

Putnam County Health Department Emergency Response Plan (ERP)

(ESF-8)



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Promulgation Statement

No one can predict when an emergency might happen or how severe it will be. It is prudent to plan for one, especially since these plans can be applied to any major emergency threatening the public health of Putnam County. Preparedness to cope with the effects of a Public Health Emergency includes many elements involving local government agencies, private support agencies and individual citizens.

Disasters necessitate a sudden escalation in the material needs of the community and its resources and personnel to address the response. Many lives can be lost in the confusion and disorganization that often accompanies the lack of advanced planning.

This plan describes how resources of the Health Department and its partners may be most effectively used to ensure that the citizens of Putnam County are prepared for all public health emergencies and are able to react promptly to protect their health and lives, and minimize suffering when disaster occurs. This plan provides guidance for responding to all hazards; as the health department has the capability to do. Responsibilities for specific public health emergency functions are assigned to appropriate health department individuals and offices.

The PCHD Emergency Response Plan (ERP) is consistent with the Putnam County Emergency Operations Plan (EMA). It is developed pursuant to CDC and ODH guidance, the Ohio Revised Code, the National Incident Management System (NIMS) and the Ohio EMA guidance. This plan is a statement of guidelines regarding public health emergency response and as such assigns responsibilities to appropriate PCHD personnel and support personnel.

The Putnam County Board of Health has adopted the use of the Putnam County Emergency Response Plan by the Putnam County Health Department (under the direction of the District Board of Health). The Board of Health has approved the revised version of the Putnam County Health Department Emergency Response Plan (ERP) on July 14, 2016. This plan is in effect upon approval.

Putnam County Health Commissioner

Date Signed

Putnam County Board of Health President

Date Signed

Implementation

The Putnam County Health Department Emergency Response Plan, hereinafter called (ERP) describes the management and coordination of resources and personnel during an emergency. The first plan was written in 2007 and has been improved, changed or modified annually. Version 2 was written in 2012, Version 3 in 2014 and now Version 4 in 2016.

This plan supersedes previous plans. It incorporates guidance from the Ohio Department of Health as well as lessons learned from emergencies that have affected Putnam County in the past. These emergencies with a Federal Declaration occurred in 2007 and 2008 for flooding, and for the Derecho in 2012. Responses to a tornado in Cloverdale and H1N1; along with Food borne outbreaks in the county have also enhanced our preparedness efforts.

PCHD is responsible for publishing and distributing this plan and will issue changes or corrections as appropriate. Any changes to the response as written in ORC will be brought to the board for approval. Any other changes to response as written in this plan can be approved by the Putnam County Health Commissioner. Approval of the entire plan will also be done with change of Board of Health President or change in Health Commissioner.

The Health Commissioner/designee will determine when this Plan is to be activated in a reported emergency situation. The transfer of management authority for actions during an incident is done through the written delegation of authority as listed below.

- ✓ Delegation of authority in Putnam County to specific individuals may occur in the event that he/she is unavailable. The chain of succession in such an event is as follows:
 - Health Commissioner
 - Director of Nursing Services
 - Director of Environmental Health

Introduction

The primary goal of this document is to outline a general emergency response for the Putnam County Health Department in response to a disaster or emergency situation. PCHD capabilities include:

- ✓ Public Health Nursing Services—provides immunizations and assists in control of communicable disease—assesses and makes recommendations on disease issues-participates in epidemiological activities
- ✓ Environmental Health Services—assesses and makes recommendations regarding sanitation issues that could involve: potable water, sanitary sewage disposal, vector control; conducts restaurant inspections and shelter inspections

- ✓ Emergency Preparedness Services and Community Partnerships—responds with public health resources to hazards according to capability
- ✓ Vital Statistic Services--records county births and deaths
- ✓ Health Education Services— promotes health and safety; provides public health information and serves as Public Information Officer (PIO)
- ✓ Administrative—recommends community isolation, quarantine and limitations of movement

The primary role of PCHD during disasters is to protect the health and wellbeing of those affected. In natural disasters such as tornadoes, storms, and power outages, protecting the health of affected individuals usually involves: inspecting public shelters to ensure food safety and proper sanitation; ensuring the safety of the water supply; inspecting restaurants and other facilities to ensure they are safe to operate; and assessing the impact of the disaster on the environment. In all of these situations, PCHD's goal is to make sure that the disaster situation is not worsened due to unsafe conditions that cause people to get sick during the recovery phase of the incident.

In public health emergencies, such as communicable disease outbreaks or biological or chemical releases, the health department serves as a leader in the response and has a much larger responsibility throughout the entire response. For instance, public health may provide medication or vaccination to the populations exposed to pandemic influenza, anthrax release, or other biological releases. The health department also conducts medical surveillance and lab testing to determine the extent of the outbreak. In addition, the health department actively seeks to mitigate the effects of the outbreak by educating the public on how to minimize the spread of the disease or protect themselves from exposure.

Planning is critical because it illustrates the need for all levels of government, the private sector, and non-governmental agencies to prepare for, protect against, respond to, and recover from a wide spectrum of events that exceed the capabilities of any single entity.

Public health planning has become more important over the last 20 years due to the impacts of ever changing weather patterns, potential issues associated with catastrophic events, and, after 9/11, the possibilities of terrorist threats. The outcome of good emergency planning is to reduce, control or mitigate the effects of the emergency.

Emergency planning is the responsibility of everyone. From providing national response guidance at the Federal level, coordinating disaster response at the State level, responding to disasters at the Local level, or creating a family disaster preparedness kit and communications plan -- all individuals have a stake in emergency planning.

Managing the human health consequences of a large-scale public health emergency will challenge existing local public health, public safety and health care infrastructures. Collaborative planning efforts are one of the cornerstones of an effective emergency preparedness program. Because public health threats and emergencies are not confined within political or jurisdictional boundaries, the Health Department participates in planning with the county partners, 6-pact partners and regional partners. Thus effective coordination and collaboration among state, regional and local response partners will enhance the efforts. The health department's overall level of preparedness continues to improve through the development and implementation of a robust infrastructure capable of responding to any emergencies in the county.

