



# PUTNAM COUNTY HEALTH DISTRICT EMERGENCY RESPONSE PLAN - BASIC PLAN

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Version 2.0

Date Originally Adopted by Board: December 18, 2017

Date of Last Promulgation: January 28, 2019

Date of Last Revision: October 1, 2018

Date of Last Review: October 31, 2018

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## INTRODUCTION

### LETTER OF PROMULGATION

#### APPROVAL AND IMPLEMENTATION

The **Putnam County Health District (PCHD) Emergency Response Plan (ERP)** replaces and supersedes all previous versions of the PCHD ERP. This plan shall serve as the operational framework for responding to all emergencies, minor disasters, major disasters and catastrophic disasters that impact the public health and medical system in Putnam County. This plan may be implemented as a stand-alone plan or in concert with the **Putnam County Emergency Operations Plan** (County EOP) when necessary.

#### EXECUTIVE SUMMARY

The **Putnam County Health District (PCHD) Emergency Response Plan (ERP)** is an all-hazards plan that establishes a single, comprehensive framework for the management of the public health response to incidents within the county. The plan is activated when it becomes necessary to assess incidents or to mobilize the resources identified herein in order to protect the public's health. The ERP incorporates the National Incident Management System (NIMS) as the standard for incident management.

The plan assigns roles and responsibilities to PCHD program areas and specific response teams housed within these programs for responding to emergencies and events. The basic plan of the ERP is not intended as a standalone document but rather establishes the basis for more detailed planning by the staff of the PCHD in partnership with internal and external subject matter experts and community stakeholders. The ERP Basic Plan is intended to be used in conjunction with both the more detailed annexes and attachments included as part of this document or with the standalone plans held by the department. Additionally, the ERP is designed to work in conjunction with the **Putnam County Emergency Operations Plan**.

The successful implementation of the plan is contingent upon a collaborative approach with a wide range of partner agencies and organizations that are responsible for crucial resources and tasks during incident operations. The plan recognizes the significant role partner agencies and organizations perform during incidents.

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## STATEMENT OF PROMULGATION

The **Putnam County Health District (PCHD) Emergency Response Plan (ERP)** establishes the basis for coordination of PCHD resources and response to provide public health and medical services during an emergency or disaster. The fundamental assumption is that a significant emergency or disaster may overwhelm the capability of the local government or the healthcare system to carry out operations necessary to save lives and protect public health. Consequently, PCHD resources are used to provide public health and medical services assistance throughout the County.

PCHD will implement training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities of the agency. PCHD will maintain this plan, reviewing it and reauthorizing it at least annually; findings from its utilization in exercises or real incidents will inform updates.

This ERP is hereby adopted, and PCHD is committed to implementing this plan. All previous versions of the PCHD ERP are hereby rescinded.



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Kimberly Rieman, RN, MPH, CHES  
Health Commissioner  
Putnam County Health District

Date: 1-28-2019

## RECORD OF CHANGES

The Board of Health authorizes all changes to the **Putnam County Health District Emergency Response Plan** (PCHD ERP). Change notifications are sent to those on the distribution list. To annotate changes:

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

Version #	Change Page #	Date	Person's Name & Title	Description of the Change
1	18, 20, 28, 32, 39, 43, 45, 56	3/15/18	Angela Recker- Emergency Preparedness Coordinator	Updated to 6-pact+, ref. to Annex A, ref. Epi Manual, ref. to sec. 6.0, ref. Annex B, ref. to sec. 6.0, revised sec. 6.0 Communications, changed title of Appendix 1, ref. Annex C, updated sec. 8.2 PCHD resources, Updated sec. 8.6 MOU, ref. Annex D, added in Referenced Plans (pg. 56)
1	7, 11, 26, 46-47	4/16/18	Angela Recker- Emergency Preparedness Coordinator	Removed back-up tape method (pg. 7), Removed irrelevant link (pg. 11), clarified MCM coordination responsibilities (pg. 26), Reworded PCHD's involvement in declaring emergencies/ disasters (pg. 46-47)
1	-----	4/19/18	Ohio Department of Health	Putnam County Health District ERP Reviewed and Approved by ODH
2	13	10/1/18	Angela Recker- Emergency Preparedness Coordinator	Added verbiage in section 3.0 about coalitions PCHD are a part of.
2	18	10/1/18	Angela Recker- Emergency Preparedness Coordinator	Added section 5.1.5 role of PCHD with Healthcare Coalitions
2	29-30	10/1/18	Angela Recker- Emergency Preparedness Coordinator	Added section 5.3.10 ESF-8 and Healthcare Coalitions
2	33-34	10/1/18	Angela Recker- Emergency Preparedness Coordinator	Added section 5.3.16 Joint Call Coordination
2	29-34	10/1/18	Angela Recker- Emergency Preparedness Coordinator	Changed numbering convention for sections 5.3.10 through 5.3.16
2	15	10/1/18	Angela Recker- Emergency Preparedness Coordinator	Pg. 15 referenced additional annexes, CMIST Partners, SVI, Access and Functional Needs
2	22	10/1/18	Angela Recker- Emergency Preparedness Coordinator	Notification of PCHD Board of Health of ERP activation and methods
2	29	10/1/18	Angela Recker- Emergency Preparedness Coordinator	Pg. 29 referenced CMIST partner list
2	40-41	10/1/18	Angela Recker- Emergency Preparedness Coordinator	Section 7.2 Cost Recovery added additional verbiage on funding sources and clarified what costs can be recovered
2	42	10/1/18	Angela Recker- Emergency Preparedness Coordinator	Section 7.4 added additional guidance on procurement, financial, staffing and excepting additional funding in an emergencies.
2	50-51	10/1/18	Angela Recker- Emergency Preparedness Coordinator	Added section 8.5.1 Meeting Incoming IMAC/EMAC Requests
2	53	10/1/18	Angela Recker- Emergency Preparedness Coordinator	Section 9.3 Staffing Pools added verbiage about MRC Volunteers
2	54	10/1/18	Angela Recker- Emergency Preparedness Coordinator	Added section 9.5 Mental Health and Psychological First Aid
2	Cited on Pg. 15	10/1/18	Angela Recker- Emergency Preparedness Coordinator	Updated Appendix 3- Putnam County CMIST Profile

