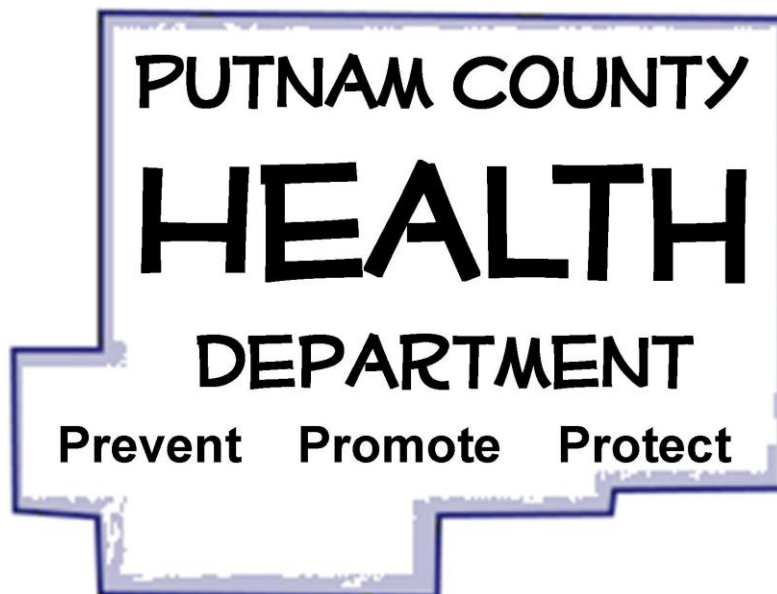


**Putnam County General Health District  
ESF 8/Annex H  
Emergency Preparedness and Response Plan (ERP)**





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## Promulgation Document

As Putnam County General Health District Health (PCHD) Commissioner and in accordance with the provisions of VI Code 19, I am responsible for the public health of the people of Putnam County. I am discharging this responsibility and I have directed preparation and periodic review of this Putnam County All Hazards Emergency Response Plan (ESF 8) to the Emergency Preparedness Coordinator for yearly review.

This plan describes how resources of the Health District and its partners may be most effectively used to ensure that the people of the County are prepared for all public health contingencies and are able to react promptly to protect their health and lives, and alleviate suffering when disaster occurs. This plan provides guidance for coping with all hazards. Responsibilities for specific public health emergency functions are assigned to appropriate Health District individuals and offices.

The PCHD All Hazard Emergency Response Plan (ERP) is consistent with the Putnam County Emergency Operations Plan. This plan is in effect upon receipt. PCHD is responsible for publishing and distributing this plan and will issue changes or corrections as appropriate.

Under the governance of the Ohio Revised Code sections 3701, 3707 and 3709, The District Board of Health has adopted the use of the Putnam County Emergency Response Plan by the Putnam County Health Department; and under the direction of the District Board of Health, the District Board of Health has approved the revised version of the Putnam County Health Department Emergency Response Plan on \_\_\_\_\_.

\_\_\_\_\_  
Putnam County Health Commissioner

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Putnam County Board of Health President

\_\_\_\_\_  
Date Signed



## **Article I. Primary Agency**

Putnam County Health District (PCHD) is the primary agency responsible for the ESF #8/Annex H of the Putnam County Emergency Response Plan at the EMA office.

## **Article II. Support Agencies**

### ***Section 2.01 Governmental Support Agencies***

- Putnam County Public Safety Services/Emergency Management Agency
- Putnam County Sheriff's Office
- Putnam County Commissioners
- Putnam County Township Trustees
- Putnam County EMS
- Putnam County Schools
- Putnam County ADAMS Board
- Putnam County Veterans Association
- Putnam County HomeCare and Hospice
- Putnam County 911
- Putnam County GIS
- Putnam County Board of DD

### ***Section 2.02 Hospitals and Medical Health centers***

- St. Rita's Ambulatory Care Center
- Lima Memorial Medical Clinic
- Medical Offices

### ***Section 2.03 Non-Government Agency Support Organizations***

- American Red Cross
- Pathways Counseling Center
- Long Term Care and Residential Facilities
- Lima News
- Putnam County Council on Aging
- Putnam County Sentinel

### ***Section 2.04 Neighboring Counties***

Paulding  
Putnam  
Allen  
Hancock/Findlay City  
Van Wert  
Defiance

### **Article III. Mission**

The mission for the Putnam County General Health District is to improve, promote and protect the health of the Putnam County Community.

### **Article IV. Vision**

Putnam County General Health District will be an integral partner in developing a citizenry that is aware, informed and prepared in emergency response.

### **Article V. Introduction**

The Putnam County General Health District (PCHD) has a responsibility to provide services to the community in an appropriate manner to minimize human injury and suffering. The PCHD Emergency Response Plan (ERP) is the Emergency Support Function #8 (ESF #8) for the Putnam County Emergency Operations Plan (EOP). The ESF #8 is a component of the National Response Framework. The PCHD Emergency Response Plan is an all-hazard, multi-disciplinary plan that establishes a single, comprehensive framework for the management of domestic incidents. It provides the structure and mechanisms for the coordination with local, state and federal agencies. This plan is not intended to be a totally definitive plan for all potential emergency situations.

### **Article VI. Purpose**

The purpose of the PCHD ERP is to establish a comprehensive, countywide, all-hazards approach to incident management across a spectrum of activities including prevention, mitigation, preparedness, response, and recovery. The purpose of developing and maintaining this ERP is to discuss the responsibilities of Public Health during emergency situations. During an incident, emergency, or disaster the goal of the PCHD is to minimize and control the effects it may have on the health of the residents of Putnam County, to respond effectively and efficiently to the actual occurrence of disaster, and to provide for recovery in the aftermath of any emergency involving debilitating influence on the normal pattern of life within the community. Actions taken



by the PCHD will focus on disease prevention/control. Veterinary and animal issues will be included when they impact human health, based on All Hazards, both natural and man-made.

## **Article VII. Scope**

PCHD has legal and moral responsibilities as part of its routine activities. Among these is the responsibility to react to and assist in many possible scenarios of emergencies that range from a limited geographically isolated incident to a community or countywide event. This plan describes capabilities and resources, and establishes responsibilities, operations, processes, and protocols to possible scenarios of emergencies that range from a limited geographically isolated incident - to a community, countywide, or regional event. The plan utilizes existing program expertise and personnel to provide surveillance, prevention, epidemiological response, rapid risk assessment, treatment response, and mitigation of post event consequences.

NIMS adoption and compliance statement: Plans, exercises, and trainings are developed and structured to be consistent with local, regional, state and federal regulations, standards and policies and to comply with the National Response Plan (NRP), National Incident Management System (NIMS)—HSPD-5 and the National Infrastructure Protection Plan (NIPP) contributing to the National Preparedness Goal—HSPD-8. PCHD will utilize ICS forms as appropriate—see Appendix A

## **Article VIII. Phases of Emergency Management**

The primary goals of emergency management are to save lives and protect property by developing appropriate operational capabilities. Reaching these goals is facilitated by dividing emergency management activities in the following categories: mitigation, preparedness, response, and recovery.

***Mitigation:*** Mitigation activities are those activities designed to either prevent the occurrence of an emergency or long term activities to minimize the potentially adverse effects of an emergency. Such activities include, but are not limited to:

- Assess for health risks
- Review and upgrade safety plans
- Train staff in ICS and in public health response
- Provide public education regarding health risks
- Provide ongoing surveillance
- Protect against environmental hazards
- Prepare procedures to monitor and implement control measures of environmental conditions within the community
- Promote and encourage healthy behaviors

- Work with Red Cross regarding sheltering needs of the community in the event of evacuation or displacement
- Establish protocols for handling and distributing the SNS
- Establish a risk communication plan for communicating to the media, the public and other health care providers in an emergency
- As part of the risk communication plan, maintain open communication with community healthcare providers in order to receive or deliver notification of public health threats, potential disasters, bioterrorism incidents, or any situation requiring emergency response from the public health department.
- Regularly train the PCHD Spokesperson and PIO for the preparation of the press releases, dealing with the media, disseminating information or health advisories to the public.
- Immunize/vaccinate county residents against diseases
- Provide continuous health inspections
- Prepare a general prophylaxis/mass immunization plan for the management of large numbers of people in a short time to prevent the transmission of illness or manage the effects of a hazardous material exposure
- Develop and maintain an updated list of volunteers to assist if needed in public health emergency response
- Perform regular testing of the Ohio Public Health Communication System (OPHCS), MARCS, etc.
- Collaborate with veterinarians, etc., for animal control
- Anticipate potential health emergencies
- Conduct exercises to test readiness capabilities

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

- Train staff in the incident command system and in public health emergency response
- Conduct exercises to test the readiness capabilities of the health department and provide experience in emergency response
- Provide public education regarding health risk (i.e.: brochures, pamphlets, websites, videos, public presentations, face book, and twitter accounts)
- Provide ongoing surveillance and risk assessment for disease symptoms or cluster outbreaks
- Prevent epidemics and spread of disease
- Protect against environmental hazards
- Prepare procedures to monitor and implement control measures of environmental conditions within the community
- Work with the Red Cross regarding sheltering needs of the community in the event of evacuation or displacement
- Prevent injuries through safety training and monitoring
- Promote and encourage healthy behaviors

- Establish protocols for handling and distributing the Strategic National Stockpile (SNS)
- Establish risk communication plan for communicating with the media, the public and other health care providers in an emergency
- As part of the risk communication plan, maintain open communication with community healthcare providers in order to receive or deliver notification of public health threats, potential disasters, bioterrorism incidents, or any situation requiring emergency response from the public health department.
- Regularly train the PCHD Spokesperson and PIO for the preparation of press releases, dealing with the media, disseminating information or health advisories to the public.
- Recognize unusual events that might indicate an emergency and describe appropriate action
- Coordinate with Ohio Department of Health (ODH) for rapid testing of biological threat agents during bioterrorism events
- Regularly test equipment, including MARCS radios and walkie-talkies
- Develop and maintain relationship with community partners through participation in exercises, LEPC and other events and activities
- Collaborate with veterinarians and animal control personnel to develop an animal surveillance plan and to enhance local animal surveillance activities.
- Provide, arrange, or share information on training opportunities to community partners.

