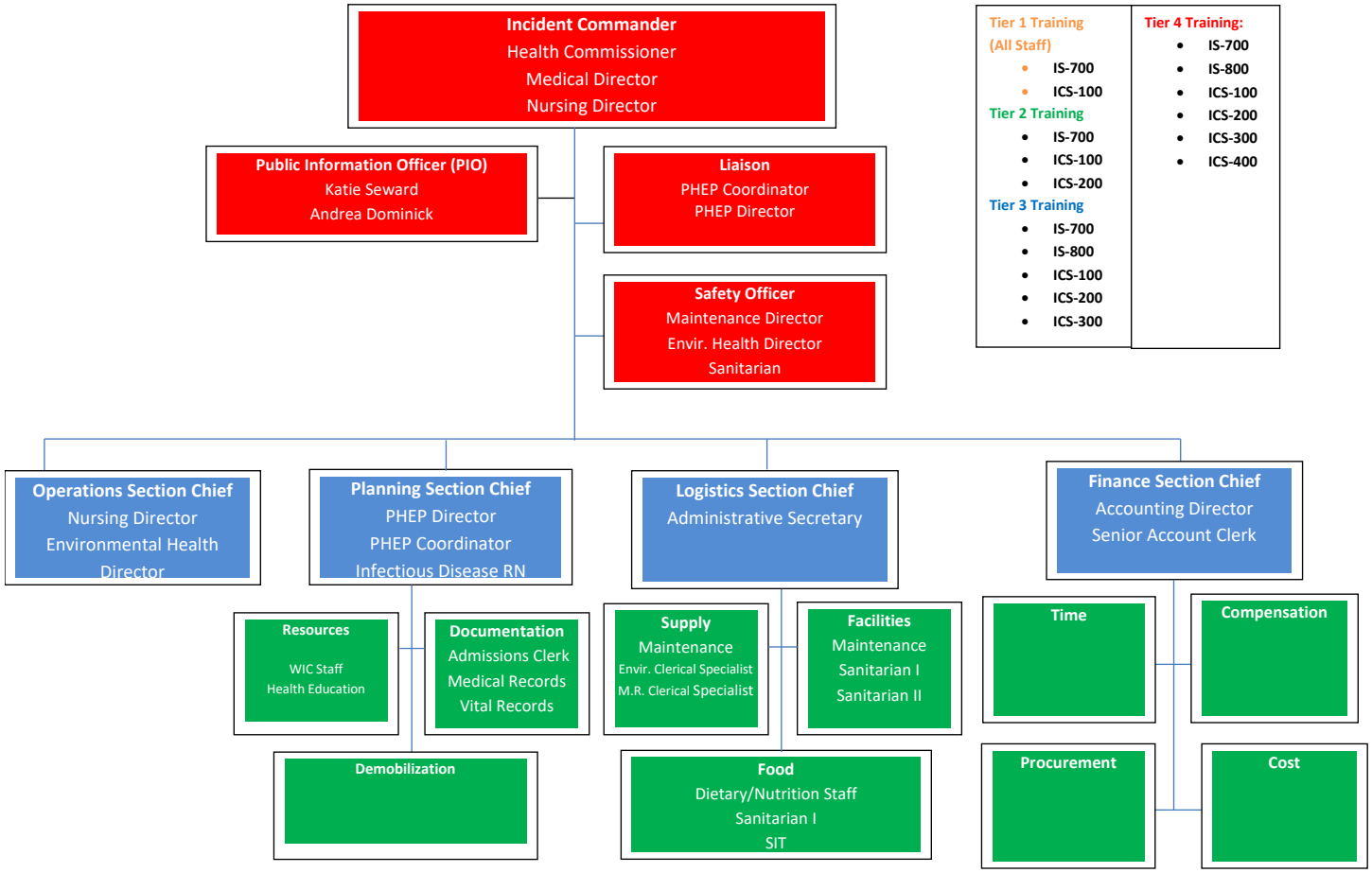


MANAGEMENT BY OBJECTIVES

Within ICS, management by objectives covers six essential steps. These steps take place on every incident regardless of size or complexity.

1. Understand agency authorities, policies and directives
2. Establish incident objectives and priorities
3. Select appropriate strategy
4. Apply tactics appropriate to the strategy
5. Monitor the performance of tactical operations
6. Adjust strategy and tactics as needed to achieve objectives

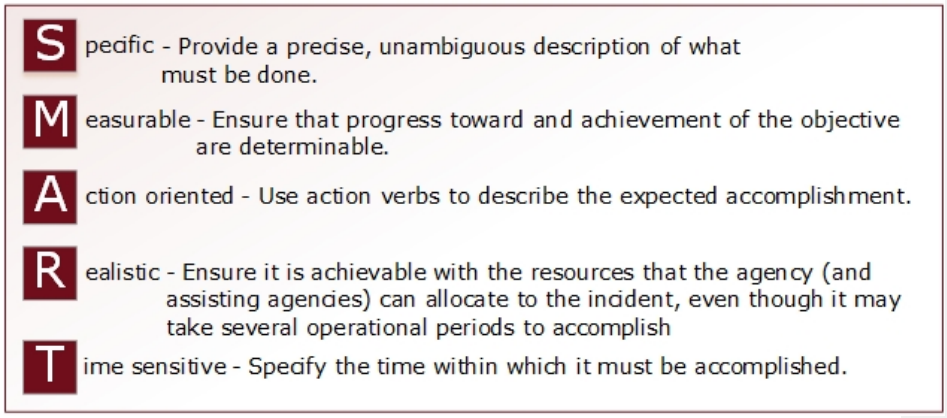
Objectives answer the question, "What" with regards to desired outcomes and are statements of intent related to the overall incident. Priorities are situational and influenced by many factors, with Safety of Life always being the highest priority. In the planning cycle, incident objectives are established at the initial command meeting. Proper leadership involves developing incident objectives that can effectively guide a large response organization from the initial emergency and crises phase through the cleanup and recovery phase. Objectives all too often cause weak direction and improper tasking. To ensure that the established objectives are appropriate, incident needs must inform the established objectives and their completion timeframes, rather than internal, agency resources.