2	Cited on Pg. 24	10/1/18	Angela Recker- Emergency Preparedness Coordinator	Added Appendix 9 – National Incident Management System (NIMS) 2017 Refresh
2	6	1/28/19	Angela Recker- Emergency Preparedness Coordinator	Ohio Department of Health Approved- Promulgated

**RECORD OF DISTRIBUTION**

A paper copy of **Putnam County Health District Emergency Response Plan** (PCHD ERP) is kept in the Emergency Preparedness Coordinator’s office, the Director of Nursing, the Director of Environmental Health, as well as the Health Commissioner’s office.

This plan is available to all agency staff via the PCHD intranet site in electronic format (Shared Drive, PCHD Emergency Preparedness folder, ERP) and sent to the EMA Director via email. The PCHD intranet site is backed up via veema cloud storage. Therefore, a recent copy that is no more than one day old is always available.



## SECTION I

### 1.0 PURPOSE

The Putnam County Health District (PCHD) has developed this **Emergency Response Plan – Basic Plan (ERP)** in order to support PCHD’s mission to protect, promote and improve the health, safety, and quality of life of the Putnam County community, even during emergencies. This plan was developed to operationalize the execution of PCHD’s mission in emergencies by providing the direction to plan for and respond to natural, technological and man-made incidents with a health impact so that negative health impacts are prevented, reversed or minimized through response.

This ERP is organized in three (3) principle sections designed to guide a response at PCHD. Section one (1) describes the details and context necessary for planning. This section provides an overview of the situational context, assumptions, and describes existing hazards with potential to impact public health and medical services. Section two (2) provides detailed direction in how response operations are executed at PCHD. This section covers the preliminary steps necessary for incident assessment, response activation, provides guidance on the execution of response operations, and details the processes that take place after a response. Finally, section three (3) provides guidance on development and maintenance of this ERP, associated plans and annexes. This section discusses the necessary stakeholders that should be engaged in the development and review process as well as, provides the guidelines by which all PCHD ERPs, plans and annexes are developed.

The PCHD ERP is designed to serve as the foundation by which all response operations at the agency are executed. As such, the Basic Plan is applicable in all incidents for which the PCHD ERP is activated, and all components of this plan must be developed and maintained in accordance with section three. This plan may be used as a stand-alone document, or executed in concert with the **Putnam County Emergency Operations Plan** (County EOP), other PCHD plans, or annexes.

### 2.0 SCOPE AND APPLICABILITY

This plan pertains to the Putnam County Health District (PCHD). This plan is always in place and is activated whenever an incident impacts public health anywhere within Putnam County and requires a response by PCHD greater than day-to-day operations.

The scope of this plan is not limited by the nature of any particular hazard. This plan is written to apply with equal effectiveness to all hazards that impact public health and healthcare, whether they are infectious or noninfectious, intentional or unintentional, or threaten the health of Putnam County residents. This plan directs appropriate PCHD response operations to any incidents that either impact, or could potentially impact, public health or healthcare within the County or require PCHD to fulfill its roles described in the County EOP.

The County EOP describes the responsibilities of all county agencies in response to incidents in the County. The PCHD ERP supports the Putnam County EOP through direction of PCHD response activities, and provides needed detail for operations at the agency level. It describes PCHD roles and responsibilities during emergency response. PCHD has assigned responsibilities in Putnam County EOP Emergency Support Functions (ESFs) and Annexes as both a primary and support agency. PCHD follows the PCHD ERP Base Plan and Annexes for response roles, responsibilities and guidance.