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

- Provide ongoing surveillance and risk assessment
- Activate and augment staff as needed
- Heighten the disease surveillance operations
- Work with county GIS if appropriate
- Advise first responders on appropriate control and safety measures on new/emerging diseases following CDC recommendations and guidelines (i.e. PPE).
- Implement emergency response plans and implement the incident command system and assign roles as appropriate and needed
- Implement risk communication plans, with information regarding risk exposure and dissemination of information to educate the public and community partners regarding exposure risk and effective public response
- Provide environmental surety (i.e. provide safe drinking, provide for effective disposal or removal of dead animals, provide procedures for cleaning of houses and public buildings), collect environmental samples and perform surveys
- Assist in the collection of appropriate specimen collection and transport to appropriate laboratory for testing when necessary

- Respond to disasters and assist community in recovery
- Provide field staff for support staff
- Request and coordinate local distribution of SNS
- Provide for mass prophylaxis/mass immunization when needed
- Disseminate notifiable disease information, reporting requirements, and procedures to healthcare providers on a periodic/as needed basis
- Participate in the Emergency Operations Center (EOC) as appropriate
- Establish and maintain contact with ODH as necessary and appropriate
- Conduct debriefings with staff and volunteers and assess staff and volunteer needs
- If EOC is activated, designate an employee to represent the health department at the EOC

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

- Compile record of events
- Communicate information on how PCHD has resolved/stabilized the public health emergency
- Communicate how public can maintain optimal health/safety during recovery phase
- Support recovery operations
- Provide ongoing surveillance and risk assessment
- Provide ongoing public education and support
- Provide ongoing environmental surety
- Conduct debriefing of staff and assess staff needs
- Conduct an After Action Analysis

## **Article IX. Situation and Assumptions**

### ***Section 9.01 Situation***

Putnam County, Ohio is located in the northwest part of the state with a population of 34,499, based on 2010 figures. Putnam County is located approximately 25 miles West of Findlay, 20 miles North of Lima and 55 miles Southwest of Toledo. The total area for Putnam County is 480 square miles with 411 square miles of land. Putnam County has 15 villages with 16,156 persons and 15 townships with 18,343 according to 2012 census figures. The largest villages are Ottawa, Columbus Grove and Leipsic. The largest townships are Ottawa, Pleasant and Union. The largest segment of the population is ages 45-64 at 25.9%; 25-44 at 23.4% and 5-17 years at 20.3%.

Population by race is 95% white and 5% other. 85% of housing is privately owned and 15% are renters with 6% vacancy rate.

Educational profile includes: 63% with high school degree; 27% with college degree and 6% with no high school diploma.

Median household income is \$55,630.00 and per capita personal income is \$32,411.00

Putnam County has three major drainage basins: the Blanchard River, traveling the entire county from East to West for 38.25 miles and the Auglaize, starting in the Southern portion of the county and traveling Northwest for 30.6 miles, before leaving the county, and the Ottawa River traveling from the South and going North where it meets the Auglaize River, west of Kalida. The Blanchard and Ottawa Rivers travel to Defiance where it drains into the Maumee River. All of these drainage basins are important because they are tributaries of Lake Erie, which is a major water resource for several Midwestern states and southwestern Ontario. Major streams that drain other parts of the county include: Riley, Yellow, Cranberry, Sugar, Ottawa, Jennings, Plum and Powell Creeks. Putnam County has 188 miles of Highways, 327 miles of county roads, and 617 miles of township roads. Putnam County also has more than 60 miles of railroad.

Putnam County is home to much industry. One major industry is farming. With the most recent census, there are 1310 family farms with the average being 226 acres per farm. Other industries include manufacturing and foods.

The Putnam County General Health District is the local health department for the Putnam County community. The mission of the health department is to improve, promote and protect the health of the Putnam County community. The Putnam County Health Department was first organized on March 20, 1920. The historical review of PCHD reveals a determined effort to attain a comprehensive health program. Since 2001, a focus of PCHD is the ability to prevent, protect, respond to and recover from man-made and natural disasters and acts of terrorism.

The Federal Bureau of Investigation and local law enforcement agencies monitor the threat posed by foreign and domestic terrorist organizations. The Office of Homeland Security has established a threat warning system, which is used to notify local officials and the public of the potential for terrorist attack.

Since the terrorist attacks on the World trade Center in New York on September 11, 2001, and the anthrax exposure incidents, Public Health and emergency medical personnel must now actively prepare to respond to:

- Targeted exposure to bioterrorism disease agents, including anthrax, smallpox, plague, tularemia, botulism, and viral hemorrhagic fever.
- Use of weapons of mass destruction (WMD) designed to inflict mass casualties from chemical and radiological exposure (chemical warfare agents, "dirty" bombs, water supply contamination).

- Mass casualty incidents resulting in injuries from explosions, fires, air crashes, train derailment, or building collapse.

### ***Section 9.02 Assumptions***

- Disasters may occur at any time with little or no warning involving single or multiple geographic areas.
  - a. Require short-notice asset coordination and response.
  - b. Involve multiple, highly varied hazards or threats.
  - c. Impact critical infrastructure across sectors.
  - d. Can span the spectrum of incident management to include prevention, protection, response, and recovery.
  - e. Attract an influx of spontaneous volunteers, curious on lookers, and supplies.
- Activation and execution of the PCHD ERP may require staff mobilization and activation of the Putnam County Department Operations Center (PDOC).
  - f. PCHD must plan for at least 72 hours of independent local response prior to arrival of outside assistance.
  2. Public Health will take the lead when the emergency is a public health issue. It will require significant information sharing across multiple jurisdictions and between public and private sectors.
    - a. It may be necessary to utilize local healthcare and other agencies for assistance with information and resources when the need arises.
    - b. PCHD has or will obtain regional agreements to provide needed resources in accordance with the regional and 6-Pact MOU's.
    - c. Public health will support the EMA when the emergency is outside the scope of public health practice.
  3. Government officials within the county recognize their responsibilities regarding the safety and well-being of the public and they will assume their responsibilities when the plan is implemented.
  4. The Continuity of Operations Plan (COOP) discusses maintaining essential functions during emergencies if necessary.
    - a. Non-essential functions may not be accomplished or maintained when executing its COOP plan.
  5. An undeclared emergency or incident in Putnam County may require ODH support.
    - a. ODH provides the information on the status of health and medical



situations regionally, nationally, and globally.

6. PCHD maintains the authority to request through the local EMA medical countermeasures from the Centers for Disease Control and Prevention (CDC) Strategic National Stockpile (SNS) through delegated authority from the governor from ODH.
7. There is up to a 24-hour time period from the initial request of Strategic National Stockpile (SNS) assets to receive, stage and transport to the local level.
  - a. There is up to a 12-hour period for CDC to deliver to ODH; and up to 12-hours for the State of Ohio SNS distribution system to deliver to Points of Dispensing (POD) sites.
  - b. This leaves 24 hours for LHDs to dispense the initial dose to 100 percent of their populations.
8. A large emergency incident may be prolonged from weeks to months.
  - a. Local supplies may be used up rapidly.
  - b. An incident will quickly overextend the available healthcare resources causing shortages in personnel in sectors which provide critical community services.
  - c. Putnam County should expect to receive assistance from state and federal agencies.
9. Quarantine and isolation measures are used only for responding to communicable disease outbreaks, and may only be necessary in responding to severe influenza pandemics, and intentional release of variola virus (smallpox), or a resurgence of Severe Acute Respiratory Syndrome (SARS). Quarantine and isolation measures are not to be used in routine communicable disease control activities.

### ***Section 9.03 Policies***

Putnam County General Health District is committed to following the Public Health Emergency Preparedness Standards as established in January 2010 in collaboration with AOHC Workgroup members, Ohio Department of Health staff, and Local Health Department subject matter experts. These standards provide the framework for developing the PCHD EPRP, the annexes and training and exercise plans. As stated in the January 2010 Standards, "The capacity of local public health agencies to quickly detect and efficiently respond to a bioterrorism event can be the difference between containment and control, and wide-scale panic and instability. A strong, integrated, and flexible public health infrastructure is the best defense against any disease outbreak, natural and/or manmade disasters."

A response to a bioterrorism or other public health emergency event will be managed using the principles of the National Incident Management System (NIMS) and the Incident Command System (ICS) models. As such, responses will be event driven and operations will be facilitated through the establishment of an Incident Command. This may be in conjunction with the Putnam County Office of Public Safety/Emergency Management and/or the Ohio Department of Health.

## **Article X. Hazard Analysis**

Putnam County completes a hazard analysis every three years and utilizes this for the mitigation planning. (See Appendix C). The information from this analysis will be contained in the Putnam County EOP and is used to provide an outline for the county partners, including PCHD, for an orderly means to prevent or minimize (mitigation strategies), prepare for, respond to and recover from emergencies or disasters that threaten life, property and the environment within Putnam County. The Putnam County Hazard Analysis identified the following natural hazards as a threat to Putnam County:

- Floods (High Risk)/Food borne outbreak
- Drought/Heatwave
- Severe Thunderstorm
- Windstorm/Tornado
- Winterstorm/Ice/Blizzard

There is also the risk from additional threats, such as:

- Electrical/Utility Failure
- Hazmat/Biohazard
- Bus/Major Traffic Accident

Whatever the threat, PCHD is concerned with protecting the public health to all residents. It is the responsibility of the PCHD to assist the Putnam County Office of Public Safety and Emergency Management in implementing the Putnam County Emergency Operations Plan (EOP).

## **Article XI. Concept of Operations**

This section describes the local coordinating structures, process, and protocols employed to manage incidents or disasters in Putnam County. These coordinating structures and processes are designed to enable execution of the responsibilities of each responsible jurisdiction and to integrate local government and private-sector efforts into a comprehensive approach to domestic incident management.

A basic premise of the Putnam County EOP is that incidents are generally handled at the lowest jurisdictional level possible. Law enforcement, fire and rescue, public health, medical and other personnel are responsible for incident management and coordination at the local level. In the vast majority of incidents, local resources and regional mutual



aid resources provide the first line of emergency response and incident management support.

When an incident or potential incident is of such severity, magnitude, and/or complexity that it is considered a disaster, the Chief Elected Officials in Putnam County are authorized to make a declaration of an emergency. For each disaster, there will be many individual agencies performing their functions under the direction of their specific policies and under the guidance of their predetermined operational head. The job of the Putnam County Commissioners, the mayor(s) of each individual city or village, and the township trustee(s) is policy making, not operational.

It is the responsibility of PCHD to protect the health of Putnam County residents during any type of disaster and to assist the Putnam County Office of Public Safety in implementing the County EOP.

- PCHD is regulated by local, state and federal laws. The PCHD Board of Health appoints the health commissioner.
- The health commissioner serves as the public health coordinator and is responsible for assessing the hazard related to any existing and anticipated public health threat. The health commissioner is responsible for direction and control of the health department.
- The PCHD Board of Health appoints the Health Commissioner, and advises and assigns additional responsibilities.
- The PCHD is responsible for assessing the hazard relating to any existing or anticipated public health threats and the impact of such an event.
- Response in any emergency will follow established procedures. These are enumerated in the current operating guides and procedures of the PCHD.
- The Health Commissioner/designee will, in most instances, request assistance, based upon a declared state of emergency.
- During actual or potential incidents or disasters, the overall coordination of local incident management activities is executed by the agency (is) with jurisdictional authority under NIMS. As the incident expands or additional resources are needed, the Putnam County EMA Director may activate the Putnam County Emergency Operations Center (EOC) and utilize multi-agency coordination structure to coordinate efforts and provide appropriate support to the incident command structure.

Local Public Health Emergency Functions:

- Assessment of county health and medical needs.
  - Assistance in assessing potable water and waste water/solid waste disposal issues and coordination to provide potable water and wastewater/solid water disposal equipment.

- Public Health Surveillance
- Responsibility includes surveillance, investigation and control of communicable disease, and immunization/vaccination against diseases specified in section 3313.671 of the Revised Code and implement prevention strategies.
- Monitoring of the availability and utilization of health systems' assets.
  - Supply, restock, and prioritize health-related equipment and supplies.
- Provision of public health and medical related services, supplies, and personnel.
  - Provide logistical support for public health personnel in the field.
  - Provide pharmaceuticals, medical equipment, and supplies as available (includes the coordination and tracking of medical resources and equipment).
  - Provide consultation for the decontamination of people, buildings, and the environment, when applicable.
  - Provide mass dispensing clinics for the prophylaxis of the entire county population, if necessary.
- Identification of areas where public health problems could occur.
  - Public Health assessments of conditions at the site of the emergency to determine health needs and priorities.
- Provision of medical related information releases and public health recommendations and related releases to the public.
- Research and consultation on potential health hazards, medical problems, and appropriate levels of PPE, when applicable.
- Coordination of behavioral health assistance.
- Environmental sampling and analysis/collecting specimens for lab testing.
  - Coordination with ODH on specimen submission of possibly hazardous or contaminated substances throughout an emergency.
- Zoonoses support.
- Assistance and support for mass casualty and mass fatality incidents.
  - Assist with Triage Operations.