Record of Distribution	# Copies	Date of delivery
1. Board of Health	5	_____
2. Health Commissioner	1	_____
3. Director of Nursing Services	1	_____
4. Director of Environmental Services	1	_____
5. Emergency Preparedness Coordinator	1	_____
6. Putnam County Health Department Medical Director	1	_____
7. Putnam County EMA Director	1	_____
8. PCHD staff	10	_____

The individuals listed above have been identified as holders of an official copy of the Putnam County Health Department Emergency Response Plan. When revisions are made, the Emergency Preparedness Coordinator will use this list to distribute an updated copy of the plan. The plan is stored on the shared drive at the health department, for staff to access. Staff will be notified of changes at the monthly staff meetings and locations of copies of the plan.

A hard copy of this plan is also placed at the front desk for the public to view. This plan can't be taken from the health department and no copies of the plan will be issued to anyone other than listed above.

A copy will be kept at the County EMA to be incorporated into the county plan. It will be under Annex H.

Purpose

This plan determines, to the best extent possible, actions to be taken by the Putnam County Health Department and partners in response to disasters and other local emergencies that might threaten the health and safety of the citizens. The health department has many legal and moral responsibilities to react to and assist in a wide range of emergencies that could be in an extremely limited, geographically isolated situation in the county or a community-wide problem. This plan is intended to be multi-functional in that it addresses events that may require a varying range of response. This plan will also be used when participating in exercises and drills.

Scope

The ERP is based on all-hazards approach to planning. This plan describes the guidelines for providing timely, appropriate and effective health department response to disasters in Putnam County—as a primary responder to disasters involving events such as pandemic flu or bio-terrorist attacks and as secondary support in other emergencies in the county. The plan identifies risks in Putnam County and provides information pertaining to:

- ✓ Hazard Profile
- ✓ Concept of Operations
- ✓ Organization and Assignment of Responsibilities
- ✓ Direction, Control and Coordination
- ✓ Information Collection and Dissemination
- ✓ Administration and Finance
- ✓ Plan Development and Maintenance
- ✓ Authorities and References

Incident Command will be the basis of the response and Unified, Area or Multi-Agency Coordination will be formed to coordinate the provision of local and regional assistance in accordance with the National Incident Management System (NIMS).

Situation Overview

1. Characteristics

A. Location

- i. Putnam County, Ohio originated in January, 1834. Putnam County is located in the Northwest Ohio part of the state, bordering on Van Wert, Paulding, Defiance, Henry, Hancock and Allen Counties. It is located approximately 25 miles West of Findlay, 20 miles North of Lima and 55 miles Southwest of Toledo.

B. Geographic

- i. The total area for Putnam County is 484 square miles. The water area is 0.4 sq. mile. Land area in square miles: 482.52; Persons per square mile: 72.
- ii. Putnam County has 15 villages and 15 townships. The largest villages are Ottawa, Columbus Grove and Leipsic. The largest townships are Ottawa, Pleasant and Union.
- iii. Putnam County has three major drainage basins: the Blanchard River, traveling the entire county from East to West for 38.25 miles, the Auglaize River 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.
- iv. Putnam County has 188 miles of Highways, 327 miles of county roads and 617 miles of township roads. The county also has more than 60 miles of railroad.

C. Demographic

- i. Total population in 2012 was 34,198 (15% urban, 85% rural)
 - a. Persons under 5 years of age: 7.4%
 - b. Persons under 19 years: 21.9%
 - c. Persons 65 years and over: 14.5%
 - d. Female persons, 50.8%
 - e. White persons: 94.5%
 - f. Black persons: .5%
 - g. Hispanic: 5.5%

Read more: http://www.city-data.com/county/Putnam_County-OH.html#ixzz46wlvM96V

D. Economic Base and Infrastructure

- i. Major industry for the county is farming. The 2012 census indicated a 3% decrease in the number of family farms from 1316 to 1272. Grain farming is the largest commodity for the county. Hog, milk and cattle follow with the next largest amounts of farming.

Putnam County's Top Industrial Employers:

- ✓ Kalida Manufacturing Inc
- ✓ Unverferth Manufacturing Co
- ✓ P & G/lams Pet Food
- ✓ Whirlpool Corporation
- ✓ Pro-tec Coating Co
- ✓ Progressive Stamping Incorporated
- ✓ Silgan Plastics
- ✓ Schnipke Engraving Co Inc
- ✓ Productions Products
- ✓ Patrick Products Inc

E. Special Events

- i. In mid-June, Putnam County hosts the county fair for 5-7 days.
- ii. Early in September, Glandorf and Ottoville hosts a 2 day Park Festival
- iii. Early in September, Kalida hosts the 4 day Pioneer days

2. Hazard Profile

A. Potential Hazards

- i. Putnam County is subject to the effects of many disasters, varying widely in type and magnitude from local communities to state wide in scope. The health department worked with the county EMA to include a public health risk assessment in the county hazard analysis in 2014. A risk is defined as any situation involving exposure to danger. This analysis was approved by Ohio EMA in 2015. This analysis was done with input from the entire county representing villages, townships and other county partners. This was completed by a consultant for EMA. This HVA is in effect until 2019. The health department leadership team completed a hazard analysis and concurred with the county results.
- ii. The leading hazards for Putnam County are:
 - ✓ Flooding
 - ✓ Winter Storms
 - ✓ Severe Summer Storms
 - ✓ Tornado
 - ✓ Epidemic/Outbreak
- iii. For more detail, see the Putnam County HVA document (dated, 2014) and the Putnam County Health Department HVA (dated, October, 2015).
- iv. PCHD will utilize current HVA results along with utilizing all AAR's to improve the response to emergencies.
- v. The village of Ottawa has mapping for areas involved in flooding.
- vi. Emergency Classifications
 - a. Minor public health and medical emergency—is categorized as an emergency that is within the response capabilities of PCHD
 - b. Major public health and medical emergency is categorized as an emergency that will likely exceed the response capabilities of PCHD and may require regional and/or state assistance
 - c. Catastrophic public health and medical emergency is an emergency that overwhelms the capabilities of PCHD and requires immediate regional, state and/or federal assistance.

