TUSCARAWAS COUNTY HEALTH DEPARTMENT

ATTACHMENT I TO THE ERP:
PUBLIC HEALTH OPERATIONS GUIDE (PHOG)

Version: 2017.11

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CONTENTS

STATEMENT OF PROMULGATION

The Tuscarawas County Health Department (TCHD) **PUBLIC HEALTH OPERATIONS GUIDE (PHOG)** establishes the guidance for emergency operations in regards to any planned or unplanned public health event. It replaces the **ERF #1 DIRECTION AND CONTROL OPERATIONS GUIDELINES.**

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 **PUBLIC HEALTH OPERATIONS GUIDE (PHOG)**is hereby adopted, and all program areas are directed to implement it. All previous versions of **PUBLIC HEALTH OPERATIONS GUIDE (PHOG)** are hereby rescinded.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 **PUBLIC HEALTH OPERATIONS GUIDE (PHOG).** Change notifications are sent to those on the distribution list. To annotate changes:

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

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 **PUBLIC HEALTH OPERATIONS GUIDE (PHOG)** 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
		Tuscarawas County EMA	Alex McCarthy

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

DOCUMENT DESCRIPTION

The content of the Public Health Operations Guide (PHOG) 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).

INTRODUCTION

This guide is intended to be used by TCHD employees who are responsible for initiating emergency response activities. It should be maintained by, and kept with, its primary user at all times. A small blank notebook or writing pad should be kept with this guide at all times to record thoughts and ideas generated through the use of the guide during the response to an incident. This guide is not intended to replace existing emergency operations plans, procedures, or guidelines. It is consistent with the doctrine, concepts, principles, terminology, organizational processes, and guidance in the National Response Framework (NRF) and the National Incident Management System (NIMS).

The guide begins with a brief section on incident action steps common to most emergencies that should be conducted by TCHD response staff. The next section provides guidance and information on emergency response actions that should be initiated during the first 24 hours of an incident. This section is divided into three response timeframes: Immediate (hours 0-2), Intermediate (hours 2-6 and 6-12), and Extended (hours 12-24). After these action steps, there is a section on the TCHD emergency response structure. The final section of the guide lists ongoing public health functions and tasks that should be considered beyond the first 24 hours of the response to an incident, and specific job actions to be conducted to support emergency response. This section also includes several blank templates and worksheets for your use.

INCIDENT ACTION STEPS

- ❒ Incident detection
- ❒ Incident size-up and assessment
  - Follow **Attachment II - Initial Incident Assessment Standard Operating Procedure**
  - Complete ***Appendix 1 - Initial Incident Assessment Form***
  - Follow **Attachment III - ERP Activation Standard Operating Procedure**
- ❒ Establish Incident Command. See **Attachment XI – Incident Command System (ICS) Standard Operating Procedures.**
- ❒ Establish response organization (Complete ICS 207 Form)
- ❒ Issue activation notifications
- ❒ Activate DOC if needed
  - Utilize **Attachment IV - DOC Activation Standard Operating Procedure**
- ❒ Prepare ICS 201 form
  - Establish incident objectives
  - Establish operational period and initial staff schedules
- ❒ Establish EEIs See ***Appendix 10 – EEI Requirements***
- ❒ Establish communications plan and provide needed equipment
  - Begin ICS Forms 205 and 205A
- ❒ Begin chronology documentation using ICS Form 214 Activity Log
- ❒ Establish end-state goal
- ❒ Mobilize response staff
- ❒ Establish battle rhythm
  - Establish SitRep schedule and recipients
    - See ***Appendix 2 - Situation Report & Shift Change Report Template***
  - Establish meeting schedule and participants
    - See ***Appendix 3 – Operational Schedule (Battle Rhythm) Template***
  - Establish briefing schedule
    - See ***Appendix 3 – Operational Schedule (Battle Rhythm) Template***
- ❒ Hold initial incident briefing
- ❒ Determine notification needed for external stakeholders and engage
  - Board of Health
  - Tuscarawas County EMA
  - Elected Officials
  - Media (Fake news)
  - Local partners
  - Access and Functional Needs Partners
  - NECO Regional Coordinator
  - Ohio Department of Health
  - Other state or federal partners