- Assist in the identification of mass burial sites.
- Provide guidance for the handling of infectious/contaminated bodies.
- Coordination with other local, regional, state, and federal partners.
  - Assess and make recommendations concerning the public health needs of emergency responders.
  - Serving uninsured and Medicaid patients and privately insured

## **Article XII. Direction and Control**

### *Administration Leadership Succession*

The role of the Putnam County Health Commissioner is critical to the management of a disaster or other public health emergency. If the health commissioner position is incapacitated due to death, the Board of Health is expected to immediately designate an interim Health Commissioner, until such time that the position can be permanently filled.

In any emergency or disaster, the Incident Commander of PCHD is designated to the following persons in the following order of succession:

- Health Commissioner
- Emergency Response Coordinator/Administrator
- Director of Nursing/Director of Environmental Health

If a designated person is unavailable, authority will pass to the next individual on the list. "Unavailable" is defined as the designated person is incapable of carrying out the assigned duties by reason of disability, or distance from response time to the operations facility.

The individual retains all assigned obligations, duties, and responsibilities until officially relieved by an individual higher on the list of succession, or until the Health Commissioner reassign administrative responsibility.

The Health Commissioner reports to the activated EOC to serve as the Incident Commander, if the event is a public health event. If necessary, the Health Commissioner may appoint an alternate to fill this role at the EOC.

## **Article XIII. Delegation of Authority**

To ensure that the PCHD staff identified in the leadership succession are aware of their responsibilities and are appropriately authorized to execute functions assigned to them; explicit emergency authority has been pre-delegated.

In the event of a disaster or emergency, and the Health Commissioner is unavailable, alternate personnel are authorized to perform the following functions:

- All operational tasks normally performed by the Health Commissioner.
- Expenditure approval consistent with established county procedure.
- Personnel task and work assignments.
- Requests for resources.
- Designate isolation and quarantine, if necessary, with board of health approval.

## **Article XIV. Authorities and Codes**

Public health law involves three basic concepts:

- The authority of Public Health officials.
- Legal restraints on the exercise authority.
- The duties of Public Health officials and agencies.

In Ohio, Cities and Counties have the responsibility to protect the public's health, and these duties fall under the responsibility of each local Board of Health. The authority to enforce State statute and County and City orders and ordinances is grounded in the authority of the local Board of Health. State law does not give the Ohio Department of Health the same degree of responsibility to take steps to protect the public's health that it assigns to local government. This authority, codes, and policies are reflected in the following:

### ***Section 14.01 Health Commissioner Authority***

#### **B. Declaration of Emergency**

1. The Health Commissioner contacts the County EMA at the EOC to request a local state of emergency declaration (if it has not already been declared by the County Commissioners).
  - a. The local emergency declaration establishes/supports needed Health Commissioner Authorities.
2. The authority to enforce State statute and County and City orders and ordinances is grounded in the authority of the local Board of Health.
  - a. Specifically, the Board of Health may take any preventive measure that may be necessary to protect and preserve the health of the public within his or her jurisdiction. See Ohio Revised Code Section 3707.01; 04; 08; 09
3. "Preventive measure" means abatement, correction, removal, or any other protective step that may be taken against any public health emergency that is caused by a disaster and affects the public health.

- a. Funds for these measures may be allowed pursuant to Sections 3707 of the Ohio revised Code and 1926 OAG 3099, and from any other money appropriated by a County Commissioners or a City governing body to carry out the purposes.
4. The Health Commissioner, upon consent of the County Commissioners or a City governing body, may certify any public health emergency resulting from any disaster condition if certification is required for any Federal or State disaster relief program.
5. The Health Commissioner may inspect any place or person when necessary to enforce health regulations.
6. The Health Commissioner shall take measures to control the spread or further occurrence of any contagious, infectious, or communicable disease of which he/she is aware. (Refer to Appendix B)
  - a. Quarantine Authority:
    - 1). The Health Commissioner has the power to quarantine, isolate, inspect, and disinfect persons, animals, houses, rooms, other property, places, cities or localities (ORC 3707.04 to 3707.32 inclusively). After being informed of the need for quarantine to isolate diseases, the Health Commissioner shall ensure the adequacy of isolation and determine procedures for the premises and contacts. (See Appendix B)
    - 2). The Health Commissioner is authorized to enforce local, State, and Federal regulations concerning the public health. (The Director of the Department of Food and Agriculture may also impose quarantine measures.) These measures include:
      - a). Preventing or restricting persons from entering or leaving a quarantined area.
      - b). Preventing or restricting movement of vehicles, commodities, household goods, and animals from entering or leaving a quarantined area.
      - c). Preventing or restricting direct communication between persons under the quarantine and those not affected.
      - d). Disinfecting of persons, animals, houses, or rooms.
      - e). Destruction of beddings, carpets, household goods, furnishings, materials, clothing, or animals when disinfecting would be unsafe.
      - f). Any other action considered necessary to eradicate a public nuisance.
      - g). Any other action considered necessary to prevent spread or additional occurrences of a disease.
      - h). Any other action necessary to preserve the public health.

### ***Section 14.02 Incident Authority***

The Federal Bureau of Investigation (FBI) exercises command and incident authority over terrorist incidents through the FBI Joint Operations Center (JOC). The FBI coordinates and directs FBI Actions and other agency actions in response to the crisis. FEMA concurrently implements a Federal consequence management response with the FBI.

Within the Putnam County operational area, local agencies exercise preeminent authority to make decisions regarding the consequences of terrorism. Putnam County can effectively handle a small number of casualties from a terrorist biological, chemical, or nuclear incident. A catastrophic event with a live casualty population of many persons plus fatalities would overwhelm the county health and medical community. As State and Federal resources are deployed, the county coordinates the distribution of resources and manages local response.

The response would be at the following levels:

- Federal
- State
- Local

The primary purpose of this plan is to focus on the local response in a bioterrorism incident, disaster, or other public health emergency. The Federal and State response will be briefly discussed to differentiate the roles and responsibilities.

### ***Section 14.03 Federal Response***

The Federal role in a bioterrorism event primarily includes the following:

- Resource management, specifically pharmaceutical and medical supplies.
- Consultation
- Deployment of field teams for diagnostic confirmation and training of local staff
- Development of guidelines for treatment, follow-up, referral, and infection control
- Monitoring of an epidemic/disaster from the national perspective
- Issuance of national emergency notice
- Issuance of emergency orders to assist states in maintaining civil order

### ***Section 14.04 State Response***

The State role in a bioterrorism event includes the following:

- Receipt of Federal pharmaceutical and medical supplies, assisting with the breakdown and repackaging of these resources, and arranging transport to the impacted county(is)
- Issuance of statewide resources and redeployment of these resources as needed
- Declaration of emergency level

- Laboratory support
- Activation of State EOC
- Activation of the National Guard
- Issuance of emergency orders to maintain civil order
- Providing consultation and resources to local government
- Monitoring the epidemic or disaster
- Assist with public information
- Determination of appropriate PPE

### ***Section 14.05 Local Response***

Initial response to any disaster will be entirely local. Local Public Health agencies bear the responsibility for communicable disease control in Ohio. Specifically, the local role will include:

- Preservation of life and property
- Surveillance
- Analysis of clinical presentations and epidemiological data to determine the nature and extent of the disease in the community
- Laboratory testing and confirmation
- Establishment of case definitions and differential diagnosis guidelines
- Source and contact investigations
- Preventive treatment such as vaccines and antibiotics, as applicable
- Isolation and/or quarantine
- Social distancing
- Communication to health-care providers and community partners
- Public Education and provision of information
- Organization of treatment facilities/shelters in conjunction with community partners
- Receipt and deployment of pharmaceutical medical supplies from the Strategic National Stockpile (SNS)
- Personal Protective Equipment (PPE) distribution

The robustness and the rapidity of the local response will ultimately determine the course and the duration of the crisis, as well as the character and magnitude of the consequences. The local response is not done in isolation, but in partnership with public and private health-care providers and other public safety entities in the framework of a Local/State/Federal public health infrastructure.

PCHD coordinates medical/public health response with:

- The EOC when it is activated. The health commissioner/designee may serve as the Incident Commander for a public health emergency.
- On-scene hospital and EMS personnel managing mass casualty incident response. EMS alerts PCHD that the mass casualty plan has been activated.
- Other county health departments within the region.



## **Article XV. County Declaration of Emergency or Disaster**

A County Declaration must be made before a State Declaration can be requested, and such a request to the State can only be made when all county resources and capabilities are fully committed and in the process of being exhausted, with little relief in sight.

Problems during a disaster are usually response oriented:

1. Personnel for Evacuations
2. Riot Control
3. Equipment

Theoretically there could be an emergency, yet not have a disaster.

Any incident, whether natural or man-made, of such magnitude that local responders and equipment are not sufficient to handle the incident, a county declaration of emergency may be made. Problems associated with the disaster are not only response related. Damages to public and/or private structures and facilities are extensive in a declared disaster. When reviewing the criteria for declaring a disaster, the recovery phase in a declared disaster appears to be long-term.

Within the County, at least two county commissioners must declare an emergency. Within the physical limits (jurisdiction) of a city or village, the mayor will make a city or village declaration.

Under the Robert T. Stafford Act, when a Presidential Declaration of disaster is enacted, the following actions will be taken, many concurrently, in response to a terrorist incident:

- a) FEMA uses emergency authorities to notify the Federal agencies and activates the Federal Response Plan (FRP).
- b) FEMA coordinates delivery of Federal consequence management assistance while establishing liaison operations with the FBI for crisis management.
- c) The FEMA Director consults with the Governor to determine the scope and extent of the incident.
- d) An emergency response team, made up of representatives from each of the primary Federal agencies, is assembled and deployed to the field to establish a Disaster Field Office and initiate operations.
- e) The U.S. Department of Health and Human Services (DHHS), Federal Response Plan, Emergency Support Function #8, has primary medical management authority over the incident.
- f) The EOC coordinates and assists responding agencies under the direction of the U.S. DHHS.
- g) The first responder's role is as the first link in the communication chain. As soon as possible after suspected criminal activity or potential acts of terrorism occurs, law enforcement or the EMA should notify appropriate authorities.



## **Article XVI Organizational Roles and Responsibilities**

The outbreak of a naturally occurring disease or act of bioterrorism is the scenario most likely to prompt a public health emergency. The need to activate a public health response for a terrorism-related or naturally occurring incident may be recognized following unusual disease reports from the medical community, laboratories, and hospitals. This reporting may indicate potential exposure to a bio-agent. It is possible that Putnam County officials may receive a threat warning from the Federal agencies of a targeted exposure to a bioterrorism agent in Putnam County. The level of response will depend on several factors:

- The potential or actual magnitude of the event.
- The location of the event (isolated to one area of the county versus county-wide or region)
- The potential for or actual morbidity/mortality of the event.
- The type of agent involved.