B. Capability Assessment

- i. Complications affecting the health of the community as a result of a disaster or emergency include disease, sanitation problems, and food and water contamination. Public health will respond to these emergencies as able.
- ii. During emergencies involving floods and other weather related hazards, PCHD would have a supportive role and would provide some or all of the following services:
 - ✓ Environmental Health:
 - Well and water evaluation
 - Mold education
 - Vector surveillance/education
 - Rabies surveillance/education
 - Food and shelter inspections
 - ✓ Epidemiology
 - Disease surveillance and investigation
 - Health trends
 - ✓ Nursing
 - Vaccinations
 - Prophylaxis
 - Disease investigations
 - Prevention education
 - ✓ Health Education
 - Public information and education
 - Public Emergency Alerts
 - ✓ General
 - Facility relocation or remediation
 - Management of supply and personnel requests
 - Remediation of damage or loss
 - Vital stats
- iii. Below is a List of Anticipated Risks (situation involving exposure to danger)for public health:

Seasonal Influenza: A regularly occurring seasonal disease characterized by the prevalence of outbreaks of influenza. The season normally occurs during the cold weather. Influenza activity can sometimes be predicted and even tracked geographically. These minor outbreaks usually take about three weeks to peak and another three weeks to significantly diminish.

Pandemic: An epidemic of infectious disease that is spreading through human populations across a large region; for instance a continent, or even worldwide. A widespread endemic disease that is stable in terms of how many people are getting sick from it is not a pandemic. Further, flu pandemics exclude seasonal flu.

Food borne Outbreak: A disease outbreak caused by consuming food or drink. There are more than 250 known food borne diseases, the majority of which are infectious and caused by bacteria, viruses, and parasites. All food borne microbes and toxins enter the body through the gastrointestinal tract and often cause the first symptoms there. Nausea, vomiting, abdominal cramps and diarrhea are frequent in food borne disease.

Vector Borne Outbreak: An infectious disease outbreak usually transmitted by insects for example: ticks spread Lyme disease, Rocky Mountain spotted fever, Ehrlichiosis and Colorado Tick Fever. Mosquitoes spread La Crosse, St. Louis, Eastern and Western Encephalitis, WNV and Zika.

Waterborne Outbreak: An infectious disease outbreak caused by pathogenic microorganisms which are directly transmitted when contaminated fresh water is consumed. Contaminated fresh water, used in the preparation of food, can be the source of food borne disease through consumption of the same microorganisms.

During emergencies involving epidemics/pandemics, biological incidents (either intentional or unintentional), or other disease related hazards, the Putnam County Health Department would have a lead role and would provide some or all of the following services:

- ✓ Environmental Health
 - Well and water evaluation
 - Mold education
 - Vector control
 - Food and shelter inspections
- ✓ Epidemiology
 - Disease surveillance and investigation
 - Statistical Analysis
 - Health Trends
- ✓ Nursing
 - Vaccinations
 - Prophylaxis
- ✓ Health Education
 - Public information and education
 - Public health emergency alerts

- ✓ General
 - Activation of the Departmental Operations Center
 - Facility relocation, if necessary
 - Management of increased call volume
 - Implementation of public information operations
 - Management of supply and personnel requests
 - Management of disaster recovery operations
 - Vital stats
 - PPE

- ✓ PCHD would utilize other Public Health Plans/Guidelines during situations in which public health is the lead agency.

C. Response Overview

- I. Mitigation: Mitigation activities are those which eliminate or reduce the probability of a disaster or emergency occurring.
 - ✓ Immunize/inoculate county residents against disease
 - ✓ Provide on-going health inspections
 - ✓ Surveillance, investigation and research of communicable diseases
 - ✓ Provide public health awareness recalls, advisories and alerts
 - ✓ Provide health education and information to general and at-risk populations

- II. Preparedness: Preparedness activities are those programs and systems that exist prior to an emergency, and are used to support and enhance response to an emergency or disaster. Planning, training and exercising are among the activities conducted in this phase. Additionally, Memorandum of Agreement (MOA) contracts will also be created during this phase.
 - ✓ Regularly train and update staff in the Incident Command System (ICS) according to their assigned role during an emergency event
 - ✓ Develop and regularly update the Public Health Annex (H) of the Putnam County EOP annually or as needed
 - ✓ Develop and regularly update the Putnam County Emergency Response Plan and related Standard Operating Guidelines (SOG)
 - ✓ Develop and regularly update Environmental Health Procedures for supplemental water supply and testing, alternative sanitation measures, water and food quality testing, waste disposal and sewage treatment and vector control
 - ✓ Develop and regularly update the Epidemiology plan to aid in disease surveillance, outbreak investigation, alert and notification, and post-event recovery efforts

- ✓ Develop and regularly update Strategic National Stockpile or Medical Countermeasure (MCM) Plan to aid in mass prophylaxis for Putnam County residents
 - ✓ Develop and regularly update the PCHD Communications Plan to aid in effective communication during an emergency in Putnam County
 - ✓ Develop and regularly update the Putnam County Health Department Training and Exercise Plan that identifies public health training and exercise needs within the county
- III. Response: Response activities and programs are designed to address the immediate and short-term effects of an emergency or disaster, and help reduce the casualties and damage and to hasten recovery. Response activities include command and control, warning, evacuation and other similar operations.
- ✓ Providing public information and initiating crisis communication protocols
 - ✓ Initiating disease surveillance, outbreak investigation, and control and prevention operations
 - ✓ Requesting local and regional resource support, including people, equipment and supplies, from other public health and emergency response agencies and organizations
 - ✓ Utilizing county and regional mutual aid agreements
 - ✓ Coordinating environmental health activities regarding waste and refuse disposal, food and water quality, shelter inspections and vector control
 - ✓ Coordinating nursing activities regarding mass prophylaxis and immunizations, basic medical care, and population-based disease prevention
- IV. Recovery: Recovery involves restoring systems to normal. Short-term recovery actions are taken to assess the damage and return community life support systems to normal operating functions. Long-term recovery actions may continue for months or years. Recovery operations may include, but are not limited to the following:
- ✓ Completions of health and fiscal reports as required by local, state and federal officials
 - ✓ Inspection of all community operations that may pose a risk to the general public (i.e. food, water, clinics, shelter, etc.)
 - ✓ Continuation of response activities, as needed
 - ✓ Continuation of disease surveillance, investigation and reporting
 - ✓ After Action Reports (AAR) would be completed within 90 days of the event along with and Improvement Plan (IP)

- ✓ The AAR and IP will be shared with all participating staff and agencies involved in the event. It will be emailed out for their review and a meeting will be organized and conducted to discuss any changes necessary based on the feedback from the involved persons.

