

Wayne County Health Department Emergency Response Plan



Public Health
Prevent. Promote. Protect.

Version: 1.1
Date of Adoption: February 28, 2019
Date of Last Revision: March 1, 2019

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Hazard Specific Annexes

1. Biological Terrorism Annex
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3. Ebola Hazard Specific Annex

Introduction

Approval and Implementation

The *Wayne County Health Department (WCHD) Emergency Response Plan (ERP)* replaces and supersedes all previous versions of the *WCHD 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 the county. This plan may be implemented as a stand-alone plan or in concert with the *Wayne County Emergency Operations Plan (EOP)* when applicable.

Executive Summary

The *Wayne County Health Department (WCHD) 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 Wayne 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 *WCHD ERP* incorporates the National Incident Management System (NIMS) as the standard for incident management.

This plan assigns roles and responsibilities to WCHD program areas 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 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 response functions, hazard specific annexes, and attachments included as part of this document or with operating guidelines and standalone plans held by the department. Additionally, the *ERP* is designed to work in conjunction with the *Wayne County Emergency Operations Plan*.

The successful implementation of this 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.

Promulgation Statement

The *Wayne County Health Department (WCHD) Emergency Response Plan (ERP)* establishes the basis for coordination of WCHD 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, WCHD resources are used to provide public health and medical services assistance throughout the county, and potentially the Northeast Central Ohio (NECO) Region.

All WCHD program areas are directed to implement training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities of the agency. WCHD 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 all WCHD program areas are directed to implement it. All previous versions of the *WCHD ERP* are hereby rescinded.

A horizontal line is drawn across the page. Above the line, on the left, is a handwritten signature in blue ink. On the right, above the line, is the handwritten date "2/28/19" in blue ink.

Nicholas V. Cascarelli
Health Commissioner

Date: 2/28/2019

Record of Changes

The Health Commissioner or Director of Patient Care is responsible for authorizing any changes to the *Wayne County Health Department Emergency Response Plan (WCHD ERP)*. The emergency response coordinator will record changes to the plan on this page and send out change notifications to individuals or organizations identified on the distribution list.

Change Number	Date of Change	Description of Changes: Incorporated processes for engaging the Board during emergencies; expanded processes for cost recovery activities; reorganized MOU content into table form and added cost information; added access and functional need partners database; incorporated volunteer processes; clarified the handling of IMAC/EMAC requests; added the county floodplain map and social vulnerability index; incorporated psychological first aid activities; clarified legal authorities regarding management of funding; added process for coordinating with state response organizations in large-scale events; clarified processes for coordinating and collaborating with ESF-8, ESF-9, and healthcare coalition partners; expanded on internal roles and responsibilities; updated CMIST profile; and added an attachment summarizing NIMS 2017 changes.	Name/Title	Initials
1	8/3/18		<i>Laura Cerrito / Emergency Response Coordinator</i>	<i>LMC</i>
Version Number:				
1.1				
Change Number	Date of Change	Description of Changes:	Name/Title	Initials
2				
Version Number:				
1.2				
Change Number	Date of Change	Description of Changes:	Name/Title	Initials
3				
Version Number:				
1.3				

Record of Distribution

A copy of this *Wayne County Health Department Emergency Response Plan (WCHD ERP)* is distributed to each person in the positions listed below.

Date Received	Title	Name/Organization
	Health Commissioner	Wayne County Health Department
	Director of Patient Care	Wayne County Health Department
	Director of Finance and Human Resources	Wayne County Health Department
	Director of Environmental Health	Wayne County Health Department
	Nursing Supervisor	Wayne County Health Department
	WIC Supervisor	Wayne County Health Department
	Environmental Health Supervisor	Wayne County Health Department
	Emergency Response Coordinator	Wayne County Health Department
	Director	Wayne County Emergency Management Agency
		Ohio Department of Health

The *ERP* is made available to all department staff via the WCHD intranet site in electronic format. Department leadership, the emergency response coordinator, and each office will be equipped with a hard copy of the plan. Additionally, a hard copy of the plan can also be found in the Walnut Street conference room storage cabinet.

Basic Plan

I. Purpose

The Wayne County Health Department's *Emergency Response Plan (ERP)* was developed to support the department in protecting and improving the health of all county residents during emergencies. The *ERP* is an all-hazard plan that establishes the operational framework by which the health department prepares for, responds to, and recovers from natural, technological, and man-made emergencies in order to protect the health, safety, and welfare of Wayne County residents.

The *WCHD ERP* is comprised of a basic plan, response functions, and hazard specific annexes to guide response activities for the health department. Each component of the *ERP* was organized to contain a purpose section, situation and assumption section, concept of operations section, roles and responsibilities section, department administrative and logistical section, a plan maintenance section, and an attachment list and documentation, if applicable.

This *ERP-Basic Plan* was designed to serve as the foundation by which all response operations at the agency are executed. The *ERP-Basic Plan* is applicable in all incidents for which the *WCHD ERP* is activated. This plan may be used as a stand-alone document, or executed in concert with the *Wayne County Emergency Operations Plan (Wayne County EOP)* and other *WCHD* plans, or procedures.

II. Scope and Applicability

The *WCHD ERP* is applicable to the Wayne County Health Department (*WCHD*) and all of its program units. The *ERP* may be activated when an incident impacts or threatens to impact the county, or if a health department response is required and operations are greater than its normal day-to-day activities. Incidents applicable within the scope of this plan can include but is not limited to naturally occurring, man-made or technological hazards which impact or threaten Wayne County residents.

The *WCHD ERP* serves as the health department's emergency response roadmap for any incident which either impacts, or could potentially impact the county or requires the health department to fulfill its roles and responsibilities as outline in the *Wayne County EOP*. The *WCHD ERP* provides a detailed account of health department emergency operations which can include: emergency operations coordination, communications, notification and warning, emergency public information, mental health, medical countermeasure dispensing, resource management, and community containment strategies. The *Wayne County EOP* describes the response actions that will be taken by governmental jurisdictions in Wayne County to prevent avoidable disasters and to quickly and adequately respond to emergencies in order to protect the lives and property of the

residents of Wayne County. In the *Wayne County EOP*, the health department has assigned responsibilities in Emergency Support Functions (ESFs) #8-Public Health, #9-EMS/Hospital/Medical, #6-Sheltering and Mass Care, and #1 Direction & Control/Emergency Operations Coordination as both a primary and support agency.

The *Wayne County Health Department ERP* does not address issues related to epidemiological investigation and surveillance nor continuity of operations (COOP). All epidemiological investigation and surveillance components are addressed in the *Nursing Policies and Procedures Manual* and COOP components are addressed in the *Wayne County Health Department Continuity of Operations Plan*.

III. Situation & Assumptions

A. Situation

- Wayne County is located in the northeast central region of Ohio and is bordered by five counties: Medina and a portion of Summit County to the north, Stark County on the east, Holmes County on the south, and Ashland County on the west. Wayne County is comprised of thirty political subdivisions which include: Wooster, Orrville, Rittman, Dalton, Shreve, West Salem, Smithville, Apple Creek, Marshalville, and Burbank; the villages of Doylestown, Creston, Fredericksburg, Mount Eaton, and Congress; and the townships of Green, Chippewa, Milton, East Union, Canaan, Wooster, Baughman, Congress, Salt Creek, Wayne, Franklin, Paint, Plain, Clinton, and Chester.
- Wayne County was established on August 15, 1796, and encompasses 555 square miles. Land use in Wayne County is 59.6 % cropland, 22.5% forest, 11.6% pasture, and 5.3% urban.
- At the time of the 2010 census, the population of Wayne County was 114,520 (see the table below for a breakdown of each jurisdictions census data). Wayne County's population is primarily White at 95.8% with a 5.4% minority population. The median age for a Wayne County resident is 38.7 years. At present, approximately 7% of the population is less than 5 years of age (7,677) and 15% of the population are 65 years of age or older (17,260). For the demographic breakdown per jurisdiction, refer to Table 1.

Table 1.0

Jurisdiction	Population	Jurisdiction	Population
Wooster	26,119	Plain Township	3,088
Green Township	11,915	Clinton Township	3,081
Chippewa Township	10,212	Chester Township	3,066
Milton Township	9,376	Doylestown Village	3,051
Orrville	8,380	Creston Village	2,171

East Union Township	6,821	Dalton	1,830
Rittman	6,491	Shreve	1,514
Canaan Township	4,875	West Salem	1,464
Wooster Township	4,694	Smithville	1,252
Baughman Township	4,536	Apple Creek	1,173
Congress Township	4,533	Marshalville	756
Salt Creek Township	4,309	Fredericksburg Village	423
Wayne Township	4,159	Mount Eaton Village	241
Franklin Township	3,872	Burbank	207
Paint Township	3,209	Congress Village	185

4. According to the National Center for Environmental Information database, Wayne County has had a total of 489 reported emergency events since 1959. During that timeframe, Wayne County has experienced five major emergency events and received a total of six Presidential Disaster Declarations. Refer to the table below for disaster declarations for which Wayne County was included.