PCHD's response to a disaster, bio-terrorist threat or event or a large scale disease outbreak will be either through the Putnam County Office of Public Safety's Emergency Operations Center (EOC) or the PCHD Departmental Operations Center (DOC).

### ***Section 16.01 Assignment of Responsibility***

The outbreak of a naturally occurring disease or act of bioterrorism is the scenario most likely to prompt a biological emergency. The events may occur in an overt or covert format and have the potential to create a full scale public health and medical emergency. In such a situation, PCHD will have distinct roles and responsibilities. In an announced or credible threatened release (overt) or visible terrorist event, such as a chemical release, explosion, or fire, a witness will call 911 to report the incident; Local fire departments or law enforcement assume Incident Command at the scene.

For an unannounced, covert, and invisible terrorist event, such as a release of radioactive materials or biological agents, local hospital staff in emergency departments or community physicians may recognize an unusual disease pattern in patients reporting for treatment, and will notify PCHD. After hours notification of unusual events will go through the afterhours call sequence where a call coming into the health department will be instructed to contact the Sheriff's office. The Sheriff's office will contact the health commissioner's cell phone.

A core group of PCHD staff, including the health commissioner, director of nursing, communicable disease coordinator/emergency planner, and medical director, will evaluate the reports and initiate a plan of action.

The core group will:

- Activate ICS structure (utilizing ICS forms—(See Appendix A)

- Utilize Activity Log (See page 61)
- Evaluate the available epidemiological and laboratory data and determine if the threat is credible.
- Contact the Ohio Department of Health (ODH).
- Notify the Putnam County Board of Health of the presenting situation.
- Contact the EMA Director with the Putnam County Office of Public Safety and review need for activating the EOC.
- Contact the FBI, if appropriate (FBI contact may be made through the EOC).
- Maintain open communication with ODH, community partners, and regional counterparts.
- Develop a risk communication plan for information dissemination to the community partners, the media, and the public.
- Monitor active/passive disease surveillance reports obtained locally, from the State, or via EpiCenter/NORS.
- Review policies related to Isolation and Quarantine and in collaboration with the Putnam County Prosecutor's Office, establish procedures pertaining to the isolation and quarantine of contagious (suspected and/or confirmed) cases under the authority of the codes for the State of Ohio.
- Review the SNS Plan and prepare for the reception and distribution of SNS assets and other materials from the CDC and/or ODH.
- Review and plan for the implementation of the PCHD Continuity of Operations Plan (COOP).

### ***Section 16.02 Responsibilities/Roles of Putnam County General Health District as Primary Agency***

The following public health emergency response functions, tasks, and prevention services may need to be implemented during an emergency or disaster:

- Environmental hazard identification
- Hazard consultation
- Epidemiological services
- Health and Medical needs assessment
- Identification of affected individuals
- Health surveillance
- Contamination control
- 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 equipment safety and availability
- Volunteer and donation coordination (Volunteer Reception Center)

- In-hospital care
- Evacuation
- Sheltering
- Functional Needs Population needs assessment and assistance
- Mass trauma
- Mass fatalities
- Mortuary services
- Mental/behavioral health care and social services
- Potable water
- Food Safety
- Vector Control
- Wastewater and solid waste disposal
- Continuity of public health programs, services, infrastructures
- Veterinary services
- Animal rescue/control/shelters

The health department will function as part of a larger overall emergency response effort. The health department will operate within the incident management structure of the county. In most instances, the health department will not take the lead in responding to an incident, but if it is a health related incident, public health may need to take the lead. The following guidance defines functions and tasks to consider during responses in three response timeframes. The timeframes are Immediate, Intermediate, and 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.

Each function and task outlined in the following should be accomplished in accordance with existing emergency operations plans, procedures, and guidelines.

### ***Section 16.03 Immediate Response: (Hours 0 – 2)***

*Initiate the response by assessing the situation, while considering the following:*

- 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 are(s) had been or may be adversely impacted? Does it fall within PCHD'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 health care 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? Has communication plan been activated?
- Does PCHD 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 or state Emergency Operations Center (EOC) been activated? If so, where is it operating?

#### *Contact Key Health Personnel*

Contact personnel within the health department, county or region that have emergency response roles and responsibilities. Examples include:

- Administration/Leadership
- Public Health Nursing Staff
- Environmental Health Staff
- Epidemiologist
- Medical Director
- Coroner
- Clerical/Support Personnel
- IT Personnel
- Medical Reserve Corps (MRC) Volunteers
- Mental and Behavioral Health Personnel
- Veterinary Personnel
- Public Works Personnel

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

*Develop initial health response objectives and establish an action plan.*

Develop initial health response objectives that are specific, measurable and achievable. Establish an action plan based on your assessment of the situation. Assign responsibilities and record all actions.

*Public health participation in the Emergency Operations Center (EOC)*

A representative(s) from PCHD should be assigned to establish communications and maintain close coordination with the local and state EOC and its associated components, if operational. The representative(s) from PCHD may or may not be physically located in the EOC depending on the specific incident and established emergency operations plans, procedures and guidelines.

*Ensure that the site safety and health plan is established, reviewed and followed*

Coordinate with the safety office to identify hazards or unsafe conditions associated with the incident and immediately alert and inform appropriate supervisors and leadership personnel. This can be achieved through site safety briefings and at shift changes. Health responder 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.

*Ensure 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
- Mental/Behavioral health and social service 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.

*Assign and deploy resources and assets to achieve established initial health response*

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.

*Address requests for assistance and information*

Ensure that health-related requests for assistance and information from other agencies, organizations, and the public are either directed to appropriate personnel within the health department or forwarded to appropriate agencies and organizations.

*Initiate risk communication activities*

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

Ensure that contact has been established with appropriate personnel within PCHD and initiate risk communication activities. Consider a PCHD “hotline” or phone bank.

*Engage legal counsel, utilizing the county prosecutor as part of the emergency response effort--*Stay apprised of legal issues as they emerge and consult with appropriate personnel within PCHD.

Document all response activities using the ICS forms. (See Appendix A)

***Section 16.04 Immediate Response: (Hours 2 – 6)***

*As part of the community response effort, continue to perform the following activities:*

- Assess the situation
- Review and update health response objectives
- Review, update, and follow the site safety and health plan
- Communicate with key health and medical agencies/organizations and neighboring jurisdictions
- Address requests for assistance and information
- Continue risk communication activities – HAN alerts, etc.
- Stay apprised of legal issues
- Document all response activities

*Verify that health surveillance systems are operational*

Surveillance systems should be fully operation to begin the process of data collection and analysis. Consider human subjects and privacy issues related to data collection, analysis and storage. Contact the 6-Pact Epi, ODH, and area regional contacts for surveillance and means of testing.

*Ensure that laboratories likely to be used during the response are operational and verify analytical capacity*

Verify sampling techniques, processes for specimen collection and analysis. Notify laboratories of any changes in activity during the response. Provide laboratories with lead times to prepare for sample testing and analysis. Assign personnel to complete, track and report on this.

*Ensure the needs of the special needs populations are being addressed*

Ensure that the needs of the special needs populations are being addressed through provision of appropriate information and assistance. Take into consideration: children, dialysis patients, disabled persons, homebound patients, and patients dependent on home health care services, institutionalized persons, persons with limited English proficiency, the elderly, transient populations (Amish population, tourists, migrant workers, homeless, carnival/fair workers).

*Volunteer Reception Centers and Donations*

Communicate frequently with the public regarding whether or not MRC volunteers are needed. Volunteer medical personnel must be properly trained, credentialed and insured.

*Update risk communication messages*

Ensure that risk communication messages are updated and coordinated with other responding agencies and organizations as necessary. Communicate HAN alerts, blast faxes, etc., to county partners. The PIO is to update status of communication. If a JIC is operational, update and release messages on public "hotlines." Determine spokesperson, in not already done.

## ***Section 16.05 Intermediate Response: (Hours 6 - 12)***

Continue to perform the following activities:

- Assess the situation
- Review and update health response objectives
- Communicate with key health and medical agencies/organizations and neighboring jurisdictions
- Address requests for assistance and information
- Continue risk communication activities
- Stay abreast of legal issues
- Communicate with health surveillance and laboratory contacts
- Address the needs of special populations



- Organize MRC volunteers and donations
- Document all response activities

*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.

*Prepare and update information for shift change and executive briefings*

Initiate staff 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.

*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 into the locally established response structure.

For Example:

- ODH and/or CDC personnel
- Environmental Response Teams
- Disaster Medical Assistance Teams (DMAT)
- National Medical Response Teams (NMRT)
- Disaster Mortuary Operation Response Teams (DMORT)
- Veterinary Medical Assistance Teams (VMAT)
- Medical Reserve Corps volunteers
- CERT volunteers

*Assess health resource needs and acquire as necessary*

Resources and capacity to meet PCHD 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.

### ***Section 16.06 Extended Response: (Hours 12 – 24)***

- Assess the situation



- Evaluate PCHD's operations – essential functions – review COOP
- Review and update PCHD's response objectives
- Communicate with key health and medical agencies/organization and neighboring jurisdictions
- Address requests for assistance information
- Continue risk communication activities
- Stay apprised of legal issues
- Collect and analyze data through surveillance and laboratory systems
- Address the special needs populations
- Organize volunteers and donations
- Collaborate with state and federal on-site assistance
- Assess health resource needs and acquire as necessary
- Document all response activities

*Initiate mental/behavioral health support needs*

Initiate preparations for providing mental and behavioral health services, (i.e. Psychological First Aid) to response personnel, including PCHD personnel, affected by the event. Address required comfort needs of health department staff.

*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 of the incident based on incoming data and developments. The health department may be engaged in extended operations for lengthy periods of time. Also, 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.