- ❒ Prepare and distribute initial SitRep to identified recipients
  - See ***Appendix 2 - Situation Report & Shift Change Report Template***
- ❒ Begin drafting IAP
  - See **Attachment VI - Incident Action Plan SOP**
  - See ***Appendix 8 – Planning Process***
    - Initial Incident Actions
    - Maintenance Actions
- ❒ Review and Revise end-state goal as needed.
- ❒ Issue regular SitReps
- ❒ Maintain Chronology using ICS Form 214 Activity Log
- ❒ Prepare incident briefings
- ❒ Repeat the Planning Process through each operational period.
  - End of Incident Actions:
- ❒ Begin Demobilization
- ❒ Complete Demobilization
- ❒ Enter Recovery Phase
  - For additional information see the TCHD recovery plan

INCIDENT DETECTION, ASSESSMENT & ERP ACTIVATION

This section describes the process for activating the Emergency Response Plan (ERP). The ERP may be activated in one of two ways:

1. The Health Commissioner(s), members of the TRIAD, or the PHEP Director may authorize the activation of the ERP upon determination that an incident requires implementation of one or more of the strategies or plans included herein. If the ERP is activated in this way, response will begin with incident assessment, which is required to establish the activation level and define the incident response needs, but the need for activation will not be reevaluated.
2. Response personnel employ the entire process described in this section of this plan and present their recommendation for activation to their Director. Barring deactivation by the Director, response personnel then complete identified response actions.

Activation of the ERP marks the beginning of the response.

1. INCIDENT DETECTION

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

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

- ✓ Potential impact on or involvement of program(s) beyond the currently involved program(s);
- ✓ Novel, epidemic or otherwise unique situation that likely requires a greater-than-normal response from TCHD;
- ✓ Need for resources or support from outside TCHD;
- ✓ Significant or potentially significant risk for mortality or morbidity;
- ✓ The incident has required response from other agencies, and it is likely to or has already required response from the local jurisdiction's health department.

2. INCIDENT ASSESSMENT

Directors will immediately inform the Health Commissioner of any incident that they believe is likely to require activation of the ERP. The Health Commissioner will then notify the PHEP Director and PHEP Coordinator. Following this notification, they will walk through the incident size-up with the health commissioner, which is the first step in the Procedure section of **Attachment II: Initial Incident Assessment Standard Operating Procedure**. This action will trigger the Initial Incident Assessment Meeting, which must take place via phone or face-to-face within 1 hour of the initial detection of the threat.

3. ERP ACTIVATION

The Initial Incident Assessment Meeting supports the completion of ***Appendix 1: Initial Threat Assessment Form*** to determine if the plan will be activated and the Activation Level. After determining the necessary activation level during the Initial Incident Assessment Meeting, activation of the plan will occur through utilization of **Attachment III: ERP Activation Standard Operating Procedure.**

INCIDENT LEVELS

The following Incident Complexities will be used by local public health jurisdictions within the NECO Region to assess the level of coordination, information sharing, or support requirements based on the size, scope, demand, and complexity of an incident. Incident Complexity includes the following typed incidents:

TYPE 5 (ROUTINE INCIDENT)

- One city or county jurisdiction is affected and response can be handled without regional/outside assistance.
- Incident response is conducted at the departmental, local or county level.

- Currently assigned personnel and resources are capable of managing the situation.
- Incident Notification / Information Sharing to the region is optional/as needed depending on incident generated demands.

TYPE 4 (SMALL TO MODERATE SCALE INCIDENTS)

- One county jurisdiction is affected and 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.
- Incident response is conducted at the local or county level and may involve additional jurisdictions as required by incident generated demands.
- Assigned personnel and resources are capable of managing the situation but may be augmented to support response requirements.
- Incident Notification/Information Sharing to the region or contiguous jurisdictions is recommended depending on incident generated demands.
- Activation of a Regional Joint Information System optional/as needed depending on incident generated demands.

TYPE 3 (MODERATE TO LARGE SCALE INCIDENTS)

- One or more county jurisdictions are affected and response may require coordination across jurisdictions to ensure an integrated response (regional/cross regional response). The incident may escalate and require regional/state assistance if not addressed early in the incident cycle.
- Incident response is conducted at a county or multi-county level and will require regional or cross regional coordination (i.e., Unified, Area Command).
- Assigned personnel and resources may require / require regional / state augmentation to support response requirements.
- Incident Notification / Information Sharing to the region is required based on incident generated demands. Development of a Regional Situation Report is required based on incident generated demands.
- Recommend activation of a Regional Joint Information System.