Disaster Number	Declaration Date	Title
EM-3250-OH	9/13/2005	Hurricane Katrina Evacuation
DR-1580-OH	2/15/2005	Severe Winter Storms, Flooding, and Mudslides
DR-1444-OH	11/18/2002	Severe Storms and Tornadoes
DR-3055-OH	1/26/1978	Blizzards and Snowstorms
DR-266-OH	7/15/1969	Tornadoes, Severe Storms, and Flooding
DR-90-OH	1/23/1959	Floods

5. Based on historical occurrence of events, Wayne County is most vulnerable to the following hazards: tornadoes, severe thunderstorms, severe winter storms, wind events, ice storms, floods, hail, lightning, and droughts. These hazards have impacted public health and medical services in the past and continue to pose a threat to health security for county residents.
6. Floods threaten various political subdivisions within Wayne County. Municipal corporations in Wayne County that have one-hundred-year floodplains within their boundaries include:
- Apple Creek
 - Burbank
 - Creston
 - Fredericksburg
 - Orrville
 - Rittman
 - Shreve

- Smithville
- West Salem
- Wooster

For detailed information regarding the location of Wayne County floodplains, refer to Attachment #2: Wayne County Floodplain Map.

7. As we saw with Measles in 2014, Ebola in 2014, and Zika in 2016, Wayne County is not immune to infectious diseases that originate in other countries and are brought to our county via travel. Wayne County also has the potential to serve as a host county for evacuees fleeing northeast Ohio as a result of a power plant emergency. These external events have the ability to directly impact both public health and medical services by causing a demand for preventative and healthcare measures.
8. Throughout the calendar year, Wayne County and its local jurisdictions' host a variety of special events that have the potential to result in security and safety related emergencies. Large events typically held in Wayne County include the county fair, local festivals, school sporting events, etc. Incidents that occur at any large event can significantly affect public health and medical services within the county and depending on the nature of the event can potentially impact adjacent counties, the region, or the State. Wayne County Health Department triad members and the emergency response coordinator refer daily to the State Homeland Security (SHS)/Strategic Analysis Information Center (SAIC) State Daily Briefing for a list of events occurring within the State. Events and festivals occurring in the county can also be found on the "Wayne County Events" website at <http://www.waynecountyevents.com/>.
9. Not all disasters or emergencies will impact public health or medical services but they have the potential to, which may require the health department to respond by activating this plan. Potential public health impacts include the following:
 - Widespread injuries or trauma
 - Widespread disease and illness
 - Overwhelmed medical facilities
 - Disruption of sanitation facilities
 - Disruption of water supplies
 - Displacement of individuals (shelter)
 - Increase morbidity and mortality
 - Insufficient resources for response, especially medical countermeasures
 - Insufficient personnel to provide adequate public health response

10. Many emergencies with health-related impacts involve the participation of local organizations with medical responsibilities to efficiently address an incident. In Wayne County, public health and medical operations are covered in two separate Emergency Support Functions (ESF) ESF-8 Public Health and ESF-9 Hospital and EMS in the county EOP. The Wayne County Health Department serves as the coordinating agency for ESF-8 in Wayne County. As part of ESF-8 and ESF-9, the health department partners with public and private healthcare organizations, the business and medical communities, and other county and regional partners. The health department may perform response operations in either a primary or support role dependent on the incident type, severity and scale. In addition to ESF-8 and ESF-9, the health department may also support other county ESFs during a response. Refer to Attachment #5 Wayne County EOP Agency/Function Responsibility Chart for a list of health department, local agencies, and state and federal organizations primary and support designations.

11. Access and Functional Needs Population

Access and functional needs is defined as a population whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individual in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures, who have limited English proficiency, or who are non-English speaking; or who are transportation disadvantaged.

Based on the 2018 CMIST Assessment, 11% of Wayne County's population is estimated to have a disability; 3,909 with a hearing difficulty, 2,037 with a vision difficulty, 4,372 with a cognitive difficulty, 6,163 with an ambulatory difficulty, and 6,625 with a self-care or independent living difficulty. Approximately 1,280 county residents are dependent on electricity to maintain their health. Nine percent of the county's population sixteen or older is lacking basic literacy skills and 4.8% of the population speaks English less than "very well". For the county, 12.7% of the population falls below the poverty level, 9.4% of residents under 65 are without health insurance, and 3,923 households have no vehicle available.

For more detailed information regarding Wayne County's CMIST rates and figures, refer to Attachment #1: Wayne County Access & Functional Needs Indicators (CMIST) table.

As the county's leading health agency, the health department works with community medical partners to ensure that all response efforts serve all members of Wayne County, which includes serving individuals with access and functional needs.

Potential impacts from an incident may require WCHD to respond by initiating or supporting the following activities to address an incident:

- Prophylaxis and Dispensing
- Epidemiological Investigation and Surveillance
- Infection Control
- Mental Health

12. Social Vulnerability Index (SVI)

Social vulnerability refers to a community's capacity to prepare for and respond to the stress from hazardous events ranging from natural disasters or disease outbreaks, to human-caused threats. Social vulnerability index is determined based on 15 census factors, that get grouped into four overarching themes, which get depicted at the census tract level. Refer to Attachment #3: Wayne County's Social Vulnerability Index County Map and Attachment #4: Wayne County's Social Vulnerability Index Scores by Census Tract for detailed information regarding the county's social vulnerability.

13. Declaration Process

In the event that an incident exceeds the response capabilities of a local community, a local disaster or emergency declaration can be issued. In Wayne County, local disaster or emergency declarations can be issued by the Wayne County Commissioners or by the chief executive of a local jurisdiction. The Commissioners or chief executives can make emergency declarations for situations where a community in the county has been or is immediately threatened by a natural, man-made, or technological disaster. Refer to Attachment #6 for the county's Emergency Proclamation template.

The Wayne County Health Department does not have the authority to declare a local emergency or disaster for the county; however, the health department may serve as subject matter expert and provide situational information to assist local officials in determining the need to issue a local declaration. The Health Commissioner or any other staff he designates can serve the county commissioners and/or local chief executives in this capacity.

a. State Declaration

If an emergency or disaster 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 will forward the request onto Ohio EMA to mobilize state assets and for the Governor's declaration, if warranted.

A 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.

b. Federal Declaration

If an emergency or disaster situation exceeds the response capabilities of both the State and the local community, a Federal disaster or emergency declaration may be necessary to authorize federal assistance and resources to help supplement the disaster response efforts.

The President can declare an emergency for any occasion or instance which the President determines federal assistance is needed. Emergency declarations supplement State and local response efforts in providing emergency services, such as the protection of lives, property, public health, and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

The President can declare a major disaster for any natural event that the President determines has caused damage of such severity that it is beyond the combined capabilities of state and local governments to respond. A major disaster declaration provides a wide range of federal assistance programs for individuals and public infrastructure, including funds for both emergency and permanent work.

To obtain a major disaster or emergency declaration 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 will submit a request to the President through the Regional FEMA Administrator within 30 days of the occurrence of the incident. The request will describe the circumstances of the disaster, its impacts, the incident period, and the State, local and voluntary organizations' response actions and be based upon a finding that the situation is beyond the capability of the State and affected local government and that supplemental federal assistance is necessary to save lives and protect property, public health and safety, or to lessen or avert the threat of a disaster. 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 effort.

c. Public Health Emergency Declaration

For a public health emergency declaration, the Secretary of the Department of Health and Human Services (HHS), under section 319 of the Public Health Service (PHS) Act may determine that a disease or disorder presents a public health emergency; or that a public health emergency, including significant outbreaks of infectious disease or bioterrorist attacks, otherwise exists. Prior to issuing the declaration, the Secretary should consult with public health officials as necessary.

A public health emergency declaration lasts for 90 days, but can be extended by the Secretary. Congress must be notified of the declaration within 48 hours, and relevant agencies, including the Department of Homeland Security, Department of Justice, and Federal Bureau of Investigation, must be kept informed.

Response support available through a public health emergency declaration can include issuing grants, entering into contracts, conducting and supporting investigations into the cause, treatment, or prevention of the disease or disorder, and temporary reassignment of state and local personnel. Declaration of a PHE does not require a formal request from state or local authorities.

B. Assumptions

1. Emergencies or disasters can occur at any time and with little to no warning.
2. Emergencies can occur across county lines and require collaboration or coordination between all levels of government and non-governmental agencies.
3. Communicable disease incidents occurring globally have the potential to impact the county.
4. Although an emergency may not initially start as a public health emergency, secondary events of the incident could lead to an increase in diseases and injuries.
5. A significant event could result in the health department sustaining emergency operations for an extended period of time.
6. A significant emergency could overwhelm the health department's ability to mount an effective response.
7. The health department has identified personnel and resources needed to effectively and efficiently respond to public health emergencies and disasters.
8. Wayne County Health Department employees are aware of the potential occurrence of an emergency or major disaster and will fulfill their responsibilities in the execution of this plan, as necessary.
9. The health department will manage and coordinate resources, personnel, equipment, procedures, and communications through the Incident Command System (ICS).
10. A disaster may exceed the resources of the health department requiring support from community partners, volunteer organizations, private entities, and state and federal sources.
11. The health department will request and coordinate resource requests through Wayne County Emergency Operations Center.

12. The resources needed for an effective response may be unavailable or in limited supply.
13. The health department may receive requests for support and services beyond its available resources.
14. Notification of an emergency can come from a variety of sources including, but not limited to: local physicians, the Ohio Department of Health (ODH), Wayne County Emergency Management Agency, and local hospitals.
15. The health department may have incomplete information regarding an incident and must rely on local, state, and federal partners to provide critical information during a response.
16. Based upon the event, this plan and/or portions of the plan may be modified to address the needs of the emergency.
17. Most incidents which the health department responds to will not result in a State emergency or disaster declaration.

IV. Concept of Operations

The Patient Care Unit of the Wayne County Health Department has primary responsibility for coordination of emergency preparedness and response. The Director of Patient Care Services has primary responsibility to facilitate the activation of the Health Department Emergency Response Plan and the department operations center (DOC). If the Director of Patient Care is unavailable or chooses to delegate the responsibility, activation may be facilitated by the Nursing Supervisor, or other health department director.