***Section 16.07 Ongoing Public Health Emergency Response Functions and Tasks***

Consider the following list of public health emergency response functions, tasks, and prevention services that may need to be implemented during an emergency with the first 24 hours. These activities should be considered regardless of the type of incident. The order of these activities may vary according to the incident, particularly during a biological incident, infectious disease outbreak and geographic location. The following should be used as a reference:

- Environmental hazard identification
- Hazard consultation

- Epidemiological services
- Health and medical needs assessment
- Identification of affected individuals
- Health surveillance
- Laboratory specimen collection and analysis
- Infectious disease identification, treatment, and control
- Quarantine/isolation
- Public Health Information – partners in DeWitt County and regional partners
- Risk Communication – include PPE and social distancing
- Responder safety and health
- Health and medical personnel resources
- Health and medical equipment safety and availability
- Volunteer and donations coordination
- In-hospital care
- Evacuation
- Neighborhood Help Center (NEHC)
- Sheltering
- Functional Needs Populations needs and assistance
- Mass Trauma
- Mass fatalities
- Mortuary Services
- Mental/behavioral health care and social services
- Potable water
- Food safety
- Vector control
- Wastewater and solid-waste disposal
- Continuity of public health programs, services and infrastructure
- Veterinary services/animal rescue/control/shelters

## **Article XVII    Functional Needs Populations**

PCHD works with community partners in addressing and coordinating the emergency response needs of the identified special populations in Putnam County. For example:

- Mental/Behavioral Health – Putnam County ADAMS Board/Pathways Counseling Center/Counseling Matters and Psychosocial Associates
- MR/DD – Brookhill School
- Spanish speaking Population – List on file
- Other non-English Speaking populations – Language Line

- Senior citizens – Putnam County Senior Center/Area Office on Aging
- Children – Family and Children First Council/Putnam County Job and Family Services
- Domesticated animal – Dog wardens/Veterinarians
- Sheltered populations - Red Cross
- Homebound – Home health agencies

## **Article XVIII Training**

Training is an essential component of preparedness and response. PCHD's capability to respond to a bioterrorism event, major disaster, or other public health emergency is dependent upon the knowledge and experience of PCHD employees, hospitals, medical providers, and other community partners who have emergency response assignments and responsibilities. A well-trained Public Health and Medical workforce is the basis for strengthened infrastructure that has the capacity to detect, control, treat, and prevent illness and injury resulting from biological terrorism or other infectious disease outbreaks. Training will allow for seamless coordination of the public health, medical care, and emergency/disaster management systems, which is critical to effectively handle a disaster. Training will follow the HSEEP format. The training objective for this plan is to provide training for employees and community partners, as described above, by addressing:

- Roles and responsibilities
- Importance of surveillance
- Various protective measures
- Communicable disease interventions
- Contact investigation and follow-up
- Management of disaster medical operations and casualty care
- Treatment and follow-up guidelines
- Resources
- Case definitions and differential diagnosis guidelines
- Preventative treatment guidelines/protocols
- Risk Communication
- Communication with media
- Various bioterrorism agents and weapons of mass destruction
- Vaccine techniques
- Emergency response and recovery concepts and procedures
- Safety instructions for emergency evacuation, first aid, and hazardous material spills
- Volunteer Reception Center and Volunteer management

Training will be done via various modalities:

- Classroom or didactic sessions
- Combination of didactic and practice sessions
- Emergency response exercises and drills

Various Components of the training will be mandatory for select component of PCHD staff and other components will be optional. Emergency response exercises will be mandatory for PCHD personnel involved in response activities.

## **Article XIX Miscellaneous**

Response Matrix for Diseases—follow outline on page 51

## **Article XX Characterization and Basic Response functions for Terrorist Activity**

Follow outline on page 52.

## **Article XXI Public Health Response Activation and ICS outlines for PCHD—**

Follow outlines on pages 57-60.

## **Article XXII Definitions**

**Access Control Point:** A point established by law enforcement to control access to a secure and/or potentially hazardous area.

**Agency:** A division of government with a specific function offering a particular kind of assistance. In ICS, agencies are defined either as jurisdictional (having statutory responsibility for incident management) or as assisting or cooperating (providing resources or other assistance).

**Appendix:** A hazard-specific element of the EOP.

**Area Command (Unified Area Command):** An organization established (1) to oversee the management of multiple incidents that are each being handled by an ICS organization or (2) to oversee the management of large or multiple incidents to which several Incident Management Teams have been assigned. Area Command has the responsibility to set overall strategy and priorities, allocate critical resources according to priorities, ensure that incidents are properly managed, and ensure that objectives are met and strategies followed. Area Command becomes Unified Area Command when incidents are multi-jurisdictional. Area Command may be established at an emergency operations center facility or at some location other than an incident command post.

**Assembly Point:** A designated location for responders to meet, organize and prepare equipment prior to moving into the emergency site.

**Assessment:** The evaluation and interpretation of measurements and other information to provide a basis for decision-making.

**Assumptions:** A list of accepted facts or statements related to the operational environment in which response and recovery activities will take place.

**Available Resources:** Resources assigned to an incident, checked in, and available for a mission assignment, sometimes located in a Staging Area.

**Base Camp:** A location in or near the site of the emergency that is equipped and staffed to provide sleeping facilities, food, water and sanitary services to response personnel.

**Biological Agents:** Micro-organisms or toxins from living organisms that have infectious or noninfectious properties that produce lethal or serious effects in plants or animals.

**Catastrophic Disaster:** An event or incident which produces severe and widespread damages of a magnitude that requires significant resources from outside the affected area to provide the necessary response.

**Catastrophic Disaster Response Group:** The national-level group of representatives from the Federal departments and agencies. The CDRG serves as a centralized coordinating group which supports the on-scene Federal response and recovery efforts. Its members have access to the appropriate policymakers in their respective parent organizations to facilitate decisions on problems and policy issues.

**Census Tract:** A nonpolitical, geographical subdivision of no standard size, but within a city, town, county, or other political jurisdiction; it is used by the U.S. Bureau of Census as a convenient and flexible unit for surveying and aggregating population, housing, and other demographic or economic statistics.

**Chain of Command:** A series of command, control, executive, or management positions in hierarchical order of authority.

**Chemical Agents:** Solids, liquids or gases that have chemical properties that produce serious or lethal effects in plants or animals.

**Chief:** An ICS title for individuals responsible for management of functional sections: Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established as a separate section).

**Code of Federal Regulations:** Listing of federal regulations.

**Command Post:** An element in the Incident Command System. A facility located at a safe distance from the emergency site where the on-scene coordinator, responders, and technical representatives can make response decisions, deploy manpower and equipment, maintain liaison with media, and handle communications.

**Command Staff:** In an incident management organization, the Command Staff consists of the Incident Command and the special staff positions of Public Information Officer, Safety Officer, Liaison Officer, and other positions as required, who report directly to the Incident Commander. They may have an assistant or assistants, as needed.

**Communications Unit:** An organizational unit in the Logistics Section responsible for providing communication services at an incident or an EOC. A Communications Unit may also be a facility (*e.g.*, a trailer or mobile van) used to support an Incident Communications Center.

**Consequence Management:** Measures to protect public health and safety, restore essential government services and provide emergency relief to governments, businesses and individuals affected by all hazards including terrorist acts.

**Coordinate:** To advance systematically an analysis and exchange of information among principals who have or may have a need to know certain information to carry out specific incident management responsibilities.

**Crisis Action System:** Levels of activation used during emergency response. There are three levels in Ohio's system of activation. Please refer to the Basic Plan for additional information.

**Critical Facilities:** Facilities essential to emergency response, such as fire stations, police stations, hospitals, and communications centers.

**Critical Incident Stress Debriefing:** Assistance provided by a trained team of health workers that assists emergency personnel in dealing with stress.

**Critical Worker:** An individual whose skills or services are required to continue operation of vital facilities and activities. May also be called an essential employee.

**Damage Assessment:** The appraisal or determination of the destructive effects of a hazard on lives and property.

**Defense Coordinating Officer:** Supported and provided by the Department of Defense (DOD) to serve in the field as the point of contact to the Federal Coordinating Officer (FCO) and the ESFs regarding requests for military assistance. The DCO and staff coordinate support and provide liaison to the ESFs.

**Designated Area:** The geographical area designated under a Presidential major disaster declaration which is eligible to receive disaster assistance in accordance with provisions of Public Law (P.L.) 93-288, as amended.

**Disaster:** Any imminent threat or actual occurrence of widespread or severe damage, injury, or loss of life or property resulting from a natural or man-made cause, including, but not limited to, fire, flood, snowstorm, ice storm, tornado, windstorm, water contamination, utility failure, hazardous material incident, epidemic, drought, terrorist activities, riots, civil disorders or hostile military or paramilitary actions.

**Disaster Field Office:** The office established in or near the designated area to support Federal and State response and recovery operations. The DFO houses the FCO and the Emergency Response Team (ERT), and where possible, the State Coordinating Officer (SCO) and support staff.

**Dispatch:** The ordered movement of a resource or resources to an assigned operational mission or an administrative move from one location to another.

**Division:** The partition of an incident into geographical areas of operation. Divisions are established when the number of resources exceeds the manageable span of control of the Operations Chief. A division is located within the ICS organization between the branch and resources in the Operations Section.

**Electromagnetic Pulse:** Energy radiated by lightning or nuclear detonation which may affect or damage electronic components and equipment.

**Emergency:** In Ohio Revised Code 5502.21 (F), for state and local and as defined in the Stafford Act, an emergency is any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and protect property, public health and safety, and includes emergencies other than natural disasters.

**Emergency Alert System:** Consists of broadcast stations and inter-connecting facilities which have been authorized by the Federal Communications Commission to operate in a controlled manner during a war, state of public peril or disaster, or other national emergency.

**Emergency Management Director/Coordinator:** The individual who is directly responsible for the jurisdiction's responsibility for emergency management and preparedness.

**Emergency Operations Center:** A site from which civil government officials (municipal, county, state, and Federal) exercise direction and control in an emergency or disaster.



**Emergency Operations Plan:** A document that identifies the available personnel, equipment, facilities, supplies, and other resources in the jurisdiction and the methods or scheme for coordinated actions to be taken by individuals and government services in the event of an emergency.

**Emergency Public Information:** Information released to the public by County, State, and Federal Agencies concerning the emergency at hand and protective actions to be taken.

**Emergency Response Provider:** Includes Federal, State, local, and tribal emergency public safety, law enforcement, emergency response, emergency medical (including hospital emergency facilities), and related personnel, agencies, and authorities. See Section 2 (6), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002). Also known as an Emergency Responder.

**Emergency Response Team:** A federal interagency team, consisting of the lead representative from each Federal department or agency assigned primary responsibility for an ESF and key members of the FCO's staff, formed to assist the FCO in carrying out his/her coordination responsibilities. The ERT provides a forum for coordinating the overall resolving issues related to ESF and other response requirements. ERT members respond to and meet as requested by the FCO. The ERT may be expanded by the FCO to include designated representatives of other Federal departments and agencies as needed.

**Emergency Support Function:** A functional area of response activity established to facilitate the delivery of assistance required during the immediate public safety. ESFs represent those types of assistance which will most likely be needed because of the overwhelming impact an emergency on resources and response capabilities, or because of the specialized or unique nature of the assistance required. ESF missions are designed to supplement local response efforts.

**Essential Elements of Information:** A list of informational items required for continuous assessments and state recommendations during assessment, response, and recovery operations.

**Essential Employee:** A person whose authority and/or expertise is required during an emergency.

**Evacuation:** Organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

**Executive Order:** A rule or order having the force of law, issued by an executive authority of a government.

**Federal:** Of or pertaining to the Federal Government of the United States of America.

**Federal Coordinating Officer:** The senior Federal official appointed in accordance with provisions of P.L. 93-288, as amended, to coordinate the overall response and recovery activities. The FCO represents the President as provided by Section 303 of 93-288, as amended, for the purpose of coordinating the administration of Federal relief activities in the designated



area. Additionally, the FCO is delegated responsibilities and performs those for the FEMA Director as outlined in Executive Order 12148 and those responsibilities for the FEMA Regional Director in Title 44 Code of Federal Regulations.

**Field Coordinator:** An agent of the Ohio EMA who acts as a liaison between the affected area, the local EMA Director and the State of Ohio during emergencies.

**Function:** A generic emergency concept that could be activated to address any hazard. For example, the functions of shelter, communication and transportation could be activated for any hazardous event. In NIMS, “function” refers to the five major activities in ICS: Command, Operations, Planning, Logistics, and Finance/Administration. The term function is also used when describing the activity involved, *e.g.*, the planning function. A sixth function, Intelligence, may be established, if required, to meet incident management needs. Governor’s Authorized Representative Acts as the representative of the Governor during emergencies.