When objectives are poorly written the responders are not sure what the Command has in mind and are open to a wide range of interpretation that may or may not be on course. Poorly written objectives are:

1. Too general to be meaningful;
2. Incompatible with the resource status;
3. Incapable of accomplishment;
4. Inappropriately assigned;
5. Too limiting to allow the use of alternative approaches or innovation;
6. Incomplete or unclear;
7. Simply unintelligible.

Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.

OBJECTIVES SHOULD FOLLOW THE SMART MODEL:



DEVELOPMENT OF INCIDENT OBJECTIVES

Development of objectives is part of the planning cycle. The initial objective-setting process is dynamic and deliberate. As the process goes through a few cycles, it becomes a more open style that addresses all stakeholder's concerns. The planning cycle has a four-step pattern that is repeated during each operational period and includes developing the following:

1. Constraints: Understanding the boundaries and setting limits on the response;
2. Objectives: Identifying what to accomplish;
3. Strategy: Deciding on a methodology for accomplishing critical tasks;
4. Tactics: Providing tasking and making assignments for the next operational period.

The four-step pattern emerges quickly as command self-imposes boundaries and limits on response actions (step 1) and directs people to take certain actions (step 2) in a specific way (step 3) in a specific time period (step 4). The first sequence of efforts by responders results in some impact. Based on the feedback, additional objectives are set to continue to mitigate the incident. This cycle happens naturally and repetitively from the initial response actions to the end of the response. However, it works more efficiently if it is part of a pre-incident preparedness planning and exercise program. Initially, the cycle is short and rapid and lengthens as the response grows allowing more time for incident action planning. Command communicates the objectives to a large response organization through Incident Action Plans (IAP), Support Plans (SP) and briefings. Command may divide incident objectives into general objectives and operational (or tactical) objectives in the IAP. General objectives are those broad objectives and policy statements that are usually replicated on each IAP or SP. Operational objectives are those objectives in the IAP/SP that are applicable to the

next operational period. These objectives may be continued from the previous IAP/SP if they were not accomplished and/or may be newly stated objectives for the next operational period.

The objective development process works well when facilitated, and when all participants are motivated to work together and desire the best outcome for the incident response. As a rule, there should be no more than seven operational objectives for a given operational period. As objectives are realized, additional ones will naturally follow in subsequent operational periods.

METHODS USED TO DEVELOP INCIDENT OBJECTIVES

The following are four methods used to develop objectives. Each method may be used alone or in combination with one or more of the other methods:

1. **Checklist**: Used in the early phase of the response to ensure key items are completed. It has pre-assigned responsibilities which helps speed up the response. It gives the IC an opportunity to focus on the unique rather than the common place aspects of the response. It ensures key issues are not overlooked. It can be tailored to the agency's mission. It can list the key tasks of command and general staff positions. It is good for the first four to six hours of a large response effort.
2. **Pro-forma Objectives**: Used in the early part of the response. They are a short list of generalized objectives that can help provide focus for a growing and expanding organization. They can be customized by adding specifics to general objectives when tasking commercial contractors. They highlight the major concerns of the organization and details are added by command as the response unfolds.
3. **Matrix**: This method divides the incident into manageable geographic zones and lists objectives for each zone. The IC considers the concerns in each zone and turns each problem into an objective. The y-axis of the matrix lists problem categories (i.e., people, property, environmental issues, economic or funding issues, information and communication needs). The x-axis lists geographic zones (i.e., on-scene, primary response zone, surrounding zone). Most of the problems, concerns and impacts related to the incident should not be overlooked if each box on the matrix is completed with accurate information.
4. **Critical Success Factors**: Objectives are linked to performance or results. Objectives are set to ensure the CSFs are met.

OBJECTIVE TRACKING

Any time TCHD is actively engaged in an emergency response, whether leading response or supporting response, objectives will be documented and tracked, initially through the ICS 201 form, then through subsequent operational periods by utilizing IAPs. Mission requests may come in through WebEOC. These mission requests should also be documented and tracked independently

of WebEOC in a spreadsheet maintained by response staff in the Planning Section or Planning Support Section.

TRANSITION OF INCIDENT COMMAND

1. The first responding agency will establish initial incident command.
2. The first responding agency's incident command structure prevails until relieved by the appropriate jurisdictional agency.
3. There may be a transition from incident command to unified command structure based on the incident.
4. As the scope of the response grows more complex, the need to transition Incident Command to another jurisdiction, person, or unified command structure may become necessary. Health Department and all county officials must implement this transition.

TRAINING

TCHD staff will be trained to appropriate levels of ICS according to **Tuscarawas County Health Department's 2019-2025 Multi-Year Training and Exercise Plan.**

TCHD employees are instructed to complete the required minimum trainings based on the following four criteria (both National and/or TCHD minimum standards):

- Tier Assignment
- Assigned ICS Position Requirements (*refer to Table 1 - ICS Position Chart*)
- Assigned TCHD Position / Program Requirements (if applicable)

INCIDENT COMMAND TASK SHEET

INCIDENT COMMANDER

Overall commander of an incident. Responsible for overseeing the operation of the incident, the creation of Incident Action Plans and working within a unified command structure if needed.