The PCHD ERP incorporates NIMS and connects agency response actions to responses at the local, state and federal levels.

This plan does not address issues related to continuity of operations (COOP) planning at PCHD. All continuity issues are addressed through the **Putnam County Health Department Continuity of Operations Plan**.

Additionally, the coordination of communications is not directed by this plan. Coordinated communications is directed by the **Putnam County Health Department Communication Plan and Putnam County Health Department (PCHD) Crisis Communication Plan**. However, since coordinated communications is an essential component of all incident responses, this plan identifies how the ERP interfaces with the **Putnam County Health Department (PCHD) Crisis Communication Plan** to ensure that information and messaging are effectively managed and adequately supported across all PCHD response activities.

### 3.0 SITUATION

According to the 2014 United States Census, Putnam County's population is 34,256. The Village of Ottawa, the county seat, is located 55 miles southwest of Toledo Ohio, 20 miles north of Lima, Ohio, and 25 miles west of Findlay. Putnam County is bordered by Van Wert, Paulding, Defiance, Henry, Hancock, and Allen counties. Putnam County has no international borders and no military installations within the county. The county is a mixture of rural and industrial areas. Putnam County is composed of 15 villages and 15 townships. The largest villages are Ottawa, Columbus Grove, and Leipsic. The largest townships are Ottawa, Pleasant, and Union.

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 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. The county also has more than 60 miles of railroad.

Putnam County has had several disasters in the past which varied in type and magnitude. The table below highlights the four most recent emergency declarations.

Presidential Disaster and Emergency Declarations in Putnam County		
DECLARATION #	DATE	EVENT DETAILS
FEMA-DR-1444-OH	11/18/02	Severe Storm & Tornado
FEMA-DR-1580-OH	2/15/05	Severe Storms & Flooding
FEMA-DR-1720-OH	8/27/07	Severe Storms & Flooding
FEMA-DR-4077-OH	6/29/12	Severe Storms & Straight Line Winds

PCHD worked with Putnam County EMA to include a public health risk assessment in the county hazard vulnerability analysis (HVA) in 2015. This HVA is in effect until 2019. The health department leadership team also completed a hazard vulnerability analysis in 2016 which concurred with the county results.

The leading hazards for Putnam County according to the county and department plan include:

1. Flooding
2. Winter Storms
3. Tornado
4. Epidemic/Outbreak
5. Severe Summer Storms
6. Information system failures

Putnam County Health District’s HVA revealed the potential public health hazards include epidemic/outbreak of disease. The most current Putnam County public health incident was the H1N1 crisis in 2009. Flooding is also frequent in Putnam County. This places a demand for wound management and infrastructure damage. All hazards could lead to impacts on health, which may require PCHD to respond using this plan. Potential impacts on public health include the following:

- Community-wide limitations on maximal health for residents
- Widespread disease and illness
- Establishment of new diseases in the county or state
- Heat related illnesses and injuries
- Hypothermia
- Dehydration
- Widespread injuries or trauma
- Overwhelmed medical facilities
- Insufficient resources for response, especially medical countermeasures
- Insufficient personnel to provide adequate public health response
- Development of chronic health conditions within a population

- Lasting impairments of function or cognition
- Development of birth defects
- Premature death

Putnam County's geographic location and accessibility places the jurisdiction at risk for being affected by incidents originating outside its borders. The majority of residents work in surrounding counties such as Allen and Hancock. The top hazards in these counties also include flooding, winter storms, tornado, severe summer storms, drought, and temperature extremes.

Public health threats, such as an infectious disease arriving in Putnam County, becomes a strong possibility with frequent travel in and out of the county. International travel is expected by the multitude of companies that employ our residents and residents frequently travel to airports throughout Ohio, Michigan and Indiana. The closest airports are Toledo, Dayton, Columbus, and Detroit Michigan. Putnam County has a small local airport that allows small dual engine private plans to land.

Putnam County Health District and our partners have responded to public health and medical incidents in the past. Among them are the following:

- 2009 H1N1 influenza epidemic – coordinated with local health care facilities, ODH, and many local partners to address disease burden and access to care needs
- 2014 Putnam County Ebola Incident—three residents traveled to Akron and visited the dress shop at the same time as the infected nurse from Texas. This led to a contact investigation and coordination with the state and local partners;
- 2015 Foodborne Norovirus Outbreak—following a baby shower, 35 people were sick with intestinal and constitutional symptoms. This required coordination with our epidemiologist, state health department, and local partners to manage the incident and identify control measures.

External events outside the county can cause a high demand for healthcare resources, putting a strain on public health and medical services. Examples of reoccurring events in Putnam County that may impact public health include the Putnam County Fair, community festivals, and local school sporting events. An incident that occurs at any of these events may affect public health within the county and potentially statewide.