**Hazard:** A potential event or situation that presents a threat to life and property.

**Hazards Identification/Analysis:** A systematic study of all hazards that could significantly affect life and property in a jurisdiction. Hazard identification typically prioritizes hazards according to the threat they pose and provide insight into the history and probability of occurrences. An analysis includes the history, vulnerability and probability assessments related to the hazard.

**Hazardous Material:** Any substance or material in a quantity or form which may be harmful or injurious to humans, domestic animals, wildlife, economic crops or property when released into the environment. Hazardous materials are classified in this plan as chemical, biological, radiological or explosive.

*Chemical* - Toxic, corrosive or injurious substance because of inherent chemical properties and includes but is not limited to such items as petroleum products, paints, plastics, acids, caustics, industrial chemicals, poisons, drugs, mineral fibers (asbestos).

*Biological* - Microorganisms or associated products which may cause disease in humans, animals or economic crops and includes pathogenic wastes from medical institutions, slaughterhouses, poultry processing plants, and the like.

*Radiological* - Any radioactive substance emitting ionizing radiation at a level to produce a health hazard.

*Explosive* - Material capable of releasing energy with blast effect in a split second upon activation; the released energy usually damages or destroys objects in close proximity to the blast.

**Incident:** An event that threatens health, safety, and may also result in physical damage to property. A local or state emergency might be declared as a result of an incident. An occurrence or event, natural or human-caused, that requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

**Incident Action Plan (IAP):** An oral or written plan containing general objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.

**Incident Command Post (ICP):** The field location at which the primary tactical-level, on-scene incident command functions are performed. The ICP may be collocated with the incident base or other incident facilities and is normally identified by a green rotating or flashing light.

**Incident Command System (ICS):** A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

**Incident Commander (IC):** The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

**Incident Management Team (IMT):** The IC and appropriate Command and General Staff personnel assigned to an incident.

**Incident Objectives:** Statements of guidance and direction necessary for selecting appropriate strategy(s) and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when all allocated resources have been effectively deployed. Incident objectives must be achievable and measurable, yet flexible enough to allow strategic and tactical alternatives.

**Integrated Emergency Management System:** A system developed by FEMA in recognition of the economies realized in planning for all hazards on a generic functional basis as opposed to developing independent structures and resources to deal with each type of hazard.

**Initial Action:** The actions taken by those responders first to arrive at an incident site.

**Initial Response:** Resources initially committed to an incident.

**Intelligence Officer:** The intelligence officer is responsible for managing internal information, intelligence, and operational security requirements supporting incident management activities. These may include information security and operational security activities, as well as the complex task of ensuring that sensitive information of all types (*e.g.*, classified information, law

enforcement sensitive information, proprietary information, or export-controlled information) is handled in a way that not only safeguards the information, but also ensures that it gets to those who need access to it to perform their missions effectively and safely.

**Joint Information Center:** A single facility from which multi-organizational emergency public information can be coordinated and disseminated.

**Jurisdiction:** A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (*e.g.*, city, county, tribal, State, or Federal boundary lines) or functional (*e.g.*, law enforcement, public health).

**Lead Agency:** A state organization that leads a state-level ESF team and has primary responsibility for a specific functional area of the State EOP.

**Liaison:** A form of communication for establishing and maintaining mutual understanding and cooperation.

**Local Emergency:** Any period during which the chief executive has declared that an emergency exists.

**Local Government:** A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under State law), regional or interstate government entity, or agency or instrumentality of a local government; an Indian tribe or authorized tribal organization, or in Alaska a Native village or Alaska Regional Native Corporation; a rural community, unincorporated town or village, or other public entity. See Section 2 (10), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002).

**Logistics:** Providing resources and other services to support incident management.

**Logistics Section:** The section responsible for providing facilities, services, and material support for the incident.

**Major Disaster:** As defined under the Stafford Act, any natural catastrophe (including any hurricane, tornado, storm, flood, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under Tab #2 – Terms and Acronyms BP-45 March 2007 this Act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

**Mitigation:** The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be

implemented prior to, during, or after an incident. Mitigation measures are often informed by lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Measures may include zoning and building codes, floodplain buyouts, and analysis of hazard related data to determine where it is safe to build or locate temporary facilities. Mitigation can include efforts to educate governments, businesses, and the public on measures they can take to reduce loss and injury.

**Mobilization:** The process and procedures used by all organizations (Federal, State, local, and tribal) for activating, assembling, and transporting all resources that have been requested to respond to or support an incident.

**Multi-agency Coordination Entity:** A multi-agency coordination entity functions within a broader multi-agency coordination system. It may establish the priorities among incidents and associated resource allocations, deconflict agency policies, and provide strategic guidance and direction to support incident management activities.

**Multi-agency Coordination Systems:** Multi-agency coordination systems provide the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. The components of multiagency coordination systems include facilities, equipment, emergency operation centers (EOCs), specific multi-agency coordination entities, personnel, procedures, and communications. These systems assist agencies and organizations to fully integrate the subsystems of the NIMS.

**Multi-jurisdictional Incident:** An incident requiring action from multiple agencies that each have jurisdiction to manage certain aspects of an incident. In ICS, these incidents will be managed under Unified Command.

**Mutual-Aid Agreement and Memorandum of Understanding:** A formal (written) or informal understanding between jurisdictions or agencies that describes methods and types of assistance available between two or more entities during emergencies.

**National:** Of a nationwide character, including the Federal, State, local, and tribal aspects of governance and polity.

**National Disaster Medical System:** A cooperative, asset-sharing partnership between the Department of Health and Human Services, the Department of Veterans Affairs, the Department of Homeland Security, and the Department of Defense. NDMS provides resources for meeting the continuity of care and mental health services requirements of the Emergency Support Function 8 in the Federal Response Plan.

**National Incident Management System:** A system mandated by HSPD-5 that provides a consistent nationwide approach for Federal, State, local, and tribal governments; the private-sector; and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among Federal, State, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. HSPD-5 identifies these as the ICS; multi-agency coordination systems; training; identification

and management of resources (including systems for classifying types of resources); qualification and certification; and the collection, tracking, and reporting of incident information and incident resources.

**National Response Plan:** A plan mandated by HSPD-5 that integrates Federal domestic prevention, preparedness, response, and recovery plans into one all-discipline, all-hazards plan.

**National Warning System:** The Federal portion of the Civil Defense Warning System, used for the Dissemination of warning and other emergency information from the Warning Centers or Regions to Warning Points in each State.

**Needs Assessment:** A response phase evaluation of the requirements of the victims of an incident by emergency management in order to identify, obtain, and provide necessary resources and services.

**Nongovernmental Organization:** An entity with an association that is based on interests of its members, individuals, or institutions and that is not created by a government, but may work cooperatively with government. Such organizations serve a public purpose, not a private benefit. Examples of NGOs include faith-based charity organizations and the American Red Cross.

**Nuclear Attack:** Warfare involving nuclear weapons.

**Nuclear Weapons:** Weapons that release nuclear energy in an explosive manner as the result of nuclear chain reactions involving fission and/or fusion of atomic nuclei.

**Operational Facilities:** All of the facilities required to support response and recovery operations, such as the EOC, DFO, mobilization areas and staging areas.

**Operations Section:** The section responsible for all tactical incident operations. In ICS, it normally includes subordinate branches, divisions, and/or groups.

**Planning Section:** Responsible for the collection, evaluation, and dissemination of operational information related to the incident, and for the preparation and documentation of the IAP. This section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident.

**Political Subdivisions:** Counties, townships or municipal corporations in this state.

**Preparedness:** The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process. Preparedness involves efforts at all levels of government and between government and private-sector and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources. Within the NIMS, preparedness is operationally focused on establishing guidelines, protocols, and standards for planning, training and exercises, personnel qualification and certification, equipment certification, and publication management.

**Prevention:** Actions to avoid an incident or to intervene to stop an incident from occurring. Prevention involves actions to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.

**Primary Agency:** A department or agency assigned primary responsibility to manage and coordinate a specific ESF. Primary agencies are designated on the basis of their having the most authorities, resources, capabilities, or expertise relative to accomplishment of the specific ESF support. Primary agencies are responsible for overall planning and coordination of the delivery of ESF-related assistance.

**Private Sector:** Organizations and entities that are not part of any governmental structure. It includes for-profit and not-for-profit organizations, formal and informal structures, commerce and industry, and private voluntary organizations (PVO).

**Processes:** Systems of operations that incorporate standardized procedures, methodologies, and functions necessary to provide resources effectively and efficiently. These include resource typing, resource ordering and tracking, and coordination.

**Protection Factor:** A number used to express the relationship between the amount of fallout gamma radiation that would be received by a person in a completely unprotected location and the amount that would be received by a person in a protected location.

**Protective Actions:** Those emergency measures taken to protect the population from the effects of a hazard. These may include in-place sheltering, evacuation, and the administration of medication.

**Public Information Officer:** (PIO) Designated person for information gathering and release for a jurisdiction or agency.

**Qualification and Certification:** This subsystem provides recommended qualification and certification standards for emergency responder and incident management personnel. It also allows the development of minimum standards for resources expected to have an interstate application. Standards typically include training, currency, experience, and physical and medical fitness.

**Radiation:** High-speed particles and electromagnetic radiation spontaneously emitted from the nucleus of unstable radioactive atoms.

**Radio Amateur Civil Emergency Services:** An emergency service designated to make efficient use of the vast reservoir of skilled radio amateurs throughout the Nation in accordance with approved civil defense communications plans. Many of the States and local governments have



federally approved RACES communications plans whereby radio amateurs participating in these plans are permitted to operate during an emergency, or emergency conditions.

**Reception Area:** This refers to a location separate from staging areas, where resources report in for processing and out-processing. Reception Areas provide accountability, security, situational awareness briefings, safety awareness, distribution of IAPs, supplies and equipment, feeding, and bed down.

**Recovery:** Activities that usually begin within days after an incident and continue after the response activities are completed. Recovery includes individual and public assistance programs which provide temporary housing assistance, grants, and loans to eligible individuals and government entities. The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private sector, non-governmental and public-assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

**Regional Operations Center:** The temporary operations facility for the coordination of Federal response and recovery activities, located at the FEMA Regional until the DFO becomes operational.

**Resources:** Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.

**Resource Management:** Efficient incident management requires a system for identifying available resources at all jurisdictional levels to enable timely and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the NIMS includes mutual-aid agreements; the use of special Federal, State, local, and tribal teams; and resource mobilization protocols.

**Response:** Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.

**Risk:** A measure of the probability that damage to life, property, and/or the environment will

occur if a hazard manifests itself; this measure includes the severity of anticipated consequences to people.

**Risk Area:** An area likely to be at risk to a hazard.

**Safety Officer:** A member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe situations and for developing measures for ensuring personnel safety.

**Secondary Effects:** Emergencies that may develop as a reaction to an initiating emergency. For example, a dam may break as the result of an earthquake.

**Section:** The organizational level having responsibility for a major functional area of incident management, *e.g.*, Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established). The section is organizationally situated between the branch and the Incident Command.

**Shelter:** A facility used to protect, house, and supply the essential needs of designated individuals during the period of an emergency. A shelter may or may not be specifically constructed for such use, depending on the type of emergency and the specific programmatic requirements.

**Span of Control:** The number of individuals a supervisor is responsible for, usually expressed as the ratio of supervisors to individuals. (Under the NIMS, an appropriate span of control is between 1:3 and 1:7.)