PUBLIC INFORMATION OFFICER

Provide information to public, news media, and elected officials under the direction of the Incident Commander.

SAFETY OFFICER

Develop and recommend measures for assuring health department personnel safety (including psychological and physical), and to assess and/or anticipate hazardous and unsafe situations.

LIAISON OFFICER

Function as incident contact person for representatives from other agencies.

OPERATIONS OFFICER

Organize and direct all aspects relating to the operations section. Carry out the directives of the Incident Commander and the Incident Action Plan. Coordinate and direct the activities of all branches and units assigned to the Operations Section.

PLANNING OFFICER

Organize and direct all aspects of the duties assigned to the Planning Section. Work under the direction of the Incident Commander and the Incident Action Plan to:

1. Facilitate and assure the distribution of critical status information and data relative to date operations.
2. Compile information from Section Chiefs to facilitate long range planning.
3. Document and distribute Incident Action Plan.
4. Assure that relevant sections of the Public Health Infrastructure Disaster Plan are being addressed.

LOGISTICS OFFICER

Organize and direct those operations associated with the maintenance of the physical environment, food, supplies, communications, and other resources necessary to support the incident operations.

INFORMATION MANAGEMENT COMMUNICATION SUPPORT

Provide support to the public information officer through the maintenance and troubleshooting of the communication systems.

PH PHARMACY

Policies and procedures are developed for drug distribution and pharmaceutical care, drug purchasing, storage, record keeping, handling, labeling, administering, dispensing and patient counseling, security, and reporting of all pharmaceuticals.

MATERIALS SUPPLY

To identify, obtain, and track the availability and use of resources. This position would be responsible for maintaining, dispensing, reporting, handling, storing and securing all needed materials.

FACILITIES MANAGEMENT

Facilities manager should be able to provide a safe, secure, and well-maintained facility. Also set up, maintenance and demobilization of all support facilities.

MEDICAL AND NON-MEDICAL VOLUNTEERS

The MRC may be activated as a human resource for public health or other disaster. Volunteers may be transitioned into Operations branches after deployment.

FINANCE OFFICER

Organize and direct activities under the Incident Commander and the Incident Action Plan to:

1. Monitor the utilization of financial assets
2. Oversee the acquiring of material and equipment related to the incident operations.
3. Oversee the collection and storage of documentation of incident operations including documentation supporting the expenditures and time.

PROCUREMENT

The Procurement Unit Leader is responsible for the following tasks:

- Ensuring compliance with purchasing policies.
- Procuring data on quantity, types, specifications & costs from Planning, Operations & Logistics sections.
- Ensuring correct delivery & documentation of goods ordered.
- Following up on pending orders/shipments.
- Assist Finance Leader in collecting cost data, performing cost effectiveness analysis, providing cost estimates & cost savings recommendations when it comes to the procurement of supplies & services from outside vendors.

HUMAN RESOURCES

The Human Resources Management Leader is responsible for the following tasks:

- Developing a roster of volunteers to be used by recruitment specialists.
- Establishing a mechanism for worker's compensation claims.
- Establishing a cost time tracking system of all employees.
- Maintaining a log of all staffing requests received and assignments.

- Establishing a mechanism to provide a psychological support system for all health department responders.
- Providing documentation of arrival & departure time of all personnel.
- Assist Finance Leader in collecting cost data, performing cost effectiveness analysis, providing cost estimates & cost savings recommendations when it comes to the use of volunteers & health department staff.

CLAIMS

- Claims will be responsible for tracking claims related activities kept for an incident.

INCIDENT MANAGEMENT TEAM

Creating the TCHD IMT fills a recommendation of the 2017 update of the National Incident Management System (NIMS). NIMS defines IMTs as "rostered groups of ICS-qualified personnel, consisting of an Incident Commander, other incident leadership, and personnel qualified for other key ICS positions. IMTs exist at local, regional, state, tribal, and national levels and have formal notification, deployment, and operational procedures in place."

Tuscarawas County Health Department (TCHD) maintains pre-designated personnel assigned to an Incident Management Team (IMT) which have the necessary training, qualifications, and experiences to serve in Command and General Staff positions within the Incident Command System. This team was developed to assist TCHD in the initial activation and establishment of the Incident Command System (ICS) with the formal activation of the TCHD Emergency Response Plan (ERP) and the TCHD Department Operations Center (DOC).

IMT NOTIFICATION

Upon activation of the Emergency Response Plan (ERP) or the recognized need to open the TCHD DOC, the Incident Management Team will be notified. This notification will be made by the Health Commissioner, the Incident Commander, or designee. Contacts will be made using the TCHD 24/7 Phone Chain. See TCHD 24/7 Phone Chain Procedures.

IMT members are to report to the TCHD DOC, or other designated location, within the time frame indicated by the Incident Commander.

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See TCHD Emergency Response Plan – Basic Plan for complete information and guidance on ERP activation

IMT ROLES AND RESPONSIBILITIES

INCIDENT MANAGEMENT TEAM PERSONNEL

The TCHD IMT is designed to provide a mixed resource of personnel within the team structure (i.e., varying public health experiences, scope of work, etc.). This is intended to support the full spectrum of public health operations and support agency operations whether TCHD is operating within a primary or secondary (support) role.

- Personnel are subject to change based on the discretion of the Health Commissioner (or delegated position of authority) or at the discretion of the assigned Incident Commander.
- Personnel structure can be amended to support operational requirements and/or actual position assignments.
- Staff positions are pre-assigned to allow team members to know in advance what position they will serve in during an incident or exercise.