A. Activation of the ERP

Situations which could result in the activation of the Wayne County Health Department's Emergency Response Plan can include:

- Novel, epidemic, or otherwise unique situation that requires a greater-than normal response.
- Situation with the potential for high mortality or morbidity.
- Situation that has the potential for escalating either in scope or impact.
- Situation that requires the implementation of one or more sections of the ERP.
- Situations where the health department operates extensively outside of its normal operating procedures.
- During an incident in the county / region that requires a health department response.
- During events which require State or Federal assistance / resources*.

*All requests for state and/or federal assistance shall be made through the Wayne County Emergency Management Agency. State and Federal assistance will require a local declaration of emergency from the Wayne County Commissioners and/or the local jurisdiction.

Staff is to immediately notify their supervisor/director if they become aware of or are notified of a situation that could require the activation of the ERP.

B. Authority to Activate the ERP

1. The Wayne County Health Department Emergency Response Plan can be activated by the Health Commissioner upon determination that an emergency situation meets any of the criteria outlined above. If the ERP is activated in this manner, the emergency response will begin with an incident assessment.
2. If the Health Commissioner is unavailable, unit directors (i.e. Director of Patient Care, Director of Environmental Health) or their designees can activate the ERP in the same manner.
3. The Health Commissioner, and/or unit directors (i.e. Director of Patient Care, Director of Environmental Health), or their designees can activate the ERP based on the findings of the incident assessment process.

C. Incident Detection and Assessment

1. Incident Detection

The WCHD receives notification of incidents or potential incidents through a variety of sources. Depending on the type of incident, staff can receive notifications from local hospitals, physicians, first responder organizations, community partners, the general public, or as a result of internally surveillance activities.

2. Incident Assessment

Upon notification of a potential incident, the Director of Patient Care Services or the Nursing Supervisor will assemble department leadership and applicable staff to conduct an incident assessment. Staff which may be called upon to participate in the initial incident assessment meeting can include:

- Health Commissioner
- Director of Patient Care Services
- Nursing Supervisor
- Director of Environmental Health
- Environmental Health Supervisor
- Public Health Nurses
- Sanitarians
- Epidemiologist
- PHEP Coordinator

The purpose of the incident assessment meeting is to review and evaluate the situation and complete the “Incident Assessment Form” (refer to Attachment #8), to determine the need to activate the ERP and mobilize staff. The incident assessment meeting will be facilitated by either the Director of Patient Care Services or the Nursing Supervisor. The meeting will be conducted in the conference room/DOC within one hour of initial notification. Elements which will be reviewed and evaluated during the incident assessment meeting include a review of the situation, its impact on public health, and response requirements.

- If the assessment team determines to not activate the ERP, the assessment team will document that recommendation on the “Incident Assessment Form” and file the form.
- If the assessment team’s findings are sufficient to justify a response beyond day-to-day operations, the ERP will be activated. The Incident Assessment Team will then determine if there is need to activate the Department Operations Center (DOC) to support operations and identify whether the incident requires command or coordination.
 - If the health department is in command of the incident, an Incident Commander (IC) will be identified.
 - If the health department is supporting ICS through coordination, then a DOC Coordinator will be assigned.
 - In consultation with the assessment team, the IC/DOC Coordinator will identify any plans, support functions, or response annexes that may be needed.

D. Activation Notification

If a situation/event requires the activation of the ERP, the health department may provide notifications for situational awareness to the following individuals or organizations:

- Department leadership
- Applicable response staff
- Medical Director
- Wayne County EMA
- Ohio Department of Health
- Local hospitals
- Local elected officials
- American Red Cross
- Regional Public Health Coordinator

The IC/DOC Coordinator or designee will authorize a member of the communication staff to implement notifications of the plan's activation by phone, email, or via OPHCS. Notifications will occur within one (1) hour of activation and will include a brief overview of the situation/event, the status of the DOC, and include a primary point of contact for the health department.

Refer to Attachment #7: Activation Algorithm, which outlines the health department's process for incident detection and activation notification.

E. Command, Control, and Coordination

WCHD actions may be needed before the *ERP* is activated. Engaged personnel will manage the incident according to day-to-day procedures until relieved by response personnel or integrated into the response structure. Once the response begins, actions will be directed in accordance the policies and procedures detailed in this plan.

All emergency operations conducted by the health department will be carried out according to the principles of the Incident Command System. The health department organizational structure consists of a command, operations, planning, logistics and finance/administration functions. During large scale incidents, the Multi-Agency Command System may be used to coordinate the response efforts of many different entities.

1. Command and Control

During an incident where the health department leads the emergency response, operational activities are assigned to an Incident Commander (IC). The IC provides overall direction of the response through the establishment of control and operational objectives until the incident has been resolved and all response resources have been demobilized.

Depending upon the scope, severity, and duration of an incident, the Wayne County Health Department maintains three levels of activation for the ERP and the DOC. The levels of activation also outline minimum staffing requirements which may be needed at each stage to mount an effective and efficient response effort. Emergency response activation levels for the Wayne County Health Department may be as follows:

Activation Level	Description	Minimum Staffing Recommendations
Situation Awareness & Monitoring	<ul style="list-style-type: none"> • A situation with limited severity, or actual/potential impact on health or welfare • Can be handled at the programmatic level • Requires a minimal amount of 	<ul style="list-style-type: none"> •Response Lead (1) •Situation Awareness Section (1)

	coordination and agency engagement to conduct response	
Partial Activation	<ul style="list-style-type: none"> • An emergency with moderate-to-high severity, or actual/potential impact on health or welfare • Can be handled at the programmatic level • Requires coordination and agency engagement to conduct response 	<ul style="list-style-type: none"> •Response Lead/ Operational Coordination (1) •Public Information (1) •Planning Support (1) <p>Consider activation of the DOC</p>
Full Activation	<ul style="list-style-type: none"> • An incident with extensive severity, or actual/potential impact on health or welfare; • An incident of such magnitude that the available assets are completely overwhelmed / exhausted • Requires extensive coordination and agency engagement to conduct response 	<p>FULL STAFFING: •Response Lead (1)</p> <ul style="list-style-type: none"> •Public Information (1) • Operational Coordination (1) •Planning Support (1) •Resources Support (1) •Staffing Support (1) <p>DOC activation required</p>

For incidents that the health department serves as a support agency, the health department may supply personnel and resources to support that organization's response effort. WCHD staff may not be utilized to serve in other organization's ICS structure, with the exception of the Public Information Officer (PIO).

If such support is needed, WCHD will determine the appropriate activation level for the health department and assign a DOC Coordinator lead to integrate activities and track staff and resources. If assigned, the Planning Section Chief may track engagement of health department staff and resources and ensure that parameters for their utilization are communicated to both the integrated staff and the receiving Incident Commander. With regard to the incident, these staff and resources ultimately report to the Incident Commander. The WCHD personnel and resources may be recalled at any time by the DOC Coordinator.

Multi-agency coordination systems (MACC) provide structure to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. The components of multi-agency coordination systems include EOC, multi-agency coordination entities, facilities, personnel, equipment, procedures, and communications.

In the event of multi-agency coordination system activation, the Health Commissioner may serve as the health department's representative in the Wayne County EOC. From the EOC, the Health Commissioner will coordinate all agency actions that support Emergency Support Functions (ESFs) #8. Support activities may include the following:

- Support incident management policies and priorities through the provision of guidance or resources.
- Facilitate logistical support and resource tracking.
- Inform resource allocation decisions using incident management priorities.
- Coordinate incident-related information.
- Coordinate and resolve interagency and intergovernmental issues regarding incident management policies, priorities, and strategies.

Interface between the Health Commissioner at the Wayne County EOC and the DOC may be facilitated through the Liaison Officer (LO). The Health Commissioner will ensure that all health department response actions to address an incident are coordinated through the county EOC. The Health Commissioner will operate within the county EOC in accordance with the Wayne County EOC Standard Operating Guideline.

2. Response Authorities and Limitations

- a. General authorities for which that the health department established for the Incident Commander (IC)/Department Operations Center (DOC) Coordinator during emergency response includes:
 - The Incident Commander (IC)/Department Operations Center (DOC) Coordinator may utilize and execute any component of the ERP including support functions, hazard specific annexes, or attachments.
 - The Incident Commander (IC)/Department Operations Center (DOC) Coordinator may direct all resources identified within any component of the ERP in accordance with department policies.
 - The Incident Commander (IC)/Department Operations Center (DOC) Coordinator may set response objectives and develop/approve an incident action plan (IAP), as applicable, in accordance with overall priorities.
 - The Incident Commander (IC)/Department Operations Center (DOC) Coordinator may set staffing levels as necessary to mount an effective response.
 - The Incident Commander (IC)/Department Operations Center (DOC) Coordinator may authorize incident-related in-state travel for response personnel.
- b. Activities which necessitate the Incident Commander (IC)/Department Operations Center (DOC) Coordinator to collaborate with other unit directors, the Health Commissioner, and/or the Board of Health to execute include:
 - The Incident Commander (IC)/Department Operations Center (DOC) Coordinator must seek approval the Health Commissioner when incident

spending/purchases exceed available credit limits. The Health Commissioner must authorize the spending/purchases beyond existing limits and the Board will be notified.

- The Incident Commander (IC)/Department Operations Center (DOC) Coordinator must seek approval from the Health Commissioner when staffing levels begin to approach any level that is beyond pre-approved limits. Immediate supervisors and the Health Commissioner must authorize engagement of staff beyond those pre-approved levels.
- The Incident Commander (IC)/Department Operations Center (DOC) Coordinator must adhere to WCHD policies regarding flex-time/comp-time/overtime and should clarification on these policies or exemption be required, the Incident Commander (IC)/Department Operations Center (DOC) Coordinator will engage the Director of Finance and Human Resources and the Health Commissioner for the necessary approvals.