TYPE 2 (LARGE SCALE / COMPLEX INCIDENTS)

- One or more regions (and/or states) are affected and response requires coordination from both a regional, cross regional and state level to ensure an integrated response. The incident is expected to escalate.
- Incident response is conducted at a regional, cross regional or state level and will require regional, cross regional and state coordination (i.e., Unified Command, Area Command).
- Assigned personnel and resources will require regional and state augmentation to support response requirements.

- Incident Notification / Information Sharing to the region is required. Development of a Regional Situation Report is required based on incident generated demands.
- Activation of a regional, cross regional or state Joint Information System is required based on incident generated demands.

TYPE 1 (NATIONAL INCIDENT)

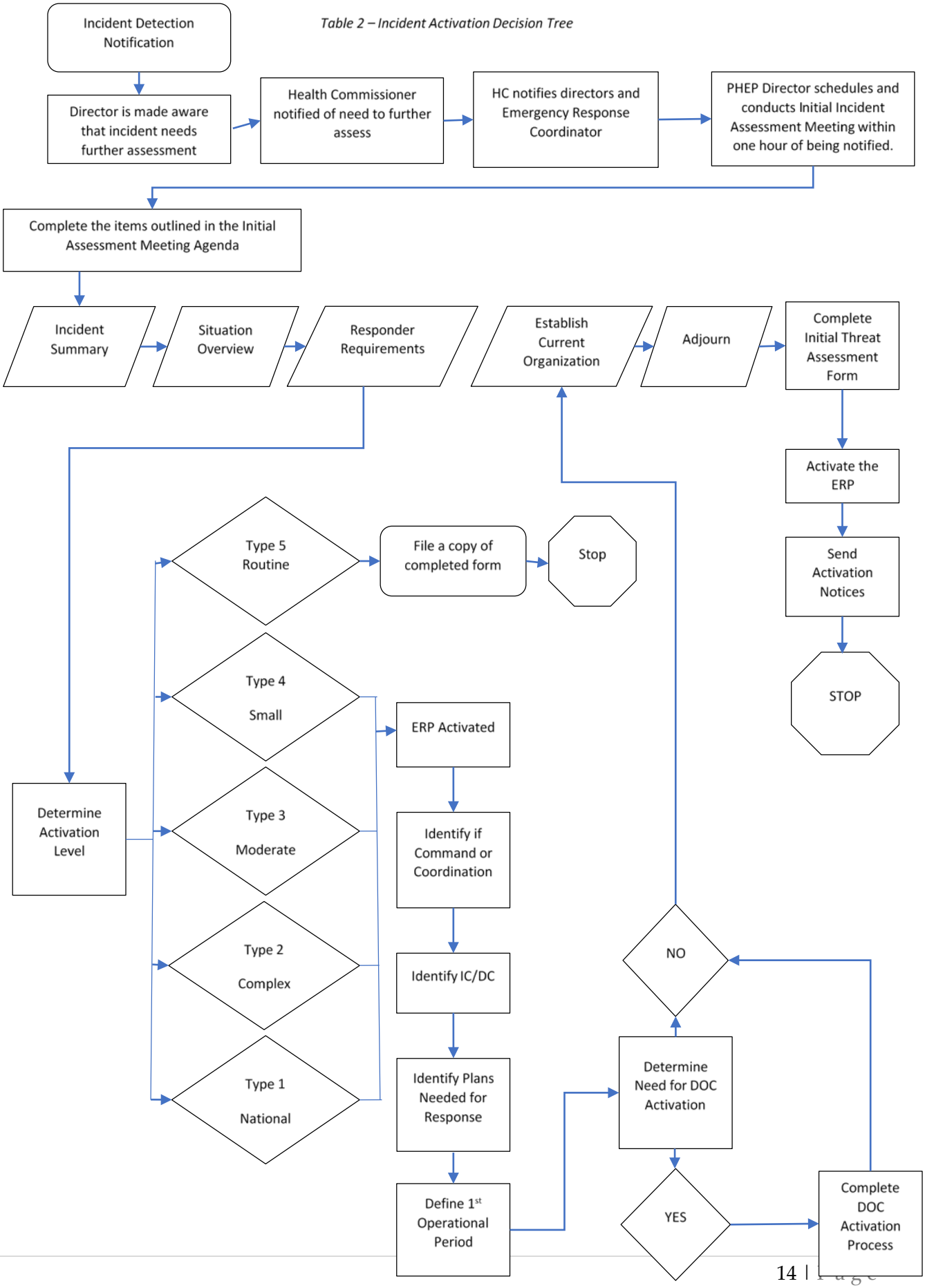
- The region, state, and/or nation are affected and response requires coordination from both a regional, cross regional, state, and federal level to ensure an integrated response occurs. Federal assistance required based on incident complexity.
- Incident response is conducted at a regional, cross regional, state, and national level and will require regional, cross regional, state, and federal coordination (i.e., Area Command, Unified Area Command).
- Assigned personnel and resources will require regional, state, federal augmentation to support response requirements.
- Incident Notification / Information Sharing to the region is required. Development of a Regional Situation Report is required based on incident generated demands.
- Activation of a regional, cross regional, state, or federal Joint Information System is required based on incident generated demands.