PRIMARY AND ALTERNATE ASSIGNMENTS

Primary personnel are utilized in short term, single operational period incidents. Alternate personnel are assigned roles when the primary personnel for an indicated position are not available or the DOC will be operating over multiple operational periods.

In the event additional operational periods are needed or primary personnel are not available, alternate staff are included attached IMT Roster.

DOC ACTIVATION

The IMT will be responsible for setting up the Department Operations Center. See Department Operations Center Setup SOP.

INCIDENT MANAGEMENT

IMT personnel will assume their pre-designated ICS position, unless advised otherwise by the Incident Commander. See attached IMT Roster for assigned roles.

IMT personnel will perform their assigned roles according to the training and guidelines set by FEMA in the Incident Command System training.

See Direction and Control Plan for complete information on the Incident Command System and incident management.

DOC DE-ACTIVATION

Upon the Incident Commander determining that the DOC is no longer necessary to staff, the IMT will assist in deactivating the DOC and returning the location back to original state.

IMT TRAINING

Job-specific training will be provided and the Emergency Response Coordinator (ERC) will provide each person with their position-specific description, job-action-sheet, and appropriate ICS forms.

See TCHD Training and Exercise Plan (TEP) for required training as well as optional training that is available for specific positions.

ICS POSITIONS

The Incident Commander may expand or combine ICS positions as they deem appropriate. All individuals fulfilling a role in ICS are to wear one of the orange safety vests, badge with their position title, and their TCHD staff badge.

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COMMAND STAFF

INCIDENT COMMANDER

Overall commander of an incident. Responsible for overseeing the operation of the incident, the creation of Incident Action Plans and working within a unified command structure if needed.

PUBLIC INFORMATION OFFICER

Provide information to public, news media, and elected officials under the direction of the Incident Commander.

SAFETY OFFICER

Develop and recommend measures for assuring health department personnel safety (including psychological and physical), and to assess and/or anticipate hazardous and unsafe situations.

LIAISON OFFICER

Function as incident contact person for representatives from other agencies.

EMERGENCY RESPONSE COORDINATOR

Advises the Incident Commander on response plan, documents command actions and decisions.

DOCUMENTATION OFFICER

Documents decisions and actions for the Incident Commander for historical, legal and department records.

GENERAL STAFF

OPERATIONS OFFICER

Organize and direct all aspects relating to the operations section. Carry out the directives of the Incident Commander and the Incident Action Plan. Coordinate and direct the activities of all branches and units assigned to the Operations Section.

PLANNING OFFICER

Organize and direct all aspects of the duties assigned to the Planning Section. Work under the direction of the Incident Commander and the Incident Action Plan to:

1. Facilitate and assure the distribution of critical status information and data relative to date operations.
2. Compile information from Section Chiefs to facilitate long range planning.
3. Document and distribute Incident Action Plan.

SITUATION UNIT

Provides the Planning Chief with situational updates, including status of objectives and actions. Responsible for updating WebEOC.

DEMOBILIZATION UNIT

Begins to prepare for eventual demobilization of resources

LOGISTICS OFFICER

Organize and direct those operations associated with the maintenance of the physical environment, food, supplies, communications, and other resources necessary to support the incident operations.

COMMUNICATIONS UNIT

Maintains and staffs the communications desk, using DOC communications equipment, such as telephones and MARCS radios. Provide support to the public information officer through the maintenance and troubleshooting of the communication systems.

This unit will also coordinate with Pioneer 360 Communications staff to maintain TCHD computers and fax machines.

RESOURCES

To identify, obtain, and track the availability and use of resources. This position would be responsible for maintaining, dispensing, reporting, handling, storing and securing all needed materials.

FACILITIES MANAGEMENT

Facilities manager should be able to provide a safe, secure, and well-maintained facility. Also set up, maintenance and demobilization of all support facilities.

FINANCE OFFICER

Organize and direct activities under the Incident Commander and the Incident Action Plan to:

1. Monitor the utilization of financial assets
2. Oversee the acquiring of material and equipment related to the incident operations.
3. Oversee the collection and storage of documentation of incident operations including documentation supporting the expenditures and time.

See the table on the following page with a list of primary and alternates for ICS Roles. This is the TCHD Incident Management Team.

RESPONSIBILITIES CHECKLIST FOR ALL ICS POSITIONS

In addition to position specific responsibilities, the following checklist indicates minimum common responsibilities and requirements. Some tasks are one-time, while others are ongoing for the duration of the incident. Tasks may be delegated to appropriate staff as necessary. This does not relieve the primary department or director from performing the roles and responsibilities identified in Tuscarawas County Health Department (TCHD) plans.

DOCUMENTATION

TCHD will utilize the Incident Command Forms found at the end of this attachment to the ERP.

INITIAL/BEGINNING OF OPERATIONAL PERIOD (SHIFT CHANGE)

- ❒ Receive assignment from IC and activation instructions.
- ❒ Start ICS 214 – Unit/Activity Log.
- ❒ Obtain any special communication equipment needed to perform assigned tasks.
- ❒ If applicable, log onto computers and/or programs necessary for the performance of your duties.
- ❒ Acquire work materials necessary to perform your duties.