**Special Needs Population:** Groups of people that may be more susceptible than the general population (due to preexisting health conditions (*e.g.*, asthmatics) or age (*e.g.*, infants and the elderly).

**Spokesperson:** Designated person to speak for the health department

**Staging Area:** A preselected location removed from the emergency site, such as a large parking area where equipment can be collected, stored, and distributed for use by emergency personnel. The staging area provides a base for resource transfer. Several staging areas may be designated depending upon the scope and intensity of the emergency.

**Standard Operating Procedures:** Checklists or guidance developed by each specific responding organization that detail responsible individuals by name, phone number and delineate in detail specific organizational emergency activities.

**State:** When capitalized, refers to any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, and any possession of the United States. See Section 2 (14), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002).

**State Emergency:** Any period during which the Governor has declared or proclaimed that an



emergency exits.

**State Coordinating Officer:** The representative of the Governor who coordinates State response and recovery activities and acts as the primary liaison between the state and federal governments during emergencies.

**Strategic:** Strategic elements of incident management are characterized by continuous long-term, high-level planning by organizations headed by elected or other senior officials. These elements involve the adoption of long-range goals and objectives, the setting of priorities; the establishment of budgets and other fiscal decisions, policy development, and the application of measures of performance or effectiveness.

**Strike Team:** A set number of resources of the same kind and type that have an established minimum number of personnel.

**Strategy:** The general direction selected to accomplish incident objectives set by the IC. A department or agency designated to assist a lead agency with available resources, capabilities, or expertise in support of response operations, under the coordination of the primary agency.

**Tab:** An attachment to an Emergency Support Function of the EOP that provides additional information specific to either a hazard of a particular response.

**Task Force:** Any combination of resources assembled to support a specific mission or operational need. All resource elements within a Task Force must have common communications and a designated leader.

**Technical Assistance:** Support provided to State, local, and tribal jurisdictions when they have the resources but lack the complete knowledge and skills needed to perform a required activity (such as mobile-home park design and hazardous material assessments).

**Technological Hazard:** Includes a range of hazards emanating from the manufacture, transportation, and use of such substances as radioactive materials, chemicals, explosives, flammables, agricultural pesticides, herbicides, and disease agents; oil spills on land, coastal water or inland water systems; and debris from space.

**Terrorism:** Under the Homeland Security Act of 2002, terrorism is defined as activity that involves an act dangerous to human life or potentially destructive of critical infrastructure or key resources and is a violation of the criminal laws of the United States or of any State or other subdivision of the United States in which it occurs and is intended to intimidate or coerce the civilian population or influence a government or affect the conduct of a government by mass destruction, assassination, or kidnapping. See Section 2 (15), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2002).

**Terrorist Incident:** A violent act or an act dangerous to human life in violation of the criminal laws of the United States or of any state, to intimidate or coerce a government, the civilian

population, or any segment thereof in furtherance of political or social objectives.

**Threat:** An indication of possible violence, harm, or danger.

**Triage:** The process of sorting casualties based on severity and survivability.

**Type:** A classification of resources in the ICS that refers to capability. Type 1 is generally considered to be more capable than Types 2, 3, or 4, respectively, because of size, power, capacity, or, in the case of incident management teams, experience and qualifications.

**Unified Area Command:** A Unified Area Command is established when incidents under an Area Command are multi-jurisdictional. (See Area Command.)

**Unified Command:** An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions. Agencies work together through the designated members of the UC, often the senior person from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a single IAP.

**Unit:** The organizational element having functional responsibility for a specific incident planning, logistics, or finance/administration activity.

**Unity of Command:** The concept by which each person within an organization reports to one and only one designated person. The purpose of unity of command is to ensure unity of effort under one responsible commander for every objective.

**Voluntary Organizations Active In Disasters:** Organizations representing the private and religious assistance organizations that provide services to disaster victims.

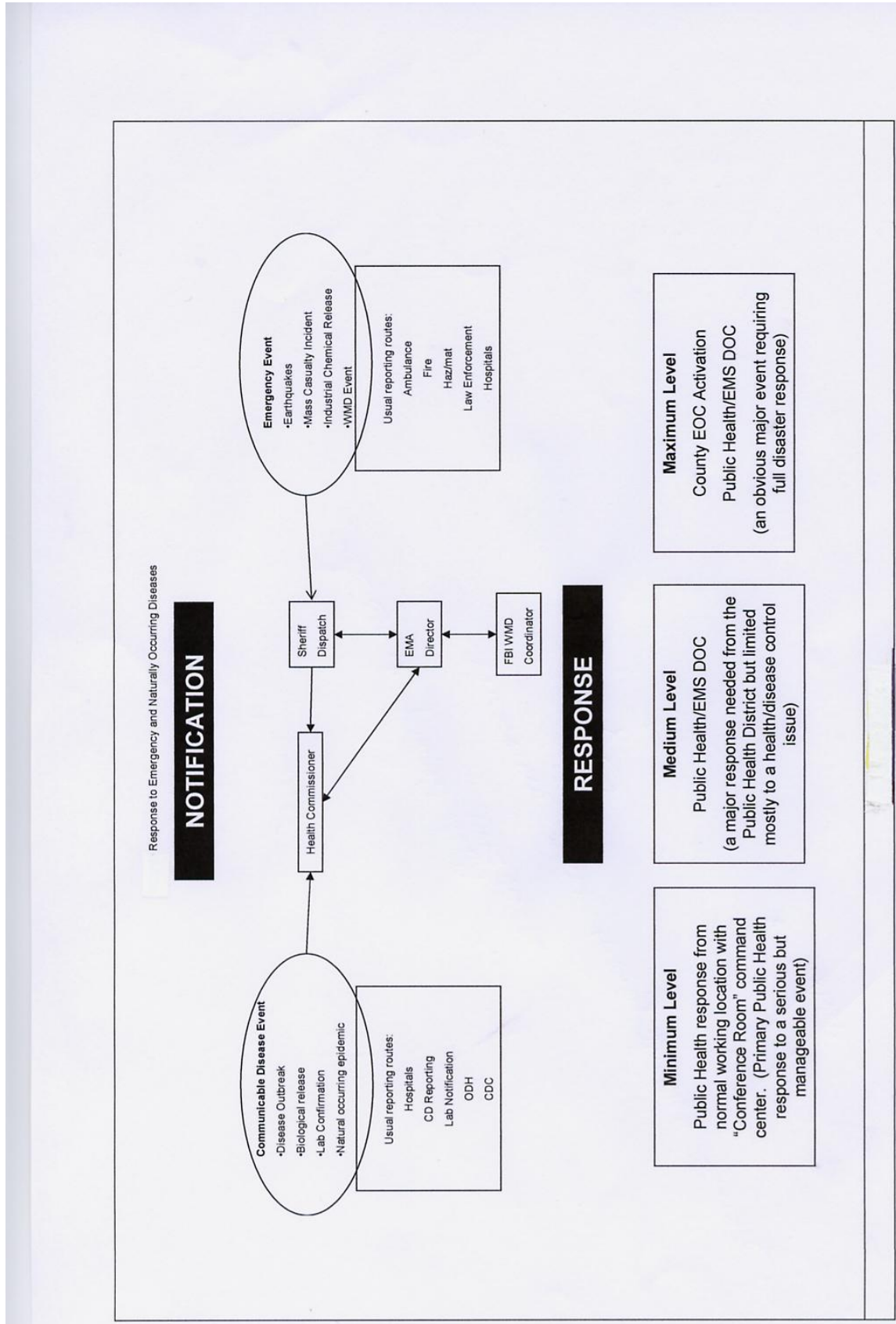
**Volunteer:** For purposes of the NIMS, a volunteer is any individual accepted to perform services by the lead agency, which has authority to accept volunteer services, when the individual performs services without promise, expectation, or receipt of compensation for services performed. See, *e.g.*, 16 U.S.C. 742f(c) and 29 CFR 553.101.

**Vulnerability Assessment:** Evaluation of elements in the community that are subject to damage should a hazard occur; includes gathering information on the extent of the vulnerable zone, conditions that influence the zone, size and type of the population within the zone, private and public property that might be damaged and the environment that might be affected.

**Warning Point:** A facility that receives warnings and other emergency information over NAWAS and relays this information in accordance with State and local EOPs.

**Weapons of Mass Destruction:** (WMD) A device employing disease organisms, toxins, poison gas, explosives, incendiaries, radiation, radioactivity or other destructive capabilities designed to destroy or maim populations or environments.





CHARACTERIZATION & BASIC RESPONSE FUNCTIONS FOR TERRORIST ATTACKS

<b>Agency</b>	<b>Infectious Agent Person to Person</b>	<b>Infectious Agent Environmentally Spread</b>	<b>Infectious Agent/ Chemical Agent Food or Water Supply</b>	<b>Chemical Agent/Air Release</b>	<b>Radiological</b>
<b>Local Health</b>	Case definition, Epidemiology, Infection Source, Contact tracing, Vaccination, Prophylactic treatment, Isolation & Quarantine	Case definition, Epidemiology, Infection Source, Contact tracing, Vaccination, Prophylactic treatment, Environmental Sampling, Decontamination	Case definition, Epidemiology, Infection Source, Contact tracing, Vaccination, Prophylactic treatment, Environmental Sampling, Embargo, Facility inspection	Sampling Short Term Assessment Long Term Follow-up Vital Records Building Decon and evaluation Medical Surveillance Advise on asset distribution	Stand by -Check operation of testing equipment -Contact ODH for standby -Surveillance testing affected area -Coordinate in ODH and ICS
<b>ODH</b>	Case definition, Epidemiology, Infection Source, Technical Assistance and	Case definition, Epidemiology, Infection Source, Technical Assistance and Advice, Laboratory	Case definition, Epidemiology, Infection Source, Technical Assistance and	Case definition, Epidemiology, Infection Source, Technical Assistance and	

ESF 8/Annex H to the Putnam County Emergency Operations Plan  
 Putnam County General Health District Emergency Preparedness and Response Plan

	Advice, Laboratory Support	Support	Advice, Laboratory Support	Advice, Laboratory Support	
<b>CDC</b>	Assist in case definition, Laboratory, Strategic National Stockpile, Technical advice and assistance	Assist in case definition, Laboratory, Strategic National Stockpile, Technical advice and assistance	Assist in case definition, Laboratory, Strategic National Stockpile, Technical advice and assistance	Assist in case definition, Laboratory, Strategic National Stockpile, Technical advice and assistance	
<b>FBI</b>	Determine threat, Criminal Investigation	Determine threat, Criminal Investigation	Determine threat, Criminal Investigation	Terrorist Action Evaluation	Terrorist Bomb Assessment- Reconnaissance Evaluation, Intelligence Assessment
<b>Local Police</b>	Criminal Investigation, Crowd control, Evidence, Security	Criminal Investigation, Crowd control, Evidence, Security	Criminal Investigation, Crowd control, Evidence, Security	Security Evacuation Crowd Control Protect scene Evidence	Security Evacuation Crowd Control Protect scene Evidence