3. Emergency Coordination

a. The Departmental Operations Center (DOC)

Because of the nature of public health incidents there is not an emergency scene to respond to. Management of the incident will be handled from the health department's Department Operation Center (DOC).

- The DOC serves as a central location from which the health department coordinates and executes decision making in support of incident response and recovery operations.
- Within the DOC, command staff and section chiefs will analyze hazard impacts and set priorities; identify the medical countermeasures necessary for response; determine the number and location of people impacted by the incident; establish time lines for establishing medical countermeasure dispensing operations; determine personnel and staffing needs; identify types of medications, durable medical equipment, or consumable medical supplies that may need to be provided during an incident and process resource requests; and collect, evaluate and disseminating incident information.
- The Director of Patient Care Services will activate the Departmental Operations Center (DOC) when the health department is required to coordinate a multidivisional response.
- The DOC is the central point for coordinating the operational, logistical and administrative support needs of health department personnel in an emergency/disaster response.
- Within the DOC, the DOC Coordinator will direct and coordinate emergency activities.

- In a situation where the Wayne County EOC has been activated, the DOC may also be activated to facilitate a coordinated response from the health department.

b. The Wayne County Emergency Operations Center

If the incident expands beyond a health department response, the Incident Commander may request the activation of the Wayne County Emergency Operations Center (EOC) to provide support and assist in the coordination of response efforts.

- In significant county incidents, the Wayne County Emergency Operations Center (EOC) may be activated to coordinate execution of ESF plans and procedures.
- The Wayne County Emergency Operations Center (EOC) will be activated by the Incident Commander upon the occurrence or the threat of occurrence of a major emergency.
- The county EOC serves as the central point for coordinating the operational, logistical, and administrative support needs of response personnel during an emergency.
- The EOC also serves as the central point for obtaining, analyzing, evacuating, reporting, and recording disaster-related information.
- The EOC, in coordination with the Incident Command Post (ICP), will be the point of contact for all operating/responding departments and agencies, other counties, and the State.
- The EOC is equipped with 16 telephones and 10 phone lines which has incoming/outgoing call capacity. Upon activation, EMA will disseminate the activated phone numbers being utilized by Operations Group representatives.
- Depending on the incident, the EMA Director may activate the Health Commissioner or his designee to serve as the EOC's Operations Group Medical Representative.
- The WCHD utilizes the EOC's Medical Representative as the point of contact for collaboration and coordination during emergencies.
- In Wayne County, the Wayne County Health Department (WCHD) serves as both the primary and coordinating agency for Emergency Support Function (ESF) #8 (Public Health). Additionally, the WCHD has supporting roles in other county ESFs, including numbers 1, 6, and 9.
- Refer to the Wayne County Emergency Operations Plan ESF #1, for detailed information concerning Direction & Control and EOC capabilities.

c. *ERP* Integration

Execution of the Wayne County Health Department ERP will be coordinated vertically among all levels of government to ensure operational focus.

- On a local level, the ERP was developed to integrate with the Wayne County Emergency Operations Plan (Wayne County EOP). The ERP provides in greater detail the emergency response activities assigned to the health department in the county EOP.
- Regionally, Wayne County Health Department serves as a member of the North East Central Ohio (NECO) Region 5, which is a made up of thirteen counties and twenty-four individual health departments and/or health districts. The concept plans developed by the region were designed to work in concert with local health department plans and provide a general framework for how regional public health coordination, notification, communication, information sharing, and support will occur during a complex public health incident occurring within or surrounding the NECO Region.
- At the state and federal level, the health department's ERP was developed to incorporate the processes identified in state and federal plans and procedures for acquiring support and resources during emergencies.

F. Response

1. Response Objectives

Once the health department has been activated to respond to an incident, the next step will be to develop response objectives for achieving response missions and tasks. Incident objectives will be established by department leadership at the initial command meeting and will offer specifics for what will be accomplished and by when. The WCHD will develop incident objectives following the SMART model where objectives are specific, measurable, action oriented, realistic, and time sensitive.

Once incident objectives have been developed, they will be prioritized based on incident needs to protect life, property, and the environment, time sensitivity, and the utilization of available resources.

The Planning Section will document and track incident objectives through applicable ICS forms and via the IAP.

2. Incident Action Plan (IAP)

The Incident Action Plan (IAP) is a written plan that defines incident strategy, incident objectives, and priorities needed to manage an incident throughout an operational

period. The IAP is developed by the Planning Section in coordination with the Incident Commander/Departmental Operations Center Manager.

During an incident response, the Wayne County Health Department may utilize the Incident Action Plan (IAP) Quick Start form as the department's IAP during emergencies. The Incident Action Plan (IAP) Quick Start form combines ICS Forms 201, 202, 203, 204 and 215A into one user friendly document. The IAP Quick Start form can be used in place of the full ICS forms or expanded to include full ICS forms.

The Incident Action Plan (IAP) Quick Start form includes the following elements:

- Date(s) of the incident;
- Name of the incident;
- Operational period;
- Name and title of the person who prepared the IAP;
- Incident goals;
- Operational period objectives (major areas that must be addressed in the specified operational period to achieve the goals or control objectives);
- Response strategies (priorities and the general approach to accomplish the objectives);
- Organization list showing primary roles and relationships;
- Critical situation updates and assessments;
- Health and safety plan (to prevent responder injury or illness.)

Refer to Attachment #12 Incident Action Plan (IAP) Quick Start form. Based on the incident, the Incident Commander/Departmental Operations Center Manager will determine which forms/documents will be utilized to develop the IAP.

3. Operational Schedule

During emergencies, it may be necessary for the health department to develop an operational schedule that outlines essential command staff meetings, reporting timelines and other necessary coordination requirements for an incident. If required, the Planning Section Chief will develop and update the operational schedule for each operational period. Electronic or hardcopies of the operational schedule will be distributed to all response staff at the situation briefing. Refer to Attachment #8: *Wayne County Health Department Operational Schedule Template* for a detailed list of events typically conducted by the health department during emergency responses. The template can be modified by the Planning Section Chief as needed.

4. Assess & Functional Needs

During emergency response and recovery, access and functional needs population services will be accomplished through the Mass Care representative in the Wayne County Emergency Operations Center.

Health department plans and procedures were developed to address the entire population of Wayne County, including individuals with access and functional needs. The health department serves individuals with access and functional needs on a day-to-day basis through our outreach clinics, and our Child and Maternal Health and Women, Infants and Children programs.

The health department will utilize person-first language in all communications during incident response, as outlined in *Attachment #14: Communicating with and about People with Access and Functional Needs*.

The health department also has access to translation and interpretation services to meet client language needs. The process for securing language support is detailed in *Attachment #15: Procedure for use of Tele-Interpreter and Foreign Language Services*.

The Wayne County Health Department's Emergency Response Coordinator facilitates the Wayne Holmes Emergency Coalition (WHEC), which supports access and functional needs preparedness and planning within Wayne County. The coalition includes representatives from access and functional needs services including but is not limited to:

- Wayne County Health Department
- Wayne County Emergency Management Agency
- American Red Cross
- Mental Health & Recovery Board
- Community Health Network
- Area Office on Aging
- Extended Care facilities
- Aultman Orrville Hospital
- Wooster Community Hospital
- Cleveland Clinic Foundation

G. Notification & Warning

Upon initial notification of an incident/situation, the Health Commissioner in coordination with unit directors and supervisors will evaluate the situation and determine the need to

activate/mobilize staff. Staff notified for mobilization/deployment will be provided with the following instructions:

- All staff alerted for mobilization/deployment will be instructed to report to the Wayne County Health Department DOC, unless otherwise specified.
- Staff will be instructed on what time they are required to report to the DOC. Arrival times may vary as a result if distance some staff must travel.
- Staff will also be informed with whom they are required to report to upon arrival to the DOC.

If the notification is initiated after-hours, staff will be contacted using the WCHD Personnel Notification Protocol. If an event occurs during normal business hours, applicable staff will be contacted by their immediate supervisor/director via phone or email.

Wayne County Health Department staff will not self-deploy or respond to an emergency incident without the prior approval of department leadership. Upon staff arrival to the DOC, personnel will sign-in and attend an incident briefing where they will be provided with their job assignments. Depending on the incident and emergency response objectives, staff may be required to mobilize to an alternative location, e.g. drop site, or point of dispensing location.

H. Information Sharing

1. Essential Elements of Information (EEI)

The acquisition of Essential Elements of Information (EEI) is a priority during any emergency event. EEI's provide the health department with situational awareness information that is utilized to establish response priorities, objectives, and determine the effects of an event on the community and its population.

As soon as the health department is notified of an incident, activated staff will review the pre-identified list of EEI's for any missing critical information elements that may pertain to the incident at hand. Staff would then revise the EEI list to incorporate those elements. Refer to Attachment #10 for a sample list of the health department's pre-identified EEI.

As an incident progresses into additional operation periods, the Incident Commander and the Planning Section Chief will review and refine EEI as required by the incident.

Essential elements of information and situational awareness information can be provided to the health department from a variety of sources including local, State, or Federal partners.

For a detailed list of external Points of Contact (POCs) for the health department, refer to Attachment #16.

2. Information Tracking & Situation Reporting

a. Information Tracking

During an incident, WCHD is to document all emergency response activities for accountability and reimbursement purposes. To record and track pertinent incident information, the health department utilizes agency administrative forms to document staff hours and travel; and uses applicable ICS forms to record all response related actions/tasks/missions.