Putnam County has no hospitals, but surrounding counties have hospitals that both employ and provide health care services to residents. One (1) Ebola Assessment Hospital is located 25 miles from Putnam County in Allen County. The adjacent counties with hospitals include Hancock, Allen, Van Wert, Defiance, Paulding and Henry counties.

Many health-related impacts are beyond the scope of PCHD alone and require involvement of other local, regional, and state partners with responsibilities for addressing incidents with impacts on health. These agencies and organizations comprise Emergency Support Function (ESF)-8 Public Health and Medical Services in the county, region, and state. PCHD serves as a partner agency for

ESF-8 in the county. PCHD's role in ESF-8 is outlined in ***Putnam County Emergency Operations Plan, Annex H- Public Health and Medical.***

As part of ESF-8, PCHD partners with a wide range of organizations, including public and private healthcare organizations, the business and medical communities, and other state and federal agencies. State, federal and local agencies, may perform response operations in either a primary or support role dependent on the incident type, severity and scale.

In addition to ESF-8, PCHD may also support other Emergency Support Functions during a response. State of Ohio, details Primary and Support Agencies by ESF, Annex and Other Plan Elements on the State EMA website at:

[http://www.ema.ohio.gov/Documents/Ohio\\_EOP/EOP\\_Overview/PRIMARY\\_AND\\_SUPPORT\\_AGENCIES.pdf](http://www.ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/PRIMARY_AND_SUPPORT_AGENCIES.pdf)

At the federal level, Emergency Support Functions Annexes: Introduction; Table 2, details emergency support function coordinating, and primary and secondary support agencies designations. This information can also be accessed at:

[https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency\\_support\\_function\\_annexes\\_introduction\\_2008\\_.pdf](https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency_support_function_annexes_introduction_2008_.pdf).

To foster preparedness planning and coordination, PCHD participates in several coalitions. The county has a local emergency preparedness coalition (LEPC) which includes business, law enforcement, fire, EMS, government, health care, and volunteer agencies. PCHD also is a member of the Northwest Ohio Healthcare Emergency Management Coalition and leads the Putnam County Healthcare Coalition (Medical Countermeasure Coalition).

**Primary and Secondary Roles Table**

AGENCY: PCHD	LOCAL	STATE & FEDERAL
<p>Primary:</p> <ul style="list-style-type: none"> <li>• Coordinate health &amp; medical care</li> <li>• Public health information &amp; education</li> <li>• Food &amp; water supply inspection</li> <li>• Emergency public health regulations &amp; orders</li> <li>• Coordinate collection, identification, &amp; interment of deceased victims</li> <li>• Public health crisis or emergencies</li> <li>• Mass Fatality</li> </ul> <p>Secondary:</p> <ul style="list-style-type: none"> <li>• Putnam County Health District is a supporting agency during emergencies involving other activated Annexes of the Putnam County Emergency Operations Plan</li> </ul>	<p>Primary / Secondary:</p> <ul style="list-style-type: none"> <li>• Agencies with primary/secondary responsibilities are spelled out in the Putnam County Emergency Operations Plan (Base and Annexes).</li> </ul>	<p>State Matrix Link:  <a href="http://www.ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/PRIMARY_AND_SUPPORT_AGENCIES.pdf">http://www.ema.ohio.gov/Documents/Ohio_EOP/EOP_Overview/PRIMARY_AND_SUPPORT_AGENCIES.pdf</a></p> <p>Federal Appendix 16 – Roles of Federal Agencies in Emergency Support Functions:  <a href="https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency_support_function_annexes_introduction_2008_.pdf">https://www.fema.gov/media-library-data/20130726-1825-25045-0604/emergency_support_function_annexes_introduction_2008_.pdf</a></p>

At the local-level, responses involving public health and medical services may differ from county to county, or city to city. Ohio is a “Home Rule” state, and deference is given to local decisions, provided that such decisions do not harm or endanger the residents who live there. PCHD may partner with the following agencies during response:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Local American Red Cross chapter</li> <li>• Council on Aging</li> <li>• Putnam County Alcohol Drug Addiction and Mental Health Services Board</li> <li>• Jurisdictional law enforcement agencies</li> <li>• Area hospitals</li> <li>• Other non-governmental organizations in a supporting response role</li> <li>• Extended care facilities</li> </ul> | <ul style="list-style-type: none"> <li>• County Coroner’s Office,</li> <li>• County Developmental Disabilities Services</li> <li>• County Emergency Management Agency</li> <li>• County Engineer’s Office</li> <li>• Local fire departments</li> <li>• County Commissioners</li> <li>• HomeCare agencies</li> </ul> |
|--|---|

Examples of roles of other local agencies could be assistance in mass dispensing, serving those access and functional needs, mass care, sheltering, etc.