D. Planning Assumptions—Effective prediction and warning systems have been established that make it possible to anticipate certain disaster situations that might occur in Putnam County. It is assumed that any of the disaster contingencies could individually, or in combination cause a grave emergency situation with Putnam County. It is also assumed that these contingencies will vary in scope and intensity. Initial actions to mitigate the effects of the emergency or potential disaster conditions will be conducted as soon as possible. Federal and State disaster assistance, when provided, will supplement, not substitute for, relief provided by local jurisdictions.

i. Putnam County Planning Assumptions:

- ✓ The timing and extent of some emergencies can be predetermined, to an extent, while other emergencies might occur with little or no warning. It can extend over days, weeks, months or longer
- ✓ Putnam County EMA will notify PCHD of emergencies or the need for public health assistance or support
- ✓ PCHD staff is adequately trained and will fulfill its responsibilities in an emergency
- ✓ PCHD will support PC EMA response to the level of capabilities and resources available
- ✓ PCHD will use the National Incident Management (NIMS)/Incident Command System (ICS) to manage response to an incident
- ✓ PCHD is the public health authority for Putnam County, and is responsible for the protection of the health and welfare of its citizens, and will take the lead in a public health emergency
- ✓ Although a primary human infectious disease may not initiate a public health emergency, secondary events stemming from the initial event may do so. Infectious disease emergencies can also occur secondary to other disasters
- ✓ The PCHD ERP describes the actions and responsibilities of PCHD during an incident
- ✓ Activation and execution of the PCHD ERP may require staff mobilization and activation of the PCHD Department Operations Center (DOC)

- ✓ The PCHD Health Commissioner may request activation of the Putnam County Emergency Operations Center (EOC)
- ✓ If an emergency needs to be declared, the PCHD HC will request through Putnam County EMA
- ✓ If declared, date and time of declaration is to be noted
- ✓ All activity, man-hours and resources utilized by PCHD personnel and volunteers will be recorded
- ✓ PCHD HC will seek approval for funding of resources from PCHD Board of Health, if necessary
- ✓ An emergency will likely initiate collaboration with ODH, the regional coordinator and other health departments in the region
- ✓ PCHD will rely on ODH for information regarding national/global health information
- ✓ A public health emergency in Putnam County will require a coordinated, multi-disciplinary, multi-jurisdictional local response, and may require local, regional, state and national assistance
- ✓ A public health emergency in Putnam County may exceed local and regional response capabilities and federal resources may be required
- ✓ PCHD Health Commissioner will initiate request for resources and may delegate designated PCHD staff to request further resources
- ✓ Requests for resources will be coordinated through the county EMA, which requests to the State EMA
- ✓ PCHD will inform other agencies when response requirements exceed its capability and may request their assistance
- ✓ PCHD has established plans and procedures for crisis communication to provide timely, accurate, and effective public information/education
- ✓ Disruption of sanitation services and facilities, loss of power and massing of people in shelters may increase the potential for disease and injury
- ✓ Disruption and overcrowding of people in shelters may increase the potential for disease and injury—shelter inspection to be done on non-licensed facilities
- ✓ A large-scale public health emergency may require that routine public health services and community activities be reduced or temporarily discontinued to direct available resources to emergency public health initiatives
- ✓ Activation of the PCHD COOP may be initiated by the PCHD Health Commissioner
- ✓ A large-scale incident may require school closures, the cancellation of public gatherings, altered work schedules, mass dispensing of medical countermeasures (MCM) and the imposition of limitations on movement

- ✓ During events with unknown health impact, there is up to a 36-hour time period for CDC and ODH to deliver medical material to PCHD drop-site
- ✓ Hospital capacity may be limited and PCHD has no control over the healthcare system
- ✓ Primary medical treatment facilities may be damaged or inoperable, thus assessment and emergency restoration to necessary operational levels is a basic requirement to stabilize the medical support system
- ✓ PCHD will rely on local healthcare facilities to provide the status of the local medical situation
- ✓ Putnam County may experience an emergency that results in multiple casualties and fatalities, displaced individuals, property loss, disruption of essential services and infrastructure
- ✓ PCHD Health Commissioner will coordinate with Putnam County Coroner for Mass Fatality Plan to be activated

3. Concept of Operations

A. Authority—The General Health District Board of Health is the governing body for Putnam County. The Board of Health has granted authority to the Putnam County Health Commissioner to oversee command and control functions of the health department. In the event that the health commissioner is unable to fulfill his/her obligations during a disaster, the Health Commissioner will designate the Director of Nursing Services or the Director of Environmental Health Services to serve in his/her place. The Health Commissioner serves as the Public Health Coordinator for Putnam County and is responsible for activating the Emergency Response Plan. This decision will be based on the assessment of the type and scope of the threat to public health. At the time that the health commissioner activates the ERP, he/she will designate the Incident Commander to lead the response efforts. He/She will also activate the PCHD Department Operations Center. (DOC). If the event indicates a need for activation of the county EOC as requested by PCHD Health Commissioner to Putnam County EMA Director, he/she will represent PCHD at the county EOC. PCHD Health Commissioner will be in contact with the Ohio Department of Health for guidance.

B. Declaration— **Local**--If an emergency or disaster exceeds the response capabilities of PCHD, local declarations will be coordinated with the Putnam County Emergency Management Agency (EMA) and Putnam County Commissioners to declare a public health emergency when an event threatens the health of a significant portion of the public. PCHD Health Commissioner will notify PCHD Board of Health President and complete the appropriate paperwork to begin the process.