At a minimum, the health department will utilize ICS form 233-Incident Mission Tracker and ICS form 214-Activity Log to document response information. Additional ICS forms which may be used to document and track incident information can include:

- ICS form 202-Incident Objectives
- ICS form 203-Organizational Assignments
- ICS form 204-Incident Assignment List
- ICS form 205 and 205A-Radio Communications and Communications List
- ICS form 206-Medical Plan
- ICS form 213RR-Resource Request Form

WebEOC or other web-based mission tracking systems are currently not utilized in Wayne County to document and monitor response actions during emergencies.

b. Situation Reporting

At the end of each operational period, staff will submit to the planning section all information tracking documentation for analysis and incorporation into situational report.

The situation report will include a timeline of events, a directory of involved personnel, and any other data that might be pertinent to response. Emergency information will be disseminated via situation reports to the audiences defined by the health department's incident commander or the DOC Manager in accordance with the briefing schedule established. Situation reports may be disseminated electronically or via fax.

In situations where the county EOC is not activated, the health department will prepare and conduct situational briefings at the beginning of daily operations. When

the county EOC is activated, situational briefings are conducted every eight (8) hours unless the event requires modification to this schedule. The health department's DOC will provide SitReps or other applicable ICS form documentation to the county EOC as requested or at least one (1) hour prior to the scheduled briefing.

During public health emergencies, the Wayne County Health Department develops situation reports (SITREP) to ensure situational awareness for staff and response partners. SITREP content can vary depending upon the incident but commonly includes the following elements: incident name, incident type, dates and times, summary of the incident, impacted locations, population impacted, notifications conducted, safety messages, partner involvement, incident objectives, response priorities, current operations, resources committed, constraints and needs, and operational status updates.

Refer to Attachment #13: Situation Report Template, for the template that the PIO utilizes to develop a SITREP's for the health department. The Wayne County Health Department also utilizes the same SITREP template for assembling critical incident related information which is then provided to staff during shift change briefings, if applicable.

Situation Reports will be provided to department leadership and operational staff in electronic and hardcopy form. At the discretion of the Department Operations Center Manager, SITREPs may also be sent electronically to the county EMA, local healthcare partners, the regional public health coordinator, or other local, state, or federal partners to maintain effective and efficient response coordination among partner responding agencies and for situational awareness. Based on the incident, the Director of Patient Care Services in coordination with the Health Commissioner will identify additional response organizations and individuals which may be required to receive situation reports.

SITREPs will be released by the health department as outlined in the table below.

Activation Level	SITREP Frequency
Situation Awareness & Monitoring	Daily
Partial Activation	Daily beginning of the day.
Full Activation	At the beginning and the end of staff shift

If the incident requires modifications to the SITREP schedule outlined above, the Director of Patient Care Services, in coordination with the Health Commissioner will revise the schedule to accommodate information exchange needs.

3. Local-State Coordination Call

In large-scale responses, Ohio EMA will initiate a state-and-local coordination call with state and local response agencies. Local agencies will be identified by the Wayne County EMA and invited to this call. Coordination between WCHD and ODH will be critical to ensuring an effective response from public health and polished participation in the state-and-local coordination call.

Upon notification of a state-and-local coordination call, WCHD leadership will prepare a list of completed and planned actions to share with key POCs at ODH. ODH POCs will contact their local counterparts to discuss key information and incident needs that must be reported throughout the incident. Both WCHD and ODH will contribute to the establishment of these EEIs. Once finalized, WCHD will identify the POCs within the department who will lead the implementation/identification of each EEI.

WCHD will review the department's capacity to provide the needed response or information in accordance with the established EEI list. Any gaps in capacity will be reported to ODH and assistance requested through established channels. ODH will identify available support and prepare to report during the state-and-local coordination call.

The WCHD Health Commissioner, or otherwise designated spokesperson, will speak on behalf of the department on all state-and-local coordination calls.

The Health Commissioner/designated spokesperson will address all the EEIs and clearly communicate both completed/planned actions and the response capacity of the agency. For any previously identified gaps in capacity, the Health Commissioner/designated spokesperson will identify the state agency that can provide assistance and defer to that state partner for an update.

I. Communications

In the event of an emergency, communications and emergency notifications between the health department, its staff, local response organizations, the region, and state partners will be accomplished by using a combination of communication systems which are utilized on a day-to-day basis and can include:

- Landlines
- Email
- Fax
- Ohio Public Health Communication System (OPHCS)

- Ohio Disease Reporting System (ODRS)

In the event that any of the above listed communication resources become overburdened or destroyed, the health department will utilize the following redundant communication systems to maintain communications with local, regional, and state partners:

- Cell phone
- Zetafax
- Multi-Agency Radio Communications (MARCS) radios
- Two-way radios
- Epi-X
- Basecamp

The health department provides emergency notifications or alerts to staff, public officials, and emergency responders that a public health threat or an emergency has occurred. Depending on the situation, the Health Commissioner in coordination with the Director of Nursing will determine response organizations and individuals which are required to be notified or alerted. Individuals and organizations can include but is not limited to:

- Department staff,
- Medical director,
- Local hospitals and/or healthcare providers,
- Local Fire/EMS/Law Enforcement agencies,
- County Coroner,
- Wayne County Emergency Management Agency,
- American Red Cross,
- Elected officials and the Health Department Board
- NECO Public Health Coordinator
- Adjacent health departments / NECO partners
- Ohio Department of Health

For a list of common external Points of Contact (POCs) that the health department may utilize for EEI and/or situational awareness information, refer to Attachment #16.

The health department utilizes three (3) alert levels to provide notifications during emergencies and include:

- **High Alert:** Requires immediate action or attention; and requires alert confirmation within one (1) hour of receipt.

- **Medium Alert:** May not require immediate action; provides important information for a specific incident or situation; and requires alert confirmation within twenty-four (24) to forty-eight (48) hours.
- **Low Alert:** Provides general public health information or updated information regarding an incident or situation; and requires alert to be confirmed within seventy-two (72) hours of receipt.

Staff and community partners that receive notifications are expected to take the prescribed actions within the timeframe outlined above.

To facilitate emergency notification and alert operations, the Health Commissioner and/or the Director of Nursing will activate the department's Public Information Officer (PIO) or other staff as needed to develop health alerts, advisories, emergency messages/announcements, and situation reports. Notifications and alerts are developed to ensure responders are well informed on response operations and contain the following information:

- Incident type
- Summary of the incident
- Location of the incident (if applicable)
- Population impacted
- Stakeholders notified
- General Safety Message/Life Safety Concerns
- Response Lead and other engaged agencies
- Summary of current operations/actions
- Incident objectives
- Resources committed
- Public Information Activities
- Constraints / Needs
- Next scheduled Sitrep release (date/time)

Refer to Attachment #13: Sitrep Template, which the PIO utilizes when developing emergency messaging during emergency situations. Prior to the release of any health alerts, advisories, emergency messages/announcements, and situation reports, the PIO is required to submit all messages to management for review and approval.

When disseminating health alerts, advisories, emergency messages/announcements, and situation reports, the health department will utilize any and all of the communication platforms to ensure effective and efficient notification. Refer to the table below for the mechanisms utilized when disseminating messaging to community stakeholders and emergency responders.

System	Target Audience
Landline	Staff, local response organizations, the region, and state partners
Email	Staff, local response organizations, the region, and state partners
OPHCS - secure web-based messaging and alerting system that uses email, fax, phone, pagers, and other messaging modalities to support 24/7/365 notification and alerting	Staff, local response organizations, the region, and state partners
Zetafax - fax server software that delivers secure and fast document distribution.	Community partners

As an emergency situation progresses or as situational information evolves, health alerts and situational reports (SitReps) will be revised and updated. SitReps are to be considered “For Official Use Only” or “Confidential” as sensitive information may be included.

J. Resource Management

1. Staffing

All health department personnel are considered public health emergency responders and may be called upon to fulfill response activities during an emergency situation. The roles assigned to employees will be dependent upon the nature of the incident and the availability of staff to respond. With approvals from staff supervisors and the Health Commissioner, staff may be asked to work outside of business hours or for periods of time longer than a standard work day. Staff rosters are maintained by each unit and the Administration Unit.

During emergency situations, emergency response activation and staffing levels will be based on the severity of an incident and its potential impact on the public. The Incident Commander/DOC Coordinator may determine staffing levels in accordance with the activation level, which is outlined in the table below. Staffing levels will be evaluated and adjusted as needed to address response operations. The Wayne County Health Department will fill command staff and public health emergency response roles using available staff in the agency and/or expert staff from the impacted division.

Activation Level	Description	Minimum Staffing Recommendations
Situation Awareness &	<ul style="list-style-type: none"> A situation with limited severity, or actual/potential impact on health or welfare 	<ul style="list-style-type: none"> Response Lead (1) Situation Awareness Section (1)

Monitoring	<ul style="list-style-type: none"> • Can be handled at the programmatic level • Requires a minimal amount of coordination and agency engagement to conduct response 	
Partial Activation	<ul style="list-style-type: none"> • An emergency with moderate-to-high severity, or actual/potential impact on health or welfare • Can be handled at the programmatic level • Requires coordination and agency engagement to conduct response 	<ul style="list-style-type: none"> •Response Lead/ Operational Coordination (1) •Public Information (1) •Planning Support (1) <p>Consider activation of the DOC</p>
Full Activation	<ul style="list-style-type: none"> • An incident with extensive severity, or actual/potential impact on health or welfare; • An incident of such magnitude that the available assets are completely overwhelmed / exhausted • Requires extensive coordination and agency engagement to conduct response 	<p>FULL STAFFING:</p> <ul style="list-style-type: none"> •Response Lead (1) •Public Information (1) • Operational Coordination (1) •Planning Support (1) •Resources Support (1) •Staffing Support (1) <p>DOC activation required</p>

In response to an emergency, the Wayne County Health Department may establish staffing levels in accordance with activation levels. Staffing levels need to remain flexible to meet the needs of emergency response operations. The DOC Coordinator will re-evaluate and update staffing levels to meet response needs for each operational period.