- ❒ Receive updated briefing from immediate section chief and obtain relevant information related to your position.
- ❒ Establish functionality of assigned position and confirm readiness with your section chief.
- ❒ Participate in meetings and briefings as required or assigned.
- ❒ Conduct all tasks in accordance with TCHD safety policies and directions provided by the Safety Officer and/or your director. Report any unsafe acts or conditions.
- ❒ Complete forms and reports required of your assigned position and ensure proper disposition of assigned incident documentation.
- ❒ Verify that assigned equipment is operational prior to each shift or operational period.
- ❒ Observe all required rest periods.
- ❒ Report any injuries, illnesses, or signs of fatigue in yourself or coworkers to your director.
- ❒ Observe all coworkers for signs of stress or inappropriate behavior. Report concerns to the Safety Officer.

CORE OPERATIONAL PERIOD

- ❒ Maintain ICS 214 – Unit/Activity Log and ICS 252 – Timekeeping Log.
- ❒ Cooperate and work with any assigned supporting agencies and partners.
- ❒ Evaluate progress and unmet needs to determine necessary actions.
- ❒ As applicable to your responsibilities, review and act upon incoming requests and messages using appropriate forms, and/or other applicable software programs.
- ❒ Provide requested information to your section chief.
- ❒ Attend general, staff, and unit planning meetings and briefings as required.
- ❒ Identify and provide outstanding resource requests to your section chief and document using appropriate forms, and/or other applicable software programs.
- ❒ Maintain and account for any assigned personnel and equipment.
- ❒ Cooperate with supporting agencies to determine status of ongoing requests and support activities.
- ❒ Identify and support the reporting times for information supplied by your position, especially information utilized to build situation reports (SITREPs) and the Incident Action Plan (IAP).
- ❒ Alert your section chief of unusual situations or problems. Pass on information received that would trigger a heightened response.
- ❒ Ensure all activities are documented in the appropriate logs and/or forms.

END OF OPERATIONAL PERIOD

- ❒ As applicable for your position, prepare end of shift status report(s).
- ❒ Review outstanding action requests to determine outstanding needs.
- ❒ Brief shift replacement of on-going operations and review previous assigned tasks and unmet needs.
- ❒ Complete any necessary time reporting including ICS 252 – Timekeeping Log.

DEMOBILIZATION

- ❒ Submit all documentation and completed forms to your section chief or the Planning Section/ Documentation Unit, if it is activated.
- ❒ Support development and implementation of the Demobilization Plan.
- ❒ Respond to and support demobilization orders and procedures.
- ❒ Prepare personal belongings for demobilization.
- ❒ Return all assigned equipment to appropriate location.
- ❒ Complete demobilization process checklist.
- ❒ Follow proper checkout/closeout procedures.
- ❒ Facilitate the return of assigned personnel and equipment to their normal status.
- ❒ As directed, participate in after action debriefings and activities.
- ❒ If requested, participate with any special after incident studies or after-action reviews (AAR).

COMMON LEADERSHIP RESPONSIBILITIES

- ❒ Determine resource needs and organizational structure; activate additional resources and personnel as dictated by the incident.
- ❒ Request additional staff as appropriate.
- ❒ Request supplies via section chiefs and Logistics.
- ❒ Participate in or conduct incident meetings and briefings, as required.
- ❒ Determine current status of section/unit activities.
- ❒ Confirm requests and estimated time of arrival for staff and supplies.
- ❒ Maintain situational awareness of activated resources.
- ❒ Brief incoming staff.
- ❒ Conduct or arrange for just-in-time training needed for direct reports.

- ❒ Assign staff to specific duties.
- ❒ Identify potential sources of outside assistance, such as contractors and equipment vendors.
- ❒ Develop and implement accountability, safety, and security for personnel and resources.
- ❒ Provide Staff Support Section Chief with a list of supplies to be replenished.
- ❒ Supervise demobilization of unit.

EMERGENCY RESPONSE DURING FIRST 24 HOURS - CHECKLISTS

This section provides guidance and information on response activities that should be initiated during the first 24 hours (i.e., the acute phase) of most emergencies and disasters. Specific functions and tasks are divided into three response timeframes:

- **Immediate**
- **Intermediate**
- **Extended**

The order in which these activities are undertaken may vary according to the specific incident, particularly during a biological incident or infectious disease outbreak. Because emergency response is a dynamic process, these activities may be repeated at various stages of the response. Tuscarawas County Health Department may function as a part of a larger overall emergency response effort. In many instances, the TCHD will not take the lead in responding to an incident. TCHD should always function within the emergency operations plans, procedures, guidelines, and incident management system used by TCHD community partners.

The following guidance and information should be used as a reference until existing emergency operations plans, procedures, and guidelines are accessed. Each function and task outlined in the following sections of the guide should be accomplished in accordance with existing emergency operations plans, procedures, and guidelines.

IMMEDIATE RESPONSE: HOURS 0 – 2

1. ASSESS THE SITUATION

Initiate the response by assessing the situation. Ask yourself the following questions and use a small blank notebook, writing pad, or other appropriate form(s) to record thoughts and ideas:

- ❒ Should public health become involved in the response? If so, in what way(s)?

- ❒ What public health function(s) has been or may be adversely impacted?
- ❒ What geographical area(s) has been or may be adversely impacted? Does it fall within your health department's jurisdiction?
- ❒ How many people are threatened, affected, exposed, injured, or dead?
- ❒ What are the exposure pathways?
- ❒ Have critical infrastructures been affected (e.g., electrical power, water supplies, sanitation, telecommunications, transportation, etc.)? If so, in what way(s)?
- ❒ Have medical and healthcare facilities been affected? If so, in what way(s)?
- ❒ Have public health operations been affected? If so, in what way(s)?
- ❒ Are escape routes open and accessible?
- ❒ How will current and forecasted weather conditions affect the situation?
- ❒ What other agencies and organizations are currently responding to the incident?
- ❒ What response actions have already been taken?
- ❒ Has information been communicated to responders and the public to protect public health? If so, in what way(s) and by whom?
- ❒ Does your health department have existing mutual-aid agreements with other agencies, organizations, or jurisdictions?
- ❒ Has an Incident Command Post (ICP) been established? If so, where is it?
- ❒ Who is the Incident Commander (IC)? How can the IC be contacted?
- ❒ Has the local, state, or tribal Emergency Operations Center (EOC) been activated? If so, where is it operating?