If the emergency situation exceeds the response capabilities of the local community, state assistance may be necessary. To acquire state assistance:

- ✓ All affected local jurisdictions must have declared themselves to be under a state of emergency or disaster by formal resolution
- ✓ The local EMA must then request aid from the Governor to mobilize state assets
- ✓ To mobilize the state assets, the Governor must declare a state of emergency.
 - The State declaration authorizes State Emergency response personnel and equipment onto county government property to supplement county government forces in their direct disaster response
 - It is a requirement that county government only make such a request to the governor when its resources and capabilities are fully committed and in the process of being exhausted, with little relief in sight

If the emergency or disaster situation exceeds the response capabilities of both the State and the local community, the Federal Disaster/Emergency Declaration may be necessary to authorize federal assistance and resources to help supplement the disaster response efforts. To acquire Federal assistance:

- ✓ The Federal government requires that a state declaration of emergency or disaster has been made as well as the presence of state resources at the disaster site prior to the state issuing a formal request for a federal declaration of emergency or disaster
- ✓ If the situation warrants, the Governor is responsible for making the request for a Presidential Declaration to authorize federal response/recovery assistance
- ✓ The Governor's request is made through the regional FEMA office
- ✓ Based on the Governor's request, the President may declare that a major disaster or emergency exists, thus activating an array of Federal programs to assist in the response and recovery efforts, such as SNS

PCHD Health Commissioner will notify Putnam County Prosecutor to inform of incident. Any legal issues during response will be addressed with the prosecutor for legal decisions.

- ✓ Official immunity is the immunity from legal action enjoyed by employees of the government acting as its representatives and on the basis of the authority delegated to them in their positions

- ✓ Public officials are protected by official immunity in the courts if they act as representatives of the government and within the authority delegated to them

C. At-risk populations

The Department of Health and Human Services has developed the following to be at risk populations:

- ✓ “Before, during, and after an incident, members of at-risk populations may have additional needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation.”
(http://www.bt.cdc.gov/workbook/pdf/ph_workbookFINAL.pdf).
- ✓ People-first language is the practice of literally putting “people” ahead of their needs. When responding to an emergency, PCHD personnel will consider the needs of the following with extra assistance to meet their needs. Those who have the following needs will be considered at risk and needing extra help.
 - Access and functional needs
 - Access and functional needs, disability
 - Accessible
 - Accessible parking/bathroom
 - Person who uses a wheelchair
 - Disability placard
 - Person with a disability
 - Person without a disability
 - Individual who is deaf, individuals with hearing loss
 - Person with a visual impairment, People who are blind
 - Person with a congenital disability
 - Intellectual/cognitive/developmental disability
 - Person with an intellectual/cognitive/developmental disability
 - Person with an emotional or behavioural disability, Person with a mental health or a psychiatric disability
 - Person who has a communication disorder, is unable/unwilling to speak, or uses a device to speak
 - Person with limited English fluency/comprehension
 - Person with limited/low literacy
 - Person experiencing homelessness
 - Person living in poverty
 - Person with a drug addiction
 - Person who is incarcerated
 - Person with a disease/condition
 - Person who is successful, productive
 - Person with economic disadvantages

D. Support Agencies

Health Care Entities:

- ✓ Maintain contact with local health department
- ✓ Provide essential medical and nursing services
- ✓ Maintain communications with all local partners with essential information

Local Law Enforcement

- ✓ Provide security services at public health facilities
- ✓ Coordinate traffic/crowd control operation during emergency events, if law enforcement personnel are available

Red Cross

- ✓ Provide volunteers as needed within the county, including licensed health care professional, as available
- ✓ Assists in basic medical care needs
- ✓ Provide information to families regarding the status of injured individuals or missing individuals after the disaster
- ✓ Establish and manage standard and at-risk shelters

School systems

- ✓ Assist in communication needs or ensure availability of school facilities for emergency needs, as able

4. Organization, Assignment of Responsibilities, Direction and Control

A. Organization

The Putnam County Board of Health provides governance and policy review of the health department and may assign additional programs, as needed.

The Putnam County Health Commissioner is responsible for the planning and coordination of all public health services on a daily basis and is responsible for directing operational response of departmental personnel during an emergency.

If incident occurs after hours, the phone tree will be utilized and the HC will give direction as to who reports and where to report. Notification rosters are updated quarterly or as needed by clerical, with all staff having the listing.

B. Assignment of Responsibilities

Health Commissioner or designee

- ✓ Activates the ERP
- ✓ Serves as Incident Commander or designate an alternate incident commander
- ✓ Activates the DOC, as necessary
- ✓ Establish communications, place of assembly for employees, staff assignments
- ✓ Provides direction and control for health activities during emergencies
- ✓ Communicates with the Board of Health, as necessary
- ✓ Communicates with other emergency response agencies, EMA director, county commissioners, prosecutors, Red Cross and others as necessary
- ✓ Communicates with regional health commissioners as needed
- ✓ Communicates with Ohio Department of Health and the Center for Disease Control, as needed
- ✓ Serves as Putnam County Health Department's spokesperson, works with PIO concerning releases made to the public
- ✓ Authorize emergency purchase of supplies and equipment
- ✓ Initiates agreements with partners, especially Closed PODs
- ✓ Reports to Putnam County EOC upon activation
- ✓ Declares limitations on movement, community containment, or quarantine, as deemed necessary during a public health emergency, after seeking input from County Prosecutor, ODH in the absence of the Board of Health
- ✓ Reviews death certificates to confirm identities of individuals in burial sites unearthed or destroyed in emergency situations