In situations where the DOC is activated and mobilization of additional staff is required, the Planning Section Chief may be called upon to serve as supervisor/directors' designee to notify staff for mobilization. In responses where the DOC is not activated, needed personnel would be contacted by their immediate supervisor/director in accordance with the WCHD Personnel Notification Protocol.

2. Equipment and Resources

Wayne County Health Department assets and equipment will be managed in accordance with the WCHD Office Procedure: Inventory Procedures. Equipment and supply inventories are internally managed by each department unit. For equipment and assets valued above three hundred dollars, they are tracked by assigned administrative staff using Excel spreadsheets.

During emergency response efforts equipment and resources may be tracked using ICS Form 204–Assignment List, ICS Form 210-Resource Status Change, ICS Form 213RR-Resource Request Message, and/or ICS Form 215-Operational Planning Sheet. The forms

will be completed by personnel as assigned. Electronic versions of ICS Forms can be access on the department server in the F: drive, PHEP Folder.

The Logistics Section Chief will manage all internal and external resources and will log the following minimum information for all health department resources involved in response activities:

- Asset tag number
- Serial number and model
- Equipment custodian name
- Description of asset/nomenclature
- Asset storage location
- Asset assigned location

Upon receipt of an external resource, assets will be managed in accordance with any instructions or agreements communicated by the owning organization. The Incident Commander/DOC Coordinator in collaboration with the Logistics Section Chief will accept responsibility of the asset, and document relevant information regarding the asset into applicable Excel spreadsheets or ICS forms. Equipment custodian(s) will be assigned to each external asset received. External assets will be tracked through demobilization and transfer back to its owning organization.

Each unit director is ultimately responsible for managing the internal resources that belong to their division. When a health department asset or resource is requested for internal or external use during a response, the responsibility for that resource will be transferred to the incident response lead. It is then the responsibility of the response lead to account for/track the resource, its use, and demobilization.

- When a health department employee responds or deploys to an incident with health department equipment and/or supplies, that employee becomes the equipment custodian and assumes responsibility for the asset throughout the response and demobilization phases.
- An update of all resources deployed from the health department (internal and external) will be compiled at the beginning of and end of each operational period for the Incident Commander/DOC Coordinator throughout the response and demobilization phases.
- The health department may utilize the following ICS forms to assist in resource accountability tracking and post incident cost recovery: ICS Form 204–Assignment List, ICS Form 210-Resource Status Change, ICS Form 213RR-Resource Request Message, and/or ICS Form 215-Operational Planning Sheet.

3. General

The Wayne County Health Department has adequate personnel staffing, material/supplies, and transportation resources available to conduct internal operations on a daily basis but during an emergency, shortfalls are most likely to occur in one, if not all three categories depending on the incident. To remedy resource shortfalls, the health department will first implement MOUs and MAAs to meet resource needs. For needs which remain unmet, the health department's Logistics Section Chief will work with the county EMA to engage local, regional, State and Federal partners to secure resources to fill potential resource shortfalls and minimize any time delays in acquiring the asset. Requests for medical countermeasures will follow the same process. Resource requests to meet unmet needs may be tracked using ICS Form 204–Assignment List, ICS Form 210- Resource Status Change, ICS Form 213RR-Resource Request Message, and/or ICS Form 215-Operational Planning Sheet.

4. IMAC/EMAC

The Ohio Intrastate Mutual Aid Compact (IMAC) is mutual aid agreement through which all political subdivisions can request and receive assistance from any other political subdivisions in the state. The Emergency Management Assistance Compact (EMAC) offers assistance during governor-declared states of emergency through a mutual aid framework that allows states to send personnel and equipment to help disaster relief efforts in other states.

In Wayne County, IMAC and EMAC requests for assistance are made by the Wayne County Emergency Management Agency. It is the responsibility of the Wayne County EMA Director to prepare IMAC and/or EMAC resource requests in accordance to Ohio Emergency Management Agency instructions and procedures.

Upon request, the health department's Health Commissioner or unit directors may provide technical assistance or subject matter expertise to the EMA Director as needed to assist in the completion of IMAC and/or EMAC requests. Applicable health department personnel will coordinate and collaborate with the EMA Director through the county EOC's Medical Representative if the Health Commissioner or a department designee is not already serving in this capacity.

Approvals from individual departments or agencies (i.e. the health department or the Health Commissioner) is not required for EMA to develop or execute IMAC or EMAC requests.

The health department may utilize IMAC and EMAC personnel, resources, equipment, and governmental services to support a local or public health emergency response effort.

a. Processing Requests

The Logistics Section Chief is responsible for coordinating resource requests for the department, if the health department DOC has been activated for an incident. The Logistics Section Chief will receive resource requests from the county EOC's Medical Representative. The Logistics Section Chief, in coordination with the Director of Finance and Human Resources to query available resources that would meet the request. If such resources are identified, provision of those resources is at the discretion of the Health Commissioner, the applicable unit director, and/or unit supervisor.

If the DOC has not been activated, the request from the EOC's Medical Representative will be received by the Health Commissioner and disseminated to the applicable unit director for processing.

b. EMAC Request Processing

Once the Health Commissioner has approved providing resource(s) for the EMAC request, Ohio EMA will collaborate with WCHD and begin a dialogue with the requesting state. If the requesting state accepts the resource(s) offered by WCHD, Ohio EMA will execute an intergovernmental agreement with WCHD. Receiving states will only accept resources from the State of Ohio. An intergovernmental agreement with Ohio EMA will allow WCHD's resources to be designated as State of Ohio resources.

WCHD staff deployed for an EMAC request will be paid (e.g. compensation, travel reimbursement, etc.) by WCHD and will receive the same benefits as if working at the office. Employees will also carry with them all the liability protections afforded to them as a WCHD employee and applicable by law.

Ohio EMA assumes no responsibility for this/these employee(s) other than the submission of completed reimbursement request through the EMAC reimbursement process, and the transmittal of reimbursement from the requesting State to WCHD.

Upon completion of the intergovernmental agreement, Ohio EMA, the receiving organization and WCHD will develop and execute the plan for the checkout of the resource, the transportation of the resource, and the onward movement of the resource into the requesting state's incident response operations.

K. Volunteers

While the WCHD does not maintain an active volunteer program, the health department may access volunteer pools from the American Red Cross and/or from regional MRC's via the NECO Regional MAA.

WCHD may utilize credentialed and vetted volunteers to serve in any position as the incident necessitates. WCHD will not assign volunteers to serve in positions for which they do not meet applicable positions requirements. The health department will also not utilize spontaneous volunteers to serve in any capacity during emergency response efforts.

L. Demobilization

Demobilization planning outlines the processes by which response activities will end and resources are released from an incident. The health department will begin demobilization planning as soon as an incident occurs. A demobilization plan will be developed for all emergency response incidents and will include incident-specific demobilization procedures, priority resources for release, and section responsibilities related to down-sizing an incident. Demobilization activities are facilitated by the Demobilization Unit Leader if assigned, or by the Planning Section Chief. To develop the demobilization plan, the Demobilization Unit Leader or the Planning Section Chief will collaborate with the DOC Manager. Responsibilities of the Demobilization Unit Leader/Planning Section Chief includes developing the demobilization plan, collect demobilization checkout forms, and inspecting equipment as they are released from the incident.

Once the response has been demobilized, equipment and assets will be inventoried and inspected for damage and serviceability by the Logistics Section Chief, the IC/DOC Coordinator, and the equipment custodian. This process may be tracked using the ICS Form 221 Demobilization Check-Out Form. If equipment is damaged or inoperable, assets will be serviced prior to the purchase of a replacement. To service equipment, the Logistics Section Chief or their designee will complete and submit a *Maintenance Request form* for the damaged item. If the item cannot be reconditioned, a replacement item will be purchased through the departments purchase order process.

- Costs for servicing and/or replacing equipment will be included in the post-incident cost recovery process.

M. Recovery

Psychological first aid (PFA) is an evidence-informed approach that aims to reduce stress symptoms and assist in a healthy recovery following a traumatic event, natural disaster, public health emergency, or even a personal crisis.

Psychological First Aid addresses basic needs and reduces psychological distress by providing a caring comforting presence, and education on common stress reactions. PFA empowers individuals by supporting strengths and encouraging existing coping skills. PFA also provides connections to natural support networks, and referrals to professional services when needed.

WCHD anticipates that PFA may be needed in any incident. Incidents likely to necessitate a demand for PFA include, but are not limited to the following events:

- Mass fatality incidents
- Incidents with significant impact on children
- Incidents that require extended use of PPE
- Incidents with significant public demonstration, e.g. vaccination campaigns with limited supply

As a Wayne County employee and/or as a member of the county health insurance plan, staff is eligible for a program call Employee Assistance Program (EAP) which helps employees at a time of personal, financial, family, or work issues. The county has contracted with a counseling firm that covers six (6) sessions of individual counseling per year, per issue, for each employee. To make an appointment, contact ComPsych GuidanceResources at 877-936-7327. This call may be made by any incident personnel during or after a shift.