Access and functional needs include anything that may make it more difficult—or even impossible—to access, without accommodations, the resources, support and interventions available during an emergency. The access and functional needs

identified in the county are identified in **Appendix 3 - Putnam County CMIST Profile**. See **Appendix 6 – PCHD CMIST Partner List** for contact information for partners that support access and functional needs. Potential impacts from an incident may require PCHD to respond by initiating or supporting the following activities to address an incident:

- Prophylaxis and Dispensing
- Epidemiological Investigation and Surveillance
- Infection Control
- Prevention
- Fatality Management
- Medical Surge
- Public Information Sharing and Warning

PCHD works with partners to ensure that the efforts to mitigate, plan for, respond to and assist in the recovery from hazards, adequately serve individuals with access and functional needs. (See section 5.3.9, Access and Functional Needs, for additional details.)

The following appendices give further insight into the demographics and needs of Putnam County.

**Appendix 7 – PCHD Profile of Access and Functional Needs**

**Appendix 8 – PCHD Social Vulnerability Index Scores**

## 4.0 ASSUMPTIONS

- Putnam County is vulnerable to hazards, which may lead to emergencies or disasters anywhere in the state.
- The local health department response is necessary to support residents affected by a variety of hazards and incidents.
- An incident may occur with little or no warning.
- To ensure appropriate public health response, PCHD must be prepared to respond to any incident with the ability to impact the health of local residents.
- Incidents may occur across county, State, and jurisdictional lines and may require collaboration or coordination between all levels of government and non-governmental agencies.
- Every communicable-disease incident globally has the potential to impact the county.
- PCHD may have to make provisions to continue response operations for an extended period of time as dictated by the incident.
- All response agencies will operate in accordance with NIMS and respond as necessary to the extent of their available resources.
- Responses will be different in each jurisdiction because of “Home Rule”, which



is a confounding factor for response and affects the responding partners in each jurisdiction.

- Incidents are distinct, but they all have common elements that can be effectively managed through plans.
- Plans are the best means of managing the common elements of incidents.
- In addition to PCHD, resources from local, regional, State, and Federal governments and from private or volunteer organizations may also be engaged during an incident.
- Additional assistance may be available in a declared disaster or emergency.
- Most incidents to which PCHD responds will not result in a declaration.
- Incidents can affect PCHD responders, staff, volunteers, vendors, partners, and the families of each group, impacting the Agency's ability to respond.
- PCHD may have incomplete information, as it must rely on federal, state and local partners to provide some critical details during response.
- PCHD may receive competing requests for support beyond its available resources.
- The resources needed for an effective response (e.g., vaccine or personal protective equipment) may be unavailable or in limited supply.
- Incidents may require more or different resources than what PCHD has readily available.
- Care has been taken to provide direction for PCHD response activities, but it is impossible to account for all contingencies. The leadership in the response organization must rely on their best judgment when the plan does not directly address a particular issue. As such, response leadership must have the training and tools to direct effective incident response activities.
- Every component of the PCHD ERP will work effectively during response, unless testing or implementation proves otherwise.



# SECTION II

REDACTED SECTION: PLEASE SCHEDULE APPOINTMENT FOR FULL PLAN REVIEW

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<u>7.3 Legal Support</u> .....	<b>Error! Bookmark not defined.</b>
<u>7.4 Incident Documentation</u> .....	<b>Error! Bookmark not defined.</b>
<u>7.5 Expedited Administrative and Financial Actions</u> .....	<b>Error! Bookmark not defined.</b>
<b>8.0 Logistics and Resource Management</b> .....	<b>Error! Bookmark not defined.</b>
<u>8.1 General</u> .....	<b>Error! Bookmark not defined.</b>
<u>8.2 PCHD Resources</u> .....	<b>Error! Bookmark not defined.</b>
<u>8.3 Management and Accountability of Resources</u> .....	<b>Error! Bookmark not defined.</b>
<u>8.4 Demobilization of Resources</u> .....	<b>Error! Bookmark not defined.</b>
<u>8.5 Emergency Management Assistance Compact (EMAC)</u> .....	<b>Error! Bookmark not defined.</b>
<u>8.6 Memorandums of Understanding, Mutual Aid Agreements and Other Agreements</u> .....	<b>Error! Bookmark not defined.</b>
<b>9.0 Staffing</b> .....	<b>Error! Bookmark not defined.</b>
<u>9.1 General</u> .....	<b>Error! Bookmark not defined.</b>
<u>9.2 Staffing Activation Levels</u> .....	<b>Error! Bookmark not defined.</b>
<u>9.3 Staffing Pools</u> .....	<b>Error! Bookmark not defined.</b>
<u>9.4 Mobilization Alert and Notification</u> .....	<b>Error! Bookmark not defined.</b>
<u>9.5 Mental Health- Psychological First Aid</u> .....	<b>Error! Bookmark not defined.</b>
<b>10.0 Disaster Declarations</b> .....	<b>Error! Bookmark not defined.</b>
<u>10.1 Non-Declared Disasters</u> .....	<b>Error! Bookmark not defined.</b>
<u>10.2 Declared Disasters</u> .....	<b>Error! Bookmark not defined.</b>

## SECTION III

### 11.0 PLAN DEVELOPMENT AND MAINTENANCE

#### 11.1 PLAN FORMATTING

All plan components will align with the definitions, organization and formatting described below. Additionally, use both appropriate terminology for access and functional needs and person-first language throughout the ERP, consistent with the standards indicated in Section 5.3.9 and described in detail in **Appendix 4 - People First Language**.