2. CONTACT KEY HEALTH PERSONNEL

Contact personnel within the TCHD that have emergency response roles and responsibilities. Examples include:

- ❒ Health Commissioner and Directors
- ❒ Emergency Response Director and Coordinator
- ❒ Environmental Health Specialists
- ❒ Epidemiologists
- ❒ Safety and Health Specialists
- ❒ Laboratory Personnel
- ❒ Mental and Behavioral Health Personnel
- ❒ Medical Staffs
- ❒ Public Information Officer (PIO)

- ❒ Coroner's Office
- ❒ Animal Control Personnel
- ❒ Liaisons
- ❒ Technical, logistical, and other support personnel

Coordinate with other healthcare providers as necessary. Record all contacts, including unsuccessful attempts, and follow-up actions.

3. DEVELOP INITIAL HEALTH RESPONSE OBJECTIVES AND ESTABLISH AN ACTION PLAN

Develop initial health response objectives that are specific, measurable, achievable, and time-framed. Establish an action plan based on your assessment of the situation. Assign responsibilities and record all actions. See **Attachment IV - Incident Action Plan SOP.**

4. ENSURE THAT THE SITE HEALTH AND SAFETY PLAN (HASP) IS ESTABLISHED, REVIEWED, AND FOLLOWED

Coordinate with the safety officer to identify hazards or unsafe conditions associated with the incident and immediately alert and inform appropriate directors and leadership personnel. This can be achieved through site safety briefings and at shift changes. Responder safety and health reports, updates, and briefings should be initiated at this stage of the response. Ensure that medical personnel are available to evaluate and treat response personnel.

5. ESTABLISH COMMUNICATIONS WITH KEY HEALTH AND MEDICAL ORGANIZATIONS

Establish communications with other health and medical agencies, facilities, and organizations that have emergency response roles and responsibilities, and verify their treatment and support capacities (e.g., patient isolation and/or decontamination, etc.) Examples include:

- ❒ Emergency Medical Services (EMS)
- ❒ Hospitals and clinics
- ❒ Laboratories
- ❒ Nursing homes/assisted living facilities
- ❒ Home health care agencies
- ❒ Psychiatric/mental/behavioral health and social services providers
- ❒ State and county medical societies

- ❒ Liaisons (to special populations, etc.)
- ❒ Other health and medical entities, as appropriate

Record all contacts, including unsuccessful attempts, and any follow-up actions.

6. ASSIGN AND DEPLOY RESOURCES AND ASSETS TO ACHIEVE ESTABLISHED INITIAL HEALTH RESPONSE OBJECTIVES

Many objectives may not be achieved immediately during the response. Effective allocation and monitoring of health resources and assets will be required to sustain 24-hour response operations.

Use Template 2 at the back of the guide to document TCHD leadership assignments during the response to an incident.

7. ADDRESS REQUESTS FOR ASSISTANCE AND INFORMATION

As part of the community response effort, ensure that health-related requests for assistance and information from other agencies, organizations, and the public are either directed to appropriate personnel within your health department or forwarded to appropriate agencies and organizations.

8. INITIATE RISK COMMUNICATION ACTIVITIES

Determine whether a Joint Information Center (JIC) and the local, state, or tribal Emergency Operations Center (EOC) are operational. If so, ensure that a health representative(s) from your department has been assigned as part of a Joint Information System (JIS) to establish communications and maintain close coordination with the JIC. The health representative(s) may or may not be physically located in the JIC based on the specific incident and established emergency operations plans, procedures, and guidelines.

Ensure that contact has been established with appropriate personnel within your health department and initiate risk communication activities. Remember to communicate public health messages in the appropriate language(s) to persons with limited English proficiency. A public health information "hotline" can be established to address requests for information from the public.

9. PREPARING MESSAGES

Public messages in a crisis must employ the STARCC principles:

- ❒ **SIMPLE . . .** Frightened people don't want to hear big words

- ❒ **TIMELY . . .** Frightened people want information now
- ❒ **ACCURATE . . .** Frightened people won't get nuances so give it straight
- ❒ **RELEVANT . . .** Answer their questions and give action steps
- ❒ **CREDIBLE . . .** Empathy and openness are key to credibility
- ❒ **CONSISTENT . . .** The slightest change in the message is upsetting and dissected by all

Source: Reynolds, B., Crisis and Emergency Risk Communication by Leaders for Leaders. Atlanta, GA: Centers for Disease Control and Prevention, 2004

10. ENGAGE LEGAL COUNSEL AS PART OF THE EMERGENCY RESPONSE EFFORT

Stay apprised of legal issues as they emerge and consult with appropriate personnel within your health department and jurisdiction.

During any activation of the ***Emergency Response Plan***, legal counsel is always engaged, regardless of the incident type. The specific topics that require targeted engagement of legal counsel include the following:

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

There are no internal approvals required to engage the TCHD legal counsel; the IC/DC, their designee or any program staff who normally engage legal may reach out. Contact information for TCHD legal counsel can be found in ***TCHD Emergency Response Plan (ERP) – Basic Plan).***

11. DOCUMENT ALL RESPONSE ACTIVITIES

All personnel need to document their activity using ICS Form 214. This form needs completed and turned into the Section Chief at the end of the Operational Period.