Director of Nursing Services

- ✓ Coordinates the health department's medical response for the emergency with evaluating potential health risks associated with the hazard and recommends appropriate measures; works with PIO to educate the public
- ✓ Serves as Operations Chief, if response is primarily medical in origin; considers preventative health approaches to minimize effect
- ✓ Works with 6-pact epi
- ✓ Serves as Logistics Chief, if response is primarily environmental in origin
- ✓ Identifies all nursing personnel for response, as well as nursing staff that can serve in non-medical capacities
- ✓ Oversees mass clinic operations
- ✓ Coordinates Medical Reserve Corps volunteers as available
- ✓ Coordinates necessary services to homebound individuals
- ✓ Informs and coordinates with Ohio Department of Health
- ✓ Serves as Spokesperson as designated by IC
- ✓ Serves as IC, if delegated by Health Commissioner
- ✓ Assists in epidemiological investigations

- ✓ Staff hotlines for the public concerning available health information for the specific incident
- ✓ Documents all events and activities that fall under nursing duties
- ✓ Consider need to activate pandemic flu plan, and/or MCM plan

Director of Environmental Services

- ✓ Coordinates environmental health services for the emergency
- ✓ Serves as Operations Chief, if response is primarily environmental in origin
- ✓ Serves as Logistics Chief, if response is primarily medical in origin
- ✓ Identifies all registered sanitarians and sanitarians-in-training for response, as well as environmental staff that be utilized in other capacities
- ✓ Maintains a safe, wholesome food supply and potable drinking water supply
- ✓ Monitors food handling, mass feeding and sanitation service in emergency facilities, including increased attention to sanitation in commercial feeding facilities
- ✓ Follow disposal regulations for sewage and other liquid wastes
- ✓ Provides vector control education
- ✓ Evaluates Red Cross shelters for food and adequate sanitary needs
- ✓ Informs and coordinates with Ohio Department of Health
- ✓ Coordinates with Ohio Environmental Protection Agency
- ✓ Documents all events and activities that fall under environmental duties
- ✓ Staff hotlines for the public concerning available environmental health information for the specific incident

Emergency Preparedness Coordinator

- ✓ Serves as Planning Section Chief
- ✓ Coordinates emergency operation activities as directed by the health commissioner
- ✓ Serves as the health department's representative to the EOC in the absence of or as directed by the Health Commissioner, Directors of Nursing or Environmental Services
- ✓ Coordinates department personnel schedules to ensure required coverage for the duration of the emergency
- ✓ Collects and disseminates information regarding status of operations and resources between Command staff and support staff in the field
- ✓ Oversees development of Incident Action Plan
- ✓ Develops and updates emergency response plans, from lessons learned from incident
- ✓ Documents all events and activities that fall under response efforts for incident

Accreditation Coordinator

- ✓ Reports to and serves under the IC section designated by the IC, as PIO
- ✓ As directed, produces and distributes public education materials about the incident
- ✓ Produces materials for hotline information and oversees those staffing the hotline
- ✓ Educates the public and private entities on the incident via communication methods as instructed by IC..i.e. website, Twitter, Facebook, etc.
- ✓ Sets up for press conferences
- ✓ Serves in Mass Vaccination clinics as directed
- ✓ Aids other responding staff members as directed
- ✓ Documents all events and activities that fall under response efforts for incident

Fiscal

- ✓ Serves as Finance Section chief, reporting to IC
- ✓ Tracks incident costs and reimbursements using designated forms—personnel overtime, equipment used and contracts initiated
- ✓ Provides clerical staffing and supplies as needed for incident
- ✓ Communicates with county affiliates to discuss federal emergency funding possibilities
- ✓ Assists HC as needed
- ✓ Documents all events and activities that fall under response efforts for incident

Clerical Staff

- ✓ Reports to ICS section as designated by IC
- ✓ Answers phone calls and maintains phone logs during incident
- ✓ Directs phone calls and take messages
- ✓ Receives and distributes faxes
- ✓ Assists the Administration and Finance Sections as appointed
- ✓ Mans the hotlines
- ✓ Assists in information distribution under the guidance of the PIO
- ✓ Vital stats will maintain information on deaths
- ✓ Serves in Mass Vaccination clinics as directed
- ✓ Documents all events that fall under response efforts for incident
- ✓ Assists with notification and coordination of MRC volunteers

C. ICS Roles and Reporting

The main leadership functions of the ICS are described below. One staff member may fill more than one position; or the Incident Commander may choose not to fill some roles, depending on the size and complexity of the incident.

- ✓ **Incident Commander (IC)**- The IC has the overall responsibility for managing the incident by objectives, planning, strategies, and implementing tactics for response. The IC is responsible for all applicable functions under the ICS organization
- ✓ **Public Information Officer (PIO)**- The PIO is responsible for interfacing with the public and media and/or with other agencies with incident-related information requirements. The PIO directly reports to the IC. Activities may include, but are not limited to: developing timely and accurate information; performing media monitoring functions; executing rumor control and other information support
- ✓ **Safety Officer(SO)**—The Safety Officer monitors safety conditions and develops measures for assuring the safety of all assigned personnel. The SO reports directly to the IC. Activities may include: assessing conditions for hazards; stopping and/or preventing the use of unsafe practices
- ✓ **Liaison Officer (LO)**-The Liaison Officer serves as the primary contact for supporting agencies during an incident. Activities might include: assisting external agencies who are aiding in the response.
- ✓ **Operations Section Chief (OSC)**- The Operations Section Chief will develop and manage the Operations Section to accomplish the incident objectives as set by the IC. The OSC reports to the IC. Activities may include: managing tactical operations and assisting in the development of the Incident Action Plan (IAP).
- ✓ **Planning Section Chief (PSC)**- The Planning Section Chief is responsible for providing planning services for the incident, including the development and documentation of the IAP. The PSC reports directly to the IC. Activities may include the following: collecting and evaluating incident intelligence; preparing and documenting IAP and maintaining incident documentation
- ✓ **Logistics Section Chief (LSC)**- The Logistics Section Chief is responsible for all the services and support needs. The LSC reports directly to the IC. Activities may include: ordering, obtaining, maintaining and accounting for essential personnel, equipment and supplies, providing communication planning for resources, and setting up food services
- ✓ **Finance Section Chief (FSC)**- The Finance Section Chief is responsible for managing all financial aspects of the incident. The FSC reports directly to IC. Activities may include: contract negotiation and monitoring, timekeeping, assessment of costs, and injury and damage to property costs
- ✓ **Incident Command System (ICS) forms**- ICS forms are kept in Incident Command Forms binder, which also has examples of the completed ICS forms. HEICS is utilized in Northwest Ohio region as a compilation of several forms.