CHARACTERIZATION & BASIC RESPONSE FUNCTIONS  
 FOR TERRORIST ATTACKS

Agency	Infectious Agent Person to Person	Infectious Agent Environmentally Spread	Infectious Agent/ Chemical Agent Food or Water Supply	Chemical Agent/Air Release	Radiological
<b>Sheriff</b>	Criminal Investigation, Crowd control, Evidence, Security	Criminal Investigation, Crowd control, Evidence, Security	Criminal Investigation, Crowd control, Evidence, Security	Security Evacuation Crowd Control Protect scene Evidence	Security Evacuation Crowd Control Protect scene Evidence
<b>Fire</b>	EMS Services	Evacuate, First Responder, Scene Control, Decontamination, Triage	Transport/EMS Services	Secure area Assess Monitor Shut ventilation Decontamination of patients Notification	Secure Area Control Access Monitor Shut Ventilation Containment Decontamination of Patients Notification
<b>Postal Service</b>		Criminal Investigation, Worker education			
<b>OEPA</b>		Technical Advice, Decontamination, Testing	Technical Advice, Decontamination, Testing,	Environmental Sampling, technical advice	

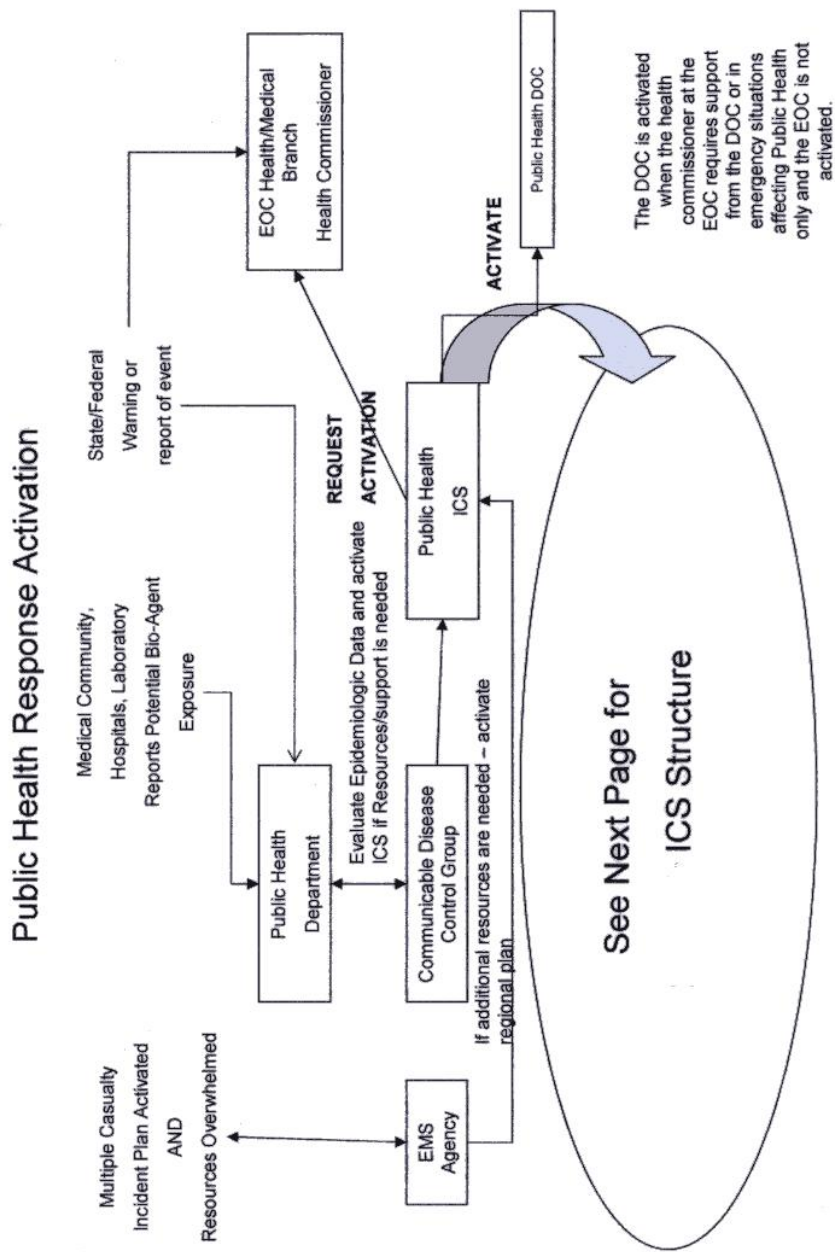
ESF 8/Annex H to the Putnam County Emergency Operations Plan  
 Putnam County General Health District Emergency Preparedness and Response Plan

			Enforcement		
<b>Hospital</b>	Diagnosis, Reporting, Treatment, Triage	Diagnosis, Reporting, Treatment, Triage	Diagnosis, Reporting, Treatment, Triage	Decontamination Triage Treatment Reporting	
<b>Laboratories</b>	Testing	Testing	Testing	Testing	Testing
<b>EMA</b>	Resource & Communication, Activate EOC	Resource & Communication, Activate EOC	Resource & Communication, Activate EOC	Asset Distribution, Resource, Communication, Activate EOC	Resource & Communication, Activate EOC
<b>Mental Health</b>	Crisis Counseling	Crisis Counseling	Crisis Counseling	Crisis Counseling	Crisis Counseling
<b>National Guard</b>	Safety & Security	First Response Team, Technical Advice and Assistance, Safety & Security	Safety & Security	First Response Team, Technical Advice and Assistance, Safety & Security	First Response Team, Technical Advice and Assistance, Safety & Security
<b>Red Cross</b>	Family Inquiry, Support Services	Family Inquiry, Support Services	Family Inquiry, Support Services	Family Inquiry, Support Services	Family Inquiry, Support Services
<b>Pharmacy Group</b>	Vaccine & Prophylactic Supplies	Vaccine & Prophylactic Supplies	Vaccine & Prophylactic Supplies	Vaccine & Prophylactic Supplies	Vaccine & Prophylactic Supplies
<b>Highway Patrol</b>	Traffic Control, Sample Transport	Traffic Control, Sample Transport	Traffic Control, Sample Transport	Traffic Control, Sample Transport	Traffic Control, Sample Transport

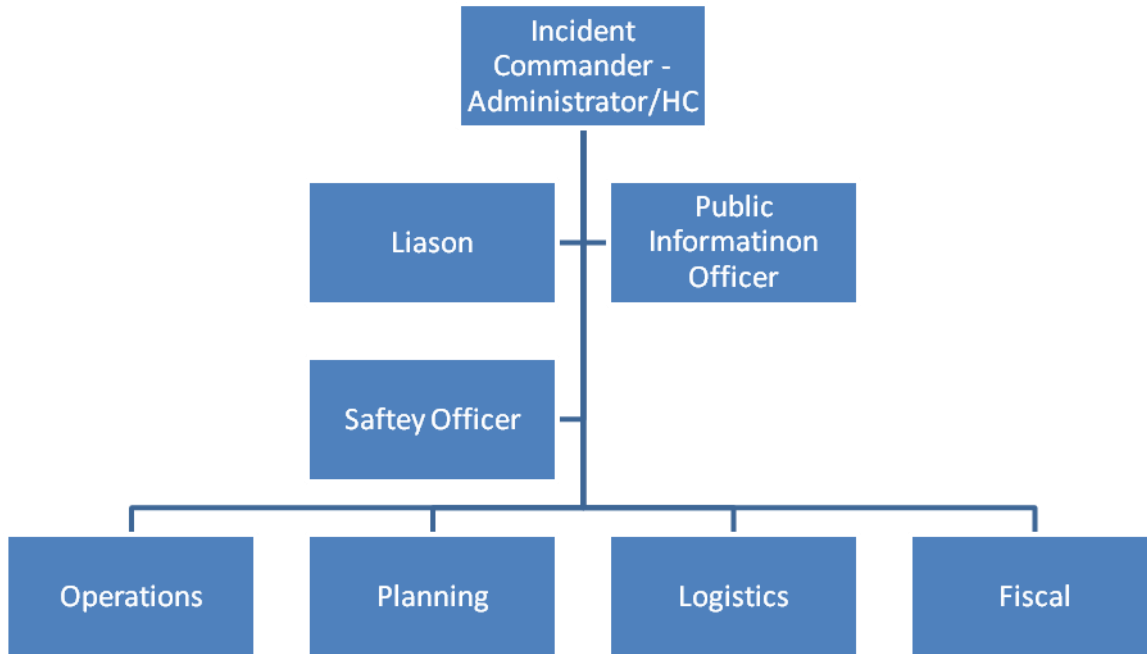


CHARACTERIZATION & BASIC RESPONSE FUNCTIONS  
 FOR TERRORIST ATTACKS

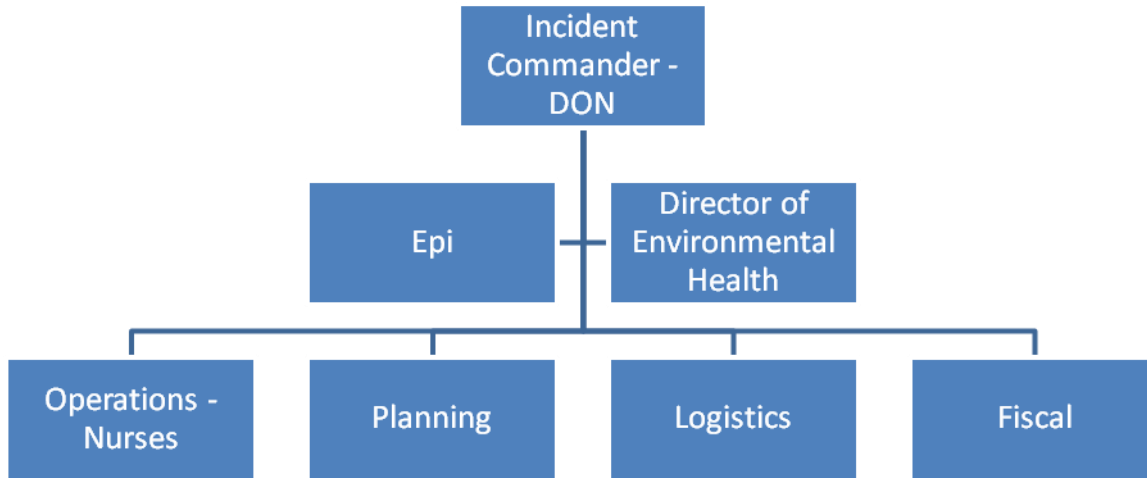
<b>Agency</b>	<b>Infectious Agent Person to Person</b>	<b>Infectious Agent Environmentally Spread</b>	<b>Infectious Agent/ Chemical Agent Food or Water Supply</b>	<b>Chemical Agent/Air Release</b>	<b>Radiological</b>
<b>Street/Service Department</b> Street barriers,	Street barriers, Traffic Control	Street barriers, Traffic Control	Traffic Control, Monitoring & Testing of water supply	Street barriers, Traffic Control	Street barriers, Traffic Control
<b>Elected Officials</b>	Declaration of Emergency, Authorize Expenditures	Declaration of Emergency, Authorize Expenditures	Declaration of Emergency, Authorize Expenditures	Declaration of Emergency, Authorize Expenditures	Declaration of Emergency, Authorize Expenditures
<b>wLocal PIO</b>	Activate the Crisis Communication Plan	Activate the Crisis Communication Plan	Activate the Crisis Communication Plan	Activate the Crisis Communication Plan	Activate the Crisis Communication Plan



**ICS for Putnam County Health Department**



**ICS for Nursing Outbreak Example**



### Environmental Health Outbreak Example