**Plan:** A collection of related documents used to direct response or activities.

- Plans may include up to four types of documents, which are the following: Basic Plan, Attachment, Appendix and Annex.
- When referenced, plans are designated with **bold, italicized, underlined font**.

**Basic Plan:** The main body of a plan; a basic plan is a primary document and may include attachments, appendices and annexes.

**Attachment:** A supplementary document that is necessarily attached to a primary document in order to address deficiencies; inclusion of an attachment is necessary for a primary document to be complete.

- Attachments are included immediately after the primary document that they supplement and are designated by Roman numerals.
- When referenced, attachments are designated with **bold font**.

**Appendix:** Any complementary document, usually of an explanatory, statistical or bibliographic nature, added to a primary document but not necessarily essential to its completeness, and thus, distinguished from an attachment; inclusion of an appendix is not necessary for a primary document to be complete.

- Appendices are included immediately after the attachments of the primary document to which they are added and are designated by numbers.
- When referenced, appendices are designated with **bold, italicized font**.

**Annex:** Something added to a primary document, e.g., an additional plan, procedure or protocol, to expand the functionality of the primary document to which it is attached; it is distinguished from both an attachment and an appendix in that it can be developed independently of the primary document and, thus, is considered an expansion of the primary document and not merely a supplement or a complement.

- In a plan, annexes guide a specific function or type of response.

- Annexes are included immediately after the appendices of the primary document to which they are added and are designated by capital letters.
- When referenced, annexes are designated with **bold, underlined font**.
- When considered independently from the basic plan, annexes are, themselves, primary documents and may include attachments and appendices, but never their own annexes.
  - Attachments to annexes are designated by Roman numerals preceded by the letter of the annex and a dash, e.g., “A-I.”
  - Appendices to annexes are designated by numbers preceded by the letter of the annex and a dash, e.g., “A-1.”
- Though developed independently from the primary document, an annex must be activated as part of the plan and cannot be activated apart from it

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## 11.2 REVIEW AND DEVELOPMENT PROCESS

- The planning shall be initiated and coordinated by the Emergency Response Coordinator. Planning shall address revisions to the ERP Basic Plan, as well as revision or development of any other ERP components. PCHD staff will assist the Coordinator as part of a collaborative planning team including the following staff:
  - Director of Environmental Health
  - Director of Nursing
  - Public Information Officer PIO
  - Health Commissioner
  - Subject Matter Experts (SME’s) from both within PCHD and outside of agency
  - Representatives from agencies with populations with access and functional need (Board of DD, Senior Citizens, Long-Term care, etc.)
- Revisions will be determined on an annual revision schedule and by identifying gaps and lessons learned through exercise and real-world events, or by the direction of the PCHD leadership staff. Production of an after action report following the exercise of a plan or annex, will determine the need for the level of revision needed to existing plans, annexes, attachments, and appendices. Applicable findings from AAR/IPs must be reviewed and addressed during review of each plan component.
- The PCHD planning team along with Emergency Response Coordinator will develop an achievable work plan by which content will be developed, vetted, and reviewed prior to final submission. The collaborative team will identify the needs for improvement and the Coordinator will update the plan component(s). The components will be submitted to reviewers prior to being submitted for approval. Feedback will be reviewed and then the updated document will be presented for approval.

- Once these elements are identified, revised processes are developed for improvement or replacement. In order to maintain transparency and record of collaboration, PCHD will record attendance and meeting notes. These meeting minutes may be accessed by following the below file path:
- “S/PCHD Preparedness and Plans/ERP” on the network drive
- Below are the established plan, annex, attachment and appendix review schedules. The Coordinator will establish a key activities schedule for the plan to meet the thresholds identified below. The Emergency Preparedness Coordinator will ensure that plan components are staggered so that reviews do not become overwhelming for the leadership team.

Items	Cycle
Plan	Annual
Annex	Annual
Attachment	Annual
Appendix	Annual, or as needed

Proposed changes to plans in-between the review cycle shall be tabled for further discussion at the review cycle meeting to be presented and approved or rejected by the leadership team. In the interim, the changes may be used for response if approved by the Health Commissioner.