For incidents in which higher demand for PFA is anticipated/requested, WCHD will request assistance from the Wayne-Holmes Mental Health & Recovery Board.

V. Roles & Responsibilities

A. Health Department Responsibilities

The following represents a brief summary of roles and responsibilities associated with health department programs/services. Responsibilities may include, but are not limited to the following:

1. Patient Care
 - Immunizations

- Public health programs and clinical services
 - Assessment and recommendations on disease issues
 - Participation in epidemiological research, process statistical input
 - Response to biological events affecting community well being
 - Provide information on causes and prevention of disease
 - Provide emergency response to potential and real disasters
2. Environmental Health
- Response to biological events affecting community well being
 - Assurance of accessibility to potable water
 - Assurance of sanitary sewage disposal
 - Assurance of sanitary housing
 - Assurance of vector control and prevention
 - Inspection and licensing of food service operations and retail food establishments
 - Provide emergency response to potential and real disasters
3. Administration
- Manages financial accountancy of all WCHD funds and expenses.
 - Maintains inventory for office equipment and supplies.
 - Oversees ordering of new supplies and equipment.
 - Manages and issuing of vital statistics.
 - Handles incoming calls
 - Staffing the Hotlines
 - Assists in mailing and duplication services.
 - Performs human resources management, including employee pay benefits safety and risk management.

B. WCHD Support Role & Responsibilities

As a member of the Northeast Central Ohio (NECO) Regional Healthcare Coalition, the WCHD may be called upon during an incident to provide incident support and mutual aid to local and/or regional healthcare coalition partners. Support activities can include, but is not limited to the following:

- Support public health and public safety requirements based on incident demands
- Support local and regional healthcare providers in the delivery of healthcare services to the general public
- Situational awareness
- Resource support - personnel, equipment, and/or supplies, etc.
- Epidemiological surveillance and investigations
- Transmission mitigation strategy development and coordination

- Support the distribution of medical countermeasure
- Support and coordinate public information initiatives
- Conduct environmental health inspections and services
- Coordinate and provide population monitoring services
- Coordinate with community stakeholders to prevent and/or mitigate public health hazards as a result of a mass fatality incident.
- Support the issuance of death certificates and burial permits.
- Support the handling and processing of human remains to support public health requirements.

C. Local Healthcare Partners

Wayne County currently has 2 hospitals (Wooster Community and Aultman Orrville Hospital) within the county, 17 fire/EMS departments that provide field triage and transportation of injured to area hospitals; a coroner's office, and a county morgue; 12 funeral homes; 16 nursing homes that are licensed by the Ohio Department of Health as intermediate care facilities; along with several mental health facilities that provide counseling for the mental health and welfare of Wayne and Holmes County residents. All of the organizations described above comprise the medical response components within the county.

1. Hospitals - provide medical guidance to EMS units, and field triage teams concerning the treatment and handling of the injured; establish and maintain field and inter-hospital medical communications, make available upon request qualified medical personnel, supplies, and equipment; maintain communications with Health Care Coordinator within the EOC and provide updated information as possible; implement mass casualty plans; provide emergency treatment and hospital care for disaster victims, support County Coroner at temporary morgue.
2. EMS: provide personnel to administer emergency medical assistance at the disaster scene; provide first aid/medical supplies for disaster use; establish and maintain field communications and coordination with other emergency services; police, fire, health, hospitals, etc; provide field triage; provide emergency medical care for essential workers following an evacuation by establishing a mobile medical center outside of the hazardous area.
3. ARC: Provide blood and blood substitutes, and/or implement reciprocal agreements for replacement of blood items; provide nursing support at temporary treatment centers, as requested, and within capability. Support will also be provided at shelter and reception/care center; provide assistance in the location and notification of next of kin; provide assistance for the special needs of the handicapped, elderly, and those children separated from their parents; maintain a medical evacuee tracking system; train assigned response staff and volunteer augmenters to perform emergency functions.
4. MHRB: Ensure professional psychological support is available for victims and emergency response personnel during all phases of the disaster.

5. Coroner: Coordinate local resources utilized for the collection, identification, and disposition of deceased persons and human tissue; select sites to establish temporary morgues, and the personnel to staff them; coordinate with search and rescue teams; determine cause of death; identify mass-burial sites; protect the property and personal effects of the deceased; provide emergency information to the news media on the number of deaths, morgue operations, etc., as appropriate; coordinate services of funeral directors, ambulances, EMS, and other pathologists; the Red Cross for location and notification of relatives; dentists and x-ray technicians for purposes of identification; and police for security, property protection, and evidence collection.
6. Long-term care: Care for injured residents; provide space for temporary medical treatment for disaster victims if available; reduce the patient population to the extent possible if evacuation is necessary, and continue medical care for those that cannot be evacuated.

D. Regional Healthcare Partners

1. The role of the NECO Regional Public Health Coordinator in a local, multi-county, or regional response includes but is not limited to the following activities:
 - Provide technical assistance and coordination for public health preparedness activities within the defined planning region in accordance with grants or regional public health / healthcare coalition preparedness initiatives.
 - Maintain regional (multi-agency) plans and procedures.
 - Provide access and training to regional coordination, information sharing modalities and strategies.
 - Serve as a liaison between regional healthcare coalition partners, cross regional partners, and state partners augmenting and/or supporting the developing / existing ICS structure.
 - At the request of local agencies and upon approval from the NECO Chair and home agency, serve in an ICS position to support response and recovery efforts regionally.
 - Support the establishment of a regional (multi-jurisdictional) surveillance, investigation, and response initiative for public health hazards.
 - Support situational awareness and the development of a common operating picture within the region and state.
 - Support the establishment of a regional, cross regional, and/or state Joint Information System (JIS) and other regional public information sharing initiatives.
 - Support, in coordination with jurisdictional LHD and EMA, the allocation of resources (personnel, equipment, and supplies) regionally, cross regionally, and/or statewide during public health hazards.
 - Serve as a backup local Medical Reserve Corp (MRC) Coordinator and/or support the implementation of MRC deployments.
2. The role of the NECO Regional Healthcare Coordinator in a local, multi-county, or regional response includes but is not limited to the following:

- The Regional Public Health Coordinator and Regional Healthcare Coordinator will serve in a coordination capacity unless otherwise indicated per regional plans, procedures, or bylaws.
- Provide technical assistance and coordination for public health preparedness activities within the defined planning region in accordance with grants or regional healthcare / healthcare coalition preparedness initiatives.
- Maintain regional (multi-agency) plans and procedures
- Provide access and training to regional coordination, information sharing modalities and strategies.
- Serve as a liaison between regional healthcare coalition partners, cross regional partners, and state partners augmenting and/or supporting the developing / existing ICS structure.
- Support situational awareness and the development of a common operating picture within the region and state.
- Support the establishment of a regional, cross regional, and/or state Joint Information System (JIS) and other regional public information sharing initiatives.
- Support the allocation of resources (personnel, equipment, and supplies) regionally, crosses regionally, and/or statewide during healthcare related hazards.

3. Regional Healthcare Partners

The Northeast Central Ohio Region currently has 29 acute care hospitals, three behavioral health hospitals, four rehabilitation or long-term acute care hospitals and eight free-standing emergency departments. The region also has a growing number of partners that have recently joined the Health Care Coalition that include 34 long term care agencies, 12 home health agencies, 33 dialysis centers, seven ambulatory surgery centers, three rural health clinics and federal qualified health centers and one intermediate care facility for individuals with intellectual disabilities.

a. Hospitals and Health Systems

- Hospitals in the Northeast Central Ohio Healthcare Coalition participate fully in the coalition by attending monthly hospital planning meetings, quarterly coalition meetings and other planning sessions as needed. Hospital Emergency Managers are supported by hospital leadership in their participation in all aspects of planning and response.
- During a response, hospitals will provide situational awareness updates to the region so a bigger picture of an incident can be developed. In addition, as governed by the Ohio Statewide Hospital Memorandum of Understanding, hospitals will share resources and staff as needed to enhance the response of the impacted partner.

- Hospitals share information by updating SurgeNet the Ohio Statewide Bed Tracking platform and the NECO Situational Awareness Dashboard with critical Essential Elements of Information (EEI) to help develop the scope of the incident in the region.
 - Additionally, a major role for the hospitals in the region is assisting with surge capacity given a regional incident. All hospitals are prepared to quickly augment staffing and space to accommodate a surge of patients from either an incident in their local community or from an incident/evacuation in another part of the region.
- b. Specialty Hospitals
- Within the NECO Region, there are three behavioral health hospitals. During a disaster or incident their role would be to provide surge capacity as available. Often, these hospitals are operating at capacity and do not have a plethora of additional beds available. However, during an incident they would also be included in the search for appropriate surge capacity. In addition, if their hospital were to experience an internal disaster that would require them to evacuate, NECO acute care hospitals with appropriate bed availability would be asked to surge and accept patients from these facilities.
 - There are four rehabilitation hospitals in the region. These hospitals would also play a key role in surge capacity. They too would be asked to surge by discharging appropriate patients in order to potentially expand their capacity to take appropriate transfers from acute care hospitals. Likewise, in the event of a incident in their facility, acute care hospitals would be asked to surge to accommodate patients from their facility as well.