D.Assembly Places for ICS

- ✓ **Emergency Operations Center (EOC)** - The EOC is the central point for coordination and supervision of multi-agency response operations. The EOC will communicate with other responding jurisdictions and their agency's DOC.
- ✓ **Department Operations Center (DOC)**- The DOC is primary site within the department for strategic advice and support to the health department IC directing emergency operations and the ICS. The main role of the DOC is to support and coordinate efforts for the health department and other DOC's, EOC's or emergency response groups.
- ✓ **Joint Information Center (JIC)**-The JIC provides for an organized arrangement of functions encompassing emergency personnel, facilities, equipment and procedures involved in providing accurate, coordinated and timely instructions and information to the public. During disaster, the EOC will act as the central coordinating facility for receiving and disseminating public information. All organizations involved in the EOC, have requirements to release information to the media and the public. They may also be activated at the same time as the EOC. If available, the PIO may be sent to the JIC, depending on the incident and location of JIC.
- ✓ **Public Health Information Center**—The PHIC is the central point for coordination and operations of the public information activities for the health department. The PHIC provides a location where the crisis communications team can gather, verify, coordinate and disseminate public information. This is not the location for press conferences. This site should be located out of the access to the public.

E.Support Agencies

- ✓ **Putnam County EMA**—Initiates the emergency notification process, establishes an EOC and provides overall inter-agency EDF coordination and emergency response; provides support for resources to local agencies; and communicates with state EOC and makes requests for resources once local supplies are depleted; can also assist in transportation needs
- ✓ **Putnam County EMS**—Provides pre-hospital care and transport for victims and patients; responds to medical calls for residents, visitors and government offices
- ✓ **Putnam County Prosecutor's Office**—Assist PCHD with obtaining court orders for quarantine and isolation; assist in legal matters related to a public health emergency
- ✓ **Healthcare Facilities**—Maintain contact with local health department leadership and epidemiologist; continue to provide their specific medical and nursing care services; and maintain communications with all local partners, both medical and non-medical
- ✓ **American Red Cross**—Provide volunteers as needed within the county, including licensed health care professionals, as available; assist in medical care in shelters;

provide information to families regarding the status of injured individuals or missing individuals in a disaster, as available; and establishes and manages standard and special needs shelters; **can establish a Family Assistance Center(FAC).**

- ✓ **Local Law Enforcement**—Provide security services at public health facilities (i.e. Point of Dispensing (POD)); coordinate traffic/crowd control operation during emergency events, if law enforcement personnel are available; determine the location, type and quantity of physical barriers necessary to control vehicular and pedestrian traffic; enforce all quarantine and isolation orders which may include transport and guard of infected or exposed individuals
- ✓ **Medical Reserve Corps**—Provide both medical and non-medical volunteers as needed within the county, as available. PCHD has listing of volunteers and maintains this listing. Unaffiliated, spontaneous volunteers may also reach out to the health department. Will utilize Volunteers to Aid in Disaster (VOAD) for assistance with spontaneous volunteers, if necessary. VOAD aids in matching volunteers with the identified needs.
- ✓ **Ohio Department of Health (ODH)**—Provide support to Putnam County Health Department as needed; provides supplies and resources as requested; and **provide laboratory services for analysis of samples**
- ✓ **Mental Health and Recovery Board (ADAMhs)**—Coordinates with contracted mental health providers to provide patient care and psychiatric care for residents, workers and visitors; monitors and responds to mental health issues and ensures appropriate support to victims and families
- ✓ **County Commissioners**—**declarations of emergency, establishes policy and financial support**
- ✓ **Other support agencies may be available, including but not limited to, transportation, resources, supplies and personnel**
 - **Putnam County Farm Service Agency**
 - **Putnam County Soil and Water**
 - **Department of Job and Family Services**
 - **Women, Infant and Children**
 - **Long Term Care and Residential Facilities**
 - **Religious Affiliations**
 - **Amateur Radio Volunteers**
 - **Coroner**
 - **Regional:**
 - **Emergency Response Coordinator (Toledo-Lucas County)**
 - **Hospital Council of Northwest Ohio**
 - **Disaster Animal Response Team (DART)**
 - **Neighboring Counties (Henry, Defiance, Paulding, Allen and Hancock)**
 - **Regional Epidemiologist**

F. Direction and Control

- ✓ Putnam County EMA Director will maintain control of the Putnam County EOC during a disaster response. All coordination efforts will be handled by the Putnam County EMA Director or their qualified designee. If the event is a public health event, the control of the event will reside with PCHD Health Commissioner or designee.

G. Information Collection and Dissemination

One of the most important functions the health department serves during a disaster is warning the public of the disaster and providing them with information to aid in their response to the disaster. PCHD has a plan in place to disseminate this type of emergency public health information to the public, before, during and after a public health emergency. The Crisis Emergency Risk Communication (CERC) Plan serves as a standalone plan that directs the dissemination of the information to the public. This will be used as support information for PCHD.

The PCHD Risk Communication Plan will be followed in all public information situations. Communication job duties are outlined in this communication plan. The Health Department Spokesperson is the Health Commissioner or designee. Information will be shared with the public through social media (Facebook and Twitter) and media releases. All news releases and public advisories must have final authorization of the Health Commissioner or designee before public or media release. If HC is unavailable, the Director of Nursing and the Director of Environmental Health will serve as the back-up. The PIO is responsible for activating and managing the operations of the crisis communications team and the PCHD Information Center.

In addition to sharing information with our residents, communication with partners will be critical. In addition to sharing information through our Liaison at the EOC (if activated), communication in the form of situation updates will be shared with our partners on a timely basis. In addition to traditional methods of communication (phone, fax and email), MARCS radios will be used.