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### 11.3 REVIEW AND ADOPTION OF THE ERP – BASIC PLAN AND ITS ATTACHMENTS

- The basic plan and its attachments shall be reviewed by PCHD Leadership and endorsed by the Health Commissioner. Once adopted, the basic plan and its attachments shall be reviewed annually, from the last date the plan was authorized. The purpose of this review will be to consider adoption of proposed changes, i.e., revisions, additions or deletions that were identified during the year. If adopted, the changes will be incorporated, and the basic plan and its attachments will be reauthorized.
- Any staff member may initiate changes to the basic plan and its attachments by submitting the proposed changes to the Emergency Response Coordinator for presentation to the PCHD Leadership during the annual review.
- Proposed changes may be approved for use in response activities by the Operations Chief before adoption by the Health Commissioner; such approval is only valid until the annual review, after which the HC must have adopted the proposed changes for their continued use in response activities to be allowable.

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## 11.4 REVIEW AND ADOPTION OF APPENDICES TO THE BASIC PLAN

- Because appendices are complementary to the basic plan, they may be approved for inclusion, revision or expansion by the Emergency Preparedness Coordinator. Any staff member may initiate changes to appendices by submitting the proposed changes to the Emergency Preparedness Coordinator. All appendices should be reviewed by PCHD Leadership upon inclusion, revision or expansion, but it is not necessary, at any time, for PCHD Leadership or the HC to approve appendices.

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## 11.5 DEVELOPMENT AND ADOPTION OF ANNEXES AND ITS ATTACHMENTS

- Once adopted, annexes and their attachments shall be reviewed annually. Development and adoption will be facilitated by the Emergency Preparedness Coordinator and conducted by a review team, which will comprise the following: (a) All leadership staff, (b) any other subject matter experts designated by leadership staff, and (c) appropriate representatives from outside the agency, including state partners and representatives of individuals with access and functional needs. The review committee will be led by a chair, who will be the Emergency Preparedness Coordinator who has the greatest responsibility for execution of the annex; the Emergency Preparedness Coordinator will be ultimate approver of both new and existing annexes and their attachments. The purpose of this review will be to consider adoption of proposed changes that were identified during the year. If adopted, the changes will be incorporated, and the revised annexes will be reauthorized by the identified approvers.
- Any staff member may initiate changes to annexes and its attachments by submitting the proposed changes to the Emergency Preparedness Coordinator for presentation to the identified reviewers. Please note that if an attachment is a directive, then that attachment must be updated through the existing directive policy.
- Proposed changes may be approved for interim use in response activities by the Operations Chief or the leadership team outside the review cycle; such approval is only valid until the annual review, after which the review committee must have adopted the proposed changes for their continued use in response activities to be allowable.

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## 11.6 DEVELOPMENT AND ADOPTION OF APPENDICES TO AN ANNEX

- Because appendices to annexes are complementary, they may be approved for inclusion, revision or expansion by the Emergency Preparedness Coordinator or HC at any time. Any staff member may initiate changes to

an appendix to an annex by submitting the proposed changes to the Emergency Preparedness Coordinator. All appendices should be reviewed by the leadership team upon inclusion, revision or expansion, but it is not necessary, at any time, for those reviewers to approve appendices before they are added to an annex.

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## 11.7 VERSION NUMBERING AND DATING

Version history for the ERP and all of its annexes are tracked under one numbering system as follows: #.##. The first digit represents the overarching version, which accounts for the organization, structure and concepts of the ERP. The second-two digits represent revisions of or expansions of other components of the plan. Substantial changes to the plan, e.g. the organization, structure or concepts, require the adoption of a new version of the ERP. Changes to other components are tracked within the currently adopted version of the ERP.

The ERP is also tracked by the last date reviewed and the last date revised. If a review does not necessitate any revisions, only the date of review has to be updated. Likewise, each attachment, appendix, and annex is tracked by the last date revised. Primary documents and their attachments will always share the same review date, since they must be reviewed together. By contrast, the revision dates for appendices may differ from those of the primary documents they complement, as they can be approved at any time.

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## 11.8 PLAN FORMATTING

- Verdana 26pt for Title
- Verdana 11pt for Body text
- Verdana 12pt for Headers
- Verdana 8pt for footnotes
- 6pt before and after paragraphs
- Single spaced.
- Left Aligned
- Hyperlinks are denoted by blue colored font.
- When referenced, ***plans*** are designated with **bold**, *italicized*, underlined font.
- When referenced, **attachments** are designated with **bold** font
- When referenced, ***appendices*** are designated with **bold**, *italicized* font.
- When referenced, **annexes** are designated with **bold**, underlined font.
- Header will include the following:

- Version number; aligned left.
- Plan name; aligned center.
  - If it is an Annex, the plan name will say “Annex [CAPITAL LETTER] to the ERP – TITLE”
  - If it is an Attachment, the plan name will say “Attachment [ROMAN NUMERAL] to the ERP/Annex [CAPITAL LETTER] – TITLE”
  - If it is an Appendix, the plan name will say “Appendix to the ERP/Annex [CAPITAL LETTER] – TITLE”
- Adoption date; aligned right.
- Footer will include the following:

Page number; aligned right.