VI. Administration & Logistics

A. Administration

1. The health department maintains a full-time administrative triad which includes a full-time Health Commissioner and/ or Administrator, a full-time Director of Nursing, and a full-time Environmental Health Director. If changes occur to triad positions, the health department's emergency response coordinator is required to notify the Ohio Department of Health within 15 days. Hiring of vacant positions will be done in accordance with the Personnel Policies Manual.
2. Administration of health department activities is conducted on a daily, non-emergency basis by the Wayne County Health Commissioner.
3. WCHD will engage the Board of Health whenever the need to enforce public health orders arises. The Board of Health may also be notified and/or engaged during incidents that necessitate an emergency response by department personnel (i.e. for situational

- awareness). The Health Commissioner will conduct Board notifications by phone or via email. If the Health Commissioner is unable to notify the Board, the Director designated will execute Board notifications, as applicable.
4. The Director of Finance and Human Resources is responsible for managing all the logistical responsibilities during an incident. Logistical operations can include, but is 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. The Director of Finance and Human Resources will maintain all incident-related financial records.
 5. Health department maintains and assigns administrative access to employees as needed.
 6. The emergency response coordinator is the department's Ohio Public Health Communications System Administrator, OhioTRAIN Administrator, and Ohio Point of Dispensing Administrator.
 7. The nursing supervisor is the department's administrator for granting staff access to surveillance and information systems including: Ohio Disease Reporting System, the National Retail Data Monitor, EpiCenter, NORIS, BioSense, U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), and Epi-X.
 8. Personnel affiliated with grants management are assigned access to the State's Gateway Portal.

B. Logistics

1. The health department executes the procurement of resources and personnel actions on a day-to-day basis via department supervisors, directors, Director of Finance and Human Resources, and the Health Commissioner. However, during an emergency these activities may need to be expedited to meet the needs of an emergency response. Expedited activities can include but is not limited to: executing contracts, making purchases beyond typical inventory levels, and authorizing flex-time, comp-time, or overtime.
2. To expedite procurement of resources and personnel actions during an emergency, requests will be initially approved by the Incident Commander/DOC Coordinator. Any approvals beyond the basic authority of the Incident Commander/DOC Coordinator will be coordinated with the Director of Finance and Human Resources and/or the Health Commissioner. No funding will be obligated or committed without the consent of the Health Commissioner.
3. Expedited actions will be documented, tracked, and monitored using applicable WCHD administrative forms including: purchase requests, maintenance requests, and requests to be compensated for time worked outside of regular work hours. All expedited actions will be briefed during the incident operational briefings.

C. Funding

1. In response to an incident, the health department has the ability to make funds available for emergency response efforts. The primary mechanisms by which funding may be made available includes, but is not limited to the following:
 - Transferring available funds from one-line item to another.
 - Applying for new funding (i.e. grant) through an application process.
2. The Wayne County Health Commissioner has the authority to enter into contracts or receive funds on behalf of the health department. The Health Commissioner also has the authority to move funds from one funding source/line item to another simply by issuing a request to the Director of Finance and Human Resources.
3. In an emergency, the health department may be asked to apply for funds as if it was a new grant. Grant application processes during an emergency could be abbreviated or could have standard application elements suspended. Emergency grants can also serve for a shorter period of time.
4. The health department utilizes GMIS and GEMS platforms to monitor and support availability of funds.
5. WCHD's funding sources consist of State and Federal grants, along with local funding (i.e. General Fund). Grant funding is earmarked for pre-described purposes; whereas the general fund provides more flexibility in regards to its use.
6. The health department's annual budget is established by the Wayne County Budget Commission. The Health Commissioner has the ability to use this fund to prioritize critical programs on a day-to-day basis as well as during an incident. The Health Commissioner then briefs the Board at its next regularly scheduled BOH meeting.
7. The Health Commissioner has the ability to apply funds as needed during normal and emergency situations. However, in situations where both the Health Commissioner and the Director of Finance and Human Resources are unavailable, a special meeting will be conducted with the BOH to obtain approvals for purchases and establishment of contracts during emergencies.
8. Hiring processes for the health department will not be modified during an emergency and still require BOH approval.

D. Mutual Aid

1. Memorandums of Understanding (MOU) and Mutual Aid Agreements (MAA) are formal (written) or informal agreements between jurisdictions or agencies that describes methods and types of assistance available between two or more entities during emergencies. MOU/MAA outlines how agencies will support one another and also define the terms of that support. MOU / MAA requires the approval of the Health Commissioner to be in effect.
2. MOUs and MAAs provide the health department with a method for augmenting and/or expanding capabilities by allowing the department access resources like personnel, specialized services, and facilities with organizations that agreements have been executed.
3. The health department maintains Memorandums of Understanding (MOU) and Memorandums of Agreements (MOA) with a number of agencies at various levels of government. Agreements between the health department and other agencies include:

Document Name	Document Type	Support / Resource	Cost Estimate	POC
NECO MAA	MAA	Public Health Response Personnel and resources	No cost; staff provided as available	For contact information, refer to the MAA
Mental Health & Recovery Board MOU	MOU	Mental Health services	No cost; county declaration required	For contact information, refer to the MOU
Aultman Orrville Hospital MOU	MOU	Vaccine storage	No cost	For contact information, refer to the MOU
Wooster Community Hospital MOU	MOU	Vaccine storage	No cost	For contact information, refer to the MOU
Grace Brethren Church MOU	MOU	Facility for clinic purposes	No cost	For contact information, refer to the MOU
Wooster City Services MOU	MOU	Facility for clinic purposes	No cost	For contact information, refer to the MOU
Wooster City Recreation & Community Center MOU	MOU	Facility for clinic purposes	No cost	For contact information, refer to the MOU
Agreement for Epidemiologist Services	Contract	Epidemiology services	\$50.00/hour	For contact information, refer to the agreement

4. Hardcopies of current MOUs/MAAs are maintained by the emergency response coordinator. Whereas copies of contracts are maintained by the Director of Finance and Human Resources. Electronic copies of MOU/MAA are stored on the Patient Care F:drive, in the PHEP folder for easy access during an emergency.

E. Documentation

For the WCHD, documentation is a crucial step in emergency response and recovery. The documentation process captures all activities and expenditures related to emergency response and recovery efforts. The maintenance of complete and accurate records facilitates cost recovery eligibility; can resolve legal or insurance matters; enables inventory control; and supports the evaluation of incident strategies and the development of IAPs and AAR/IP.

1. The list below details documents and forms that could be used by the health department to support financial and administrative activities throughout an incident. Forms will be completed by all applicable staff and submitted as stipulated (e.g. bi-weekly, monthly, etc.).
 - To record personnel hours, all WCHD staff will document hours worked by using the Bi-Weekly Time Report. At the end of a two-week reporting period, employees complete a Bi-Weekly Time Report which gets submitted to their immediate supervisor for verification. Supervisors will then submit staff timesheets to the appropriate payroll clerk for processing. Once processed, timesheets get filed in the office of the Director of Finance and Human Services. See Attachment #18 for a copy of the Bi-Weekly Time Report Form.
 - During an emergency, all response staff will complete the WCHD Time/Activity Sheet to record their daily actions. Time/Activity Sheets are completed on a bi-weekly basis and are submitted along with the Bi-Weekly Time Report Form. Once processed, timesheets and activity logs are maintained in the office of the Director of Finance and Human Services. See Attachment #19 for a copy of the WCHD Time/Activity Sheet.
 - In situations where response activities require department staff to utilize their personal vehicle for travel to work related activities, applicable staff will document mileage traveled using the WCHD Monthly Mileage Expense Report. The Monthly Mileage Expense Report will be submitted to payroll for reimbursement by the end of the month. Refer to Attachment #21 to view a copy of the Monthly Mileage Expense Report form.

- If the emergency requires staff to work outside of their regularly schedule hours, personnel will be required to complete the Request to Be Compensated For Time Worked Outside of Regular Work Hours form. Upon completion, staff will submit the form to their supervisor for approval. Forms will then be submitted to the Health Commissioner for his signature / approval. Refer to Attachment #20 to view a copy of the Request to Be Compensated For Time Worked Outside of Regular Work Hours form.
 - To document resources expended during emergency response operations, the WCHD may utilize ICS Form 204–Assignment List, ICS Form 210-Resource Status Change, ICS Form 213RR-Resource Request Message, and/or ICS Form 215-Operational Planning Sheet. The forms will be completed by personnel as assigned and will be shared amongst all command and general staff. Electronic versions of ICS Forms can be access on the department server in the F: drive, PHEP Folder.
2. Documents selected to be used during an incident will be determined by the Incident Commander/DOC Coordinator. Staff will be required to turn in all documentation before the end of their shifts or as soon as is applicable. All financial, administrative, and cost-recovery documents are to be submitted to the Finance & Administration Section Chief. The Finance / Administration section will use activity/incident logs/forms as the tracking mechanism for determining resources expended.
 3. Copies of incident documents (i.e. ICS Forms and Activity logs) will also be provided to the Emergency Response Coordinator for the purposes of maintaining a historic record of the event and to assist in the development of the AAR/IP.
 4. Record Security
 - a. WCHD will collect, receive, create and maintain a large amount of data and records during an incident. Some of this data is protected or confidential pursuant to The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as well as all applicable state and federal regulations, the violation of which may result in civil, criminal, or administrative penalties, as well as adverse employment action by WCHD.
 - b. The following elements are considered Protected Health Information (PHI) and must be protected from improper use or disclosure.
 - Name
 - All geographic subdivisions smaller than a county, including street address, city, precinct, and zip code.
 - Dates of service
 - Telephone numbers
 - Electronic email addresses

- Social Security Number
 - Medical Record Number
 - Health plan beneficiary number
 - Any other unique identifying number, characteristic, or code that can be reidentified.
- c. Immediately upon discovery that there has been an unauthorized disclosure or suspected unauthorized disclosure of the information, the person who discovers the disclosure or suspected disclosure will notify his or her direct supervisor, the Director of Patient Care