Activation levels and their associated recommended minimum staffing levels are detailed in *Table 1 – Incident/Activation Levels* on the next page.

Table 1 – Incident/Activation Levels

Type	Description	Incident Response
Type 5 **(Routine Incident)**	• Respond to on a daily basis • Day-to-day SOPs • Programmatic resources are sufficient.	• Normal, day-to-day staff • Public information: local; regional (optional)
ACTIVATE EMERGENCY RESPONSE PLAN AND DOC		
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.	• IC/DC • Public Information (regional, contiguous jurisdictions) • DOC Level I • TC EMA Director notified • Possible TC EOC activation
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.	• IC/DC • Possible Area Command or Unified Area Command • Public Information: establish JIC • Planning • Operations • Resources • Staffing Support • DOC Level 2 • TC EOC
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.	• FULL STAFFING • Assigned personnel and resources will require regional and state augmentation • Possible Area Command or Unified Area Command • IC/DC • Public Information: establish JIC • Planning • Operations • Resources • Staffing Support • DOC Level 3 • TC EOC • State EOC
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.	• FULL STAFFING • Personnel and resources will require regional and state augmentation • Possible Area Command or Unified Area Command • IC/DC • Public Information: establish JIC • Planning • Operations • Resources • Staffing Support • DOC Level 3 • TC EOC • State EOC