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## 11.9 PLAN PUBLISHING

Emergency response plans will be made available for review by the public on-line on the PCHD website under emergency preparedness <https://www.putnamhealth.com/emergencypreparedness.aspx>. Emergency Response Coordinator will be responsible for communicating to PCHD’s Public Information Officer (PIO) when the emergency response plan has been revised and new version is available for public publishing. Prior to the web publishing of the revised plan, the Emergency Preparedness Coordinator will work with the HC to determine the attachments, annexes and appendices that will be redacted from the public version of the plan. Once the plan is prepared for public viewing, PIO will publish the ERP online. Public comment to the ERP will be accepted via email and tabled in addition to the proposed changes between revision cycles for consideration.

## 12.0 DOCUMENT DEFINITIONS AND ACRONYMS

Definitions and acronyms related to the PCHD ERP Basic Plan are in **Appendix 2 - Definitions and Acronyms**.

## 13.0 AUTHORITIES

The following list of Authorities and References includes Executive Orders, Agency Directives, statutes, rules, plans and procedures that provide authorization and operational guidelines for the allocation and assignment of state resources in response to emergencies.

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### 13.1 FEDERAL

- a. "The Robert T. Stafford Disaster Relief and Emergency Assistance Act", as amended, 42 U.S.C. Sections 5121, et seq.
- b. National Plan for Telecommunications Support in Non-Wartime Emergencies
- c. Executive Order 12148, Formation of the Federal Emergency Management Agency
- d. Executive Order 12656, Assignment of Federal Emergency Responsibilities
- e. Homeland Security Presidential Directive #5 (HSPD-5), Management of Domestic Incidents, 2003
- f. Homeland Security Presidential Directive #8 (HSPD-8), National Preparedness, 2003
- g. Presidential Policy Directive 8 (PPD-8), National Preparedness, 2011
- h. Uniform Administrative Requirements for Grants and Cooperative Agreements to state and Local Governments, 44 CFR Parts 13 and 206.

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### 13.2 STATE

State authorities include:

- Infectious Disease Control
- Emergencies
- Management of People
- Monetary
- License and Regulatory Authority
- Support Services
- Registries
- General Confidentiality

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### 13.3 LOCAL

Putnam County Board of Health Policy Regarding Delegation of Authority to Quarantine and Isolate



## 14.0 REFERENCES

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### 14.1 FEDERAL

- 1) National Response Framework (NRF), 2016
- 2) The National Incident Management System (NIMS), 2008

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### 14.2 STATE

- State Department of Health Continuity of Operations Plan, 2014
- State Department of Health Emergency Communications Plan, 2013
- State Emergency Operations Plan, 2016
- State Hazard Analysis and Risk Assessment, 2013
- State Hazard Mitigation Plan, 2014
- State Plan for Response to Radiation Emergencies at Licensed Nuclear Facilities State Emergency Management Agency.
- State Hazard Identification and Risk Analysis (HIRA) January 2011 Revisions Spring/Summer 2013.

## ATTACHMENTS

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ATTACHMENT I – INCIDENT ACTION PLAN TEMPLATE

ATTACHMENT II – SITUATION REPORT TEMPLATE

ATTACHMENT III – OPERATIONAL SCHEDULE AND BATTLE RHYTHM TEMPLATE

ATTACHMENT IV – SHIFT CHANGE BRIEFING TEMPLATE

## APPENDICES

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APPENDIX 1 - POINTS OF CONTACT DIRECTORY (HAN)

APPENDIX 2 - DEFINITIONS AND ACRONYMS

APPENDIX 3 – PUTNAM COUNTY CMIST PROFILE

APPENDIX 4 – PEOPLE FIRST LANGUAGE

APPENDIX 5 – EEI CRITERIA AND EXTERNAL POC AND INTERNAL POC

APPENDIX 6 – PCHD CMIST PARTNER LIST

APPENDIX 7 – PCHD PROFILE OF ACCESS AND FUNCTIONAL NEEDS

APPENDIX 8 – PCHD SOCIAL AND VULNERABILITY INDEX SCORES

APPENDIX 9 – NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) 2017 REFRESH

## ANNEXES

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ANNEX A - ACTIVATION OF ALL HAZARDS EMERGENCY RESPONSE PLAN SOG

ANNEX B – AFTER ACTION REPORTS POLICY

ANNEX C – PCHD MOU AND MOA LISTING

ANNEX D – SURGE CAPACITY PROTOCOL

## REFERENCED PLANS

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PUTNAM COUNTY HEALTH DEPARTMENT CONTINUITY OF OPERATIONS PLAN (COOP)

PUTNAM COUNTY HEALTH DEPARTMENT CRISIS COMMUNICATION PLAN

PUTNAM COUNTY HEALTH DEPARTMENT COMMUNICATION PLAN

6-PACT+ MULTI-DISCIPLINARY EPIDEMIOLOGICAL INVESTIGATION MANUAL AND FLOWCHART

PCHD RESPONDER SAFETY AND HEALTH PLAN