See **Attachment VI – Incident Documentation Guide** for documentation requirements and forms.

INTERMEDIATE RESPONSE: HOURS 2 – 6

1. VERIFY THAT HEALTH SURVEILLANCE SYSTEMS ARE OPERATIONAL

Health surveillance systems should be fully operational to begin the process of data collection and analysis. Consider human subjects and privacy issues related to data collection, analysis, and storage.

2. ENSURE THAT LABORATORIES LIKELY TO BE USED DURING THE RESPONSE ARE OPERATIONAL AND VERIFY THEIR ANALYTICAL CAPACITY

Laboratories likely to be used during the response should be fully operational to begin the process of specimen collection and analysis. Notify laboratories of any changes in activity during the response. Provide laboratories with lead time to prepare for sample testing and analysis.

3. ENSURE THAT THE NEEDS OF SPECIAL POPULATIONS ARE BEING ADDRESSED

Ensure that the needs of special populations are being addressed through the provision of appropriate information and assistance.

Examples of special populations include:

- ❒ Children
- ❒ Dialysis patients
- ❒ Disabled persons
- ❒ Homebound patients
- ❒ Patients dependent on home health care services
- ❒ Institutionalized persons
- ❒ Persons with limited English proficiency
- ❒ The elderly
- ❒ Transient populations (tourists, migrant workers, the homeless, carnival/fair workers, etc.)

4. HEALTH-RELATED VOLUNTEERS AND DONATIONS

Communicate frequently with the public regarding whether or not health-related volunteers and donations are needed. Volunteer agencies (e.g., the Red Cross) have their own needs that may differ from those of your health department. Volunteer medical personnel must be properly credentialed and insured.

Attempts will be made to use the Tuscarawas County Medical Reserve Corps (MRC).

The MRC Coordinator, will coordinate the use of, the credentialing and badging of, medical volunteers.

5. UPDATE RISK COMMUNICATION MESSAGES

Ensure that risk communication messages are updated and coordinated with other responding agencies and organizations as necessary. If a Joint Information Center (JIC) is operational, update and release messages through the JIC. Ensure that messages on public health information "hotlines" are updated as necessary.

INTERMEDIATE RESPONSE: HOURS 6 – 12

1. COLLECT AND ANALYZE DATA THAT ARE BECOMING AVAILABLE THROUGH HEALTH SURVEILLANCE AND LABORATORY SYSTEMS

Begin collecting and analyzing data that are becoming available through established health surveillance systems and laboratories, and evaluate any real-time sampling data. Communicate results to appropriate personnel in a timely manner through established operations plans, procedures, or guidelines.

2. PREPARE AND UPDATE INFORMATION FOR SHIFT CHANGE AND EXECUTIVE BRIEFINGS

Initiate staffing plan and update contact information and rosters to be used by incoming personnel. Apprise incoming personnel of response actions being taken, pending decisions and issues, deployment of resources and assets, updated health response objectives, and current media activities.

3. PREPARE FOR STATE AND FEDERAL ON-SITE ASSISTANCE

Prepare for the arrival of state and federal onsite assistance and for the integration of these personnel, resources, and assets into the locally established response structure. Examples include:

- ❒ Ohio Department of Health
- ❒ Technical experts and Emergency Response Coordinators (ERCs)
- ❒ U.S. Department of Health and Human Services (HHS) Incident Response Coordination Team (IRCT)

- ❒ Centers for Disease Control and Prevention (CDC) personnel
- ❒ Strategic National Stockpile (SNS)
- ❒ Federal Medical Station (FMS)
- ❒ Environmental Response Team (ERT)
- ❒ Ohio and/or U.S. Environmental Protection Agency (EPA) Radiological Emergency Response Team (RERT)
- ❒ Veterans' Health Administration (VHA) Medical Emergency Radiology Response Team (MERRT)
- ❒ Federal Radiological Monitoring and Assessment Center (FRMAC) personnel
- ❒ Ohio Mortuary Operational Response Team (OMORT)
- ❒ National Disaster Medical System (NDMS) Teams:
- ❒ Disaster Medical Assistance Team (DMAT)
- ❒ National Medical Response Team (NMRT)
- ❒ Disaster Mortuary Operational Response Team (DMORT)
- ❒ National Veterinary Response Team (NVRT)
- ❒ U.S. Public Health Service (USPHS) Commissioned Corps Teams
- ❒ Rapid Deployment Force (RDF)
- ❒ Applied Public Health Team (APHT)
- ❒ Mental Health Team (MHT)
- ❒ Administration for Children and Families (ACF) Disaster Case Management (DCM) Teams
- ❒ Personnel, equipment, resources, and assets via the Emergency Management Assistance Compact (EMAC)
- ❒ Other specialized response teams

4. ASSESS HEALTH RESOURCE NEEDS AND ACQUIRE AS NECESSARY

Resources and capacity to meet health response objectives must be reviewed periodically and appropriate action taken to ensure their availability. Effective allocation and monitoring of health resources and assets will be required to sustain 24-hour and extended response operations.

EXTENDED RESPONSE: HOURS 12 – 24

1. ADDRESS MENTAL AND BEHAVIORAL HEALTH SUPPORT NEEDS

Initiate preparations for providing mental and behavioral health services, and social services, to health department staff, response personnel, and other persons affected by the event. Address required comfort needs of health department staff.