Table 2 – Incident Activation Decision Tree

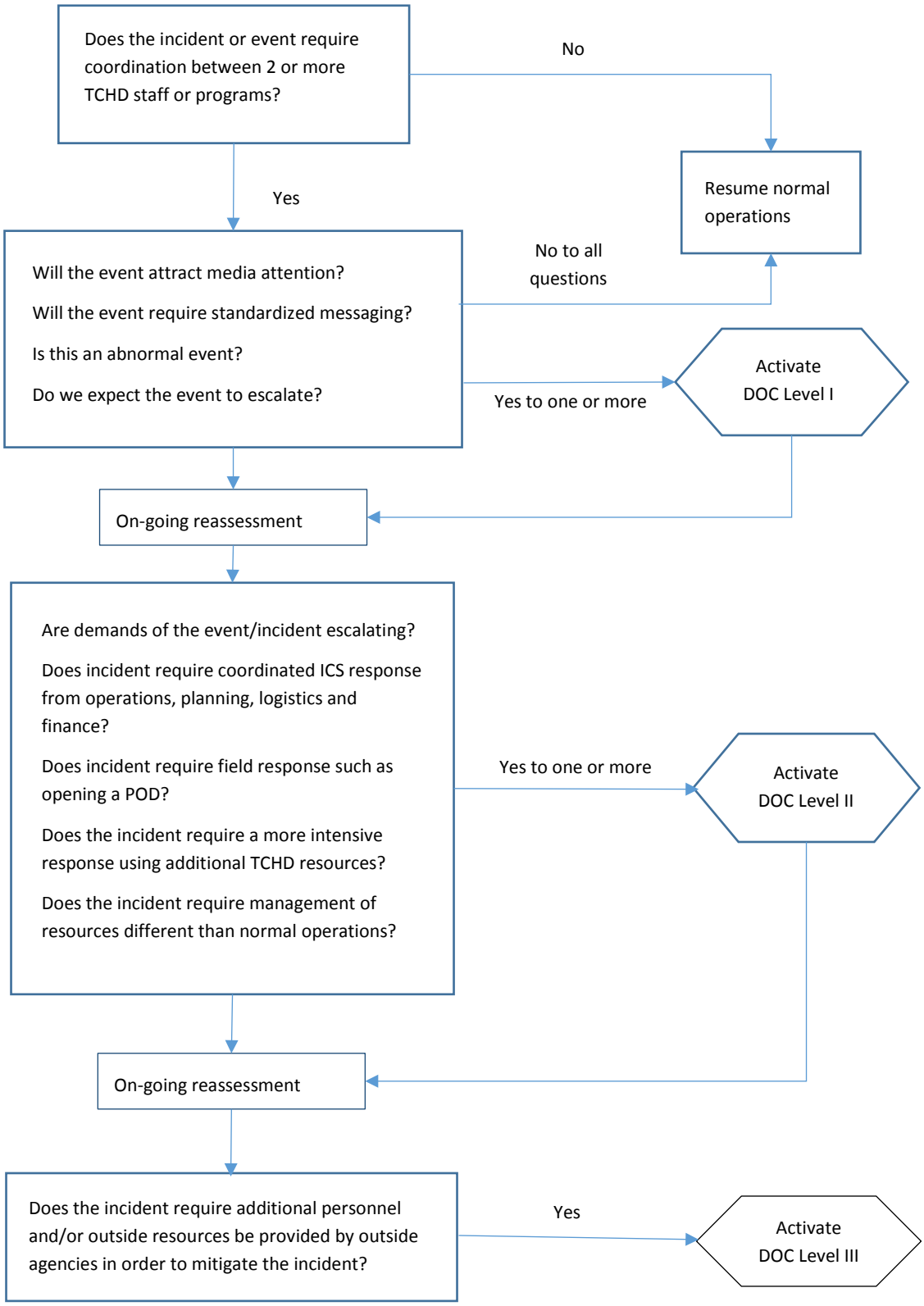


DOC (HEALTH DEPARTMENT OPERATIONS CENTER)

Execution of the ERP may require staff mobilization and activation of the TCHD Department of Operations Center (DOC). The TCHD DOC is a facility where the agency's response personnel can be collocated to promote coordination of response activities. Activation of the DOC is described in the **Attachment IV - DOC Activation Standard Operating Procedure.**

- The Health District Operations Center (DOC or simply DOC) is specific to TCHD, not other agencies within Tuscarawas County. It is a centralized point for coordination and supervision of public health emergency response operations that involve TCHD.
- If additional support beyond TCHD's capabilities is required for response, the Tuscarawas County Emergency Operations Center (EOC) will open. Depending on the incident, the EOC and DOC may be open at the same time. Even if both are open, TCHD must still provide a representative to the EOC.
- Anytime the DOC is activated, the Incident Command System is to be utilized.
- See *Table 3 - DOC Activation Decision Tree* on next page.

Table 3 – DOC Activation Decision Tree



RESPONSIBILITIES & ORGANIZATION:

TUSCARAWAS COUNTY HEALTH DEPARTMENT LEADING RESPONSE

- The TCHD Health Commissioner (or designee), is the incident commander (IC) and will coordinate the DOC.
- The levels of activation will determine the TCHD ICS structure.
- Any departments who are involved in the incident response should have representation in the DOC.
    - For DOC level I activations, this will likely only need to include individuals who are directly involved in the response.
    - Since DOC levels II and III involve a larger scale of management of personnel and resources, relevant departments should be represented by their directors or a designated alternate.
- At DOC levels I – II, it is ideal that TCEMA be notified of the incident status. However, at this point, they will likely not be directly involved in TCHD's response operations.
- At DOC level III, assistance from outside agencies will be coordinated through the TCEMA.
- If DOC level III is declared, the Health Commissioner (or designee) will report to the Tuscarawas County EOC for inter-agency response coordination as needed.