H. Administration, Finance and Logistics

- ✓ Manage all financial aspects for the emergency as accrued from the health department activity
- ✓ Ensure compensation and claims functions are being addressed relative to the event
- ✓ Gather pertinent information from the briefings and distribute as necessary
- ✓ Inform support personnel on all event-related financial issues that need follow-up

- ✓ Document all event activity to support a declaration of emergency and follow-up activity
- ✓ Record keeping is prioritized and limited by ORC 149 to those records necessary for documentation of organizations, functions, policies, decisions, procedures and essential transactions
- ✓ Receipt of donations of any nature will be recorded with a reasonable value assigned. Signed receipts will be issued
- ✓ Ensure all personnel time records are completed accurately
- ✓ Maintain and preserve all records per ORC
- ✓ Complete After-action Reports (AAR) on all events and filed for future trainings and to record lessons learned from the event

Logistics-

- ✓ During an emergency, PCHD will utilize all available local resources. In the event that all local resources become exhausted, PCHD will request assistance from the Northwest Ohio Region and then the Ohio Department of Health will be contacted
- ✓ PCHD will coordinate with the Putnam County EMA to request available resources as they are needed
- ✓ Data regarding disease outbreaks will be collected and forwarded to the appropriate state and federal officials
- ✓ All materials submitted for testing will be packaged and shipped according to standard operational public health protocols unless directed otherwise by local and state authorities
- ✓ Logistical operations can include, but not limited to, inventory operations, personnel and equipment tracking, procurement of supplies and resources, managing facilities, record keeping, employee time-sheets, employee mileage and shipping procedures

I. Plan Development and Maintenance

This Emergency Response Plan is reviewed annually and as a part of the after-action evaluation of each exercise and emergency situation. All updates will be reviewed by PCHD Leadership team. Any revisions regarding ORC or significant changes in procedures will be brought to the PCHD Board of Health for approval. A change in Health Commissioner and/or Board President will also initiate approval by the Board of Health too.

This plan will be distributed to the District Advisory Board in March. A plan will be given to each township representative, village representative and county commissioner representative. A copy will also be placed at the front desk of the health department.

This plan will be Annex H of the County EOP.

J. Training and Exercises

This plan will be presented to all staff in a seminar. It will be reviewed annually and any necessary changes will be noted on the Record of Changes page. Any significant changes affecting the liability of the Board of Health or change in Board of Health President and/or change in Health Commissioner will result in approval from the Board of Health.

This plan is the essential focus for response by PCHD in any emergency, drill or exercises at the county, region, state or Federal level.

K. Authorities and Reference

O.R.C. Chapter 3717	Food Safety
O.R.C. 3701-21	Food Service Operations
O.R.C. 901:3-4	Retail Food Operations
O.R.C. 3709.22 & 3717.05	Investigation of Food Borne Disease Outbreaks
O.R.C. 3701.342	Analysis and Prevention of Communicable Disease
O.R.C. 3703.06	Disease Reporting
O.R.C. 3707.04 & 3707.32	Quarantine & Isolation
O.R.C. 3707.34	Health Commissioner Authority for Quarantine & Isolation

References: Plan Development and Review Guidance for Local Emergency Operations Plan, EOP checklist, dated November, 2014

Clermont County, Ohio ERP

Greene County, Ohio ERP

Holmes County, Ohio ERP

Trumbull County, Ohio ERP

Hazard	Frequency	Response Time	Onset Time	Impact	Impact on Business	Impact on Humans	Impact on Property
Coastal Erosion	Not Identified as Hazard	< 1/2 Day	Over 24 Hours	Localized < 10% Land Area	< 24 hours	Minimum - Minor Injuries	< 10% Damaged
Dam/Levee Failure	None	< 1 Week	< 6 Hours	Limited 10% - 25% Land Area	One Week	Low - Some Injuries	10% - 25% Damaged
Drought	Low	< 1 Month	Over 24 Hours	Localized < 10% Land Area	< 24 hours	Minimum - Minor Injuries	< 10% Damaged
Earthquake	None	< 1 Week	< 6 Hours	Limited 10% - 25% Land Area	One Week	Low - Some Injuries	10% - 25% Damaged
Flooding	High	< 1 Month	Over 24 Hours	Limited 10% - 25% Land Area	One Week	Low - Some Injuries	10% - 25% Damaged
Invasive Species	Not Identified as Hazard	< 1/2 Day	Over 24 Hours	Localized < 10% Land Area	< 24 hours	Minimum - Minor Injuries	< 10% Damaged
Land Subsidence	Not Identified as Hazard	< 1/2 Day	Over 24 Hours	Localized < 10% Land Area	< 24 hours	Minimum - Minor Injuries	< 10% Damaged
Mud/Landslide	Not Identified as Hazard	< 1/2 Day	Over 24 Hours	Localized < 10% Land Area	< 24 hours	Minimum - Minor Injuries	< 10% Damaged
Severe Summer Storms	High	< 1 Day	< 6 Hours	Limited 10% - 25% Land Area	One Week	Low - Some Injuries	10% - 25% Damaged
Tornado	Medium	< 1 Month	< 6 Hours	Critical 25% - 50% Land Area	At Least Two Weeks	Medium - Multiple Severe Injuries	25% - 50% Damaged
Wildfire	Not Identified as Hazard	< 1/2 Day	Over 24 Hours	Localized < 10% Land Area	< 24 hours	Minimum - Minor Injuries	< 10% Damaged
Windstorms	Not Identified as Hazard	< 1/2 Day	Over 24 Hours	Localized < 10% Land Area	< 24 hours	Minimum - Minor Injuries	< 10% Damaged
Winter Storms	High	< 1 Week	Over 24 Hours	Limited 10% - 25% Land Area	One Week	Low - Some Injuries	10% - 25% Damaged
Epidemic	Low	< 1 Month	Over 24 Hours	Limited 10% - 25% Land Area	One Week	Low - Some Injuries	10% - 25% Damaged
Infestation	None	< 1 Month	Over 24 Hours	Localized < 10% Land Area	< 24 hours	Minimum - Minor Injuries	< 10% Damaged

Ohio EMA--- Putnam County Hazard Analysis—approved in 2015