2. PREPARE FOR TRANSITION TO EXTENDED OPERATIONS OR RESPONSE DISENGAGEMENT

Consider and assess public health functions and tasks that will need to be addressed beyond the first 24 hours (i.e., the acute phase) of the incident based on incoming data and developments. Begin developing a strategy for disengaging and demobilizing public health from the response effort based on the analysis and results of incoming data and existing response objectives.

The state has a critical role in supporting local recovery efforts. Post-disaster recovery is a locally driven process, and the state supports communities by coordinating and/or providing any needed technical or financial support to help communities address recovery needs.

3. RECOVERY CONTINUUM

The recovery process is best described as a sequence of interdependent and often concurrent activities that progressively advance a community toward its planned recovery outcomes. Decisions made and priorities set by a community pre-disaster and early in the recovery process have a cascading effect on the nature, speed, and inclusiveness of recovery.

Some of the activities that may occur in the transition to recovery include:

- ❒ Coordination of documentation (gathering and archiving all documents regarding the incident, including costs and decision making).
- ❒ Archiving of data and contact information (ensuring that data and information such as "time snapshots" of GIS maps or contact names and numbers of those participating in EOC activities is captured and available for review and use through the recovery process).
- ❒ Conducting after-action reviews.
- ❒ Advocating for State and Federal Assistance (creating a narrative of the event for the purposes of obtaining Federal assistance).
- ❒ Establishing Disaster Recovery Centers (in most cases, the establishment of a DRC is the responsibility of the impacted community in the early stages of recovery).
- ❒ Working with CDC, the State and other Federal entities.

- ❒ Helping the community to manage expectations (continuing a public information plan or strategy through the transition and into recovery).

	Position	Primary Person	Primary Contact Information	Alternate(s)	Alternate(s) Contact Information
Command Staff	Incident Commander	Katie Seward	director@tchdnow.org 330-343-5555 x 164	Amy Kaser	akaser@tchdnow.org 330-343-5555 x 180
	Public Information Officer	Katie Seward	director@tchdnow.org 330-343-5555 x 164	Kelly Snyder	ksnyder@tchdnow.org 330-343-5555 x 182
				Nicole Dorsey	ndorsey@tchdnow.org 330-343-5555 x 111
				Jennifer Demuth	jdemuth@tchdnow.org 330-343-5555 x 170
	Emergency Response Coordinator	Natasha Yonley	nyonley@tchdnow.org 330-343-5555 x 171	Caroline Terakedis	cterakedis@tchdnow.org 330-343-5555 x 115
				Amy Kaser	akaser@tchdnow.org 330-343-5555 x 180
	Safety Officer	Derrick Jenkins	djenkins@tchdnow.org 330-343-5555 x 139	Mike Kopko	mkopko@tchdnow.org 330-343-5555 x 130
				Gary Spargrove	330-343-5555 x 160
	Liaison Officer	Loretta Pinchek	lpinchek@tchdnow.org 330-343-5555 x 131	Valerie Wilson	wictuscarawas@odh.ohio.gov 330-343-5555 x 148

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General Staff	Operations Section Chief (Environmental Health) *	Caroline Terakedis	cterakedis@tchdnow.org 330-343-5555 x 115	Greg Dion	gdion@tchdnow.org 330-343-5555 x 116
				Mike Kopko	mkopko@tchdnow.org 330-343-5555 x 130
	Operations Section Chief (Clinical)*	Amy Kaser	akaser@tchdnow.org 330-343-5555 x 180	Chelsea Martin	cmartin@tchdnow.org 330-343-5555 x 132
				Michelle McPeek	mmcpeek@tchdnow.org 330-343-5555 x 163
	Planning Section Chief	Greg Dion	gdion@tchdnow.org 330-343-5555 x 116	Danell Bennett	dbennett@tchdnow.org 330-343-5555 x 123
	Situational Unit Leader	Valerie Wilson	wictuscarawas@odh.ohio.gov 330-343-5555 x 148	Alexa Medley	amedley@tchdnow.org 330-343-5555 x 112
				Sharon Kalp	skalp@tchdnow.org 330-343-5555 x 125
	Documentation Leader	Alexa Medley	amedley@tchdnow.org 330-343-5555 x 112	Sharon Kalp	skalp@tchdnow.org 330-343-5555 x 125
	Resource Unit Leader	Danell Bennett	dbennett@tchdnow.org 330-343-5555 x 123	Mike Kopko	mkopko@tchdnow.org 330-343-5555 x 130
				Gary Spargrove	330-343-5555 x 160

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	Logistics Section Chief	Gary Spargrove	330-343-5555 x 160	Angie Frantz	afrantz@tchdnow.org 330-343-5555 x 120
				Caroline Terakedis	cterakedis@tchdnow.org 330-343-5555 x 115
	Finance Section Chief	Jo Gerber	jgerber@tchdnow.org 330-343-5555 x 121	Jennifer Edie	jedie@tchdnow.org 330-343-5555 x 188
Appointment based on scope of the incident (EH, Clinical). Only one Operations Section Chief will be appointed.					
Other	EMA EOC Public Health Representative			Katie Seward	
				Jennifer Demuth	
	On-Call Subject Matter Expert(s)			Medical: Dr Daniel Bloomer	
				Epidemiology: Dr Madhava Bhatta	
				Legal: Tuscarawas County Prosecutor's Office	

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SUPPORTING DOCUMENTS

The following document have been included in this SOP; they are found on the following pages:

- IMT Phone tree
- ICS Job Action Sheets
    - Incident Commander
    - Public Information Officer
    - Operations Section Chief
    - Logistics Section Chief
    - Planning Section Chief
    - Finance Section Chief
- ICS Forms