TCHD SUPPORTING RESPONSE BY PARTNER AGENCIES AND/OR PARTICIPATING IN A MACC

- At the request for support from partner agencies, TCHD will provide support for emergency response and/or to participate in a multi-agency coordination center (MACC).
- The Health Commissioner (or designee) will report to the partner agency's incident command post or the Tuscarawas County EOC to assume the role of the TCHD Department Commander (DC) within that agency's Incident Command System or the MACC. This person must have the authority to make decisions regarding TCHD operations.

RESOURCES:

FACILITY:

- The primary TCHD DOC is located at:

    Tuscarawas County Health Department
    897 East Iron Ave
    Dover, Ohio 44622

- Back-up electricity is available at the primary DOC for the large conference room, the Health Commissioner's office, the lab and medication refrigerators, and the phone and alarm systems
- In the event that the primary facility is damaged, inaccessible, unsafe, or must be evacuated, an alternative DOC will be established and located at a location outlined in the **TCHD Continuity of Operations Plan (COOP).**

COMMON RESPONSIBILITIES CHECKLIST

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.

INITIAL/BEGINNING OF OPERATIONAL PERIOD ACTIONS

- ❒ Receive assignment from TCHD and activation instructions.
- ❒ Obtain information on reporting location, time, and travel instructions.
- ❒ Assess personal preparedness and equipment readiness (e.g. personal medications, computer, etc.).
- ❒ Start ICS 214 – Unit/Activity Log.
- ❒ Upon arrival, check in at the designated reporting location. If reporting to your normal work location, make contact with your section chief.
- ❒ 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 ACTIONS

- ❒ 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) or Support Plan (SP).
- ❒ 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 CLOSEOUT ACTIONS

- ❒ 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).
- ❒ See **Attachment VII – Demobilization Plan**

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.

PUBLIC HEALTH EMERGENCY RESPONSE FUNCTIONS AND TASKS DURING THE ACUTE PHASE

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:

1. **Immediate**
2. **Intermediate**
3. **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 VI 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.

See ***Appendix 7 – Contact List*** for emergency contact information specific to TCHD.

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 ***Appendix 7 - Contact List***.

11. DOCUMENT ALL RESPONSE ACTIVITIES

Document all response activities. See **Attachment IX – 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).

The Recovery mission area defines capabilities necessary for communities affected or threatened by any incident to rebuild infrastructure systems, provide adequate, accessible

interim and long-term housing that meets the needs of all survivors, revitalize health systems (including behavioral health) and social and community services, promote economic development, and restore natural and cultural resources. The ability to manage recovery effectively begins with pre-disaster preparedness and requires support and resources focused on recovery at the immediate onset of an incident.

ONGOING PUBLIC HEALTH EMERGENCY RESPONSE FUNCTIONS AND TASKS

This section provides a list of public health emergency response functions, tasks, and prevention services that may need to be implemented during an emergency or disaster beyond the first 24 hours (i.e., the acute phase) of the response. These activities should be considered regardless of the type of incident (i.e., natural or technological/man-made). The order in which these activities are undertaken may vary according to the specific incident, particularly during a biological incident or infectious disease outbreak, and geographic location. This information should be used as a reference until existing emergency operations plans, procedures, and guidelines are accessed.

- ☐ Environmental hazard identification
- ☐ Hazards consultation
- ☐ Epidemiological services
- ☐ Health and medical needs assessment
- ☐ Identification of affected individuals
- ☐ Contamination control
- ☐ Health surveillance
- ☐ Laboratory specimen collection and analysis
- ☐ Infectious disease identification, treatment, and control
- ☐ Quarantine/isolation
- ☐ Public health information
- ☐ Risk communication
- ☐ Responder safety and health
- ☐ Health and medical personnel resources
- ☐ Health and medical equipment safety and availability
- ☐ Health-related volunteer and donation coordination
- ☐ In-hospital care
- ☐ Evacuation
- ☐ Sheltering
- ☐ Special populations' needs and assistance
- ☐ Mass trauma
- ☐ Mass fatalities
- ☐ Mortuary services
- ☐ Mental/behavioral health care and social services
- ☐ Potable water
- ☐ Food safety
- ☐ Vector control and pest management
- ☐ Wastewater and solid-waste management/disposal
- ☐ Building/facility assessment
- ☐ Sanitation/hygiene services
- ☐ Continuity of public health programs, services, and infrastructure
- ☐ Veterinary services
- ☐ Animal rescue/control/shelters
- ☐ Long-term community recovery
- ☐ Vital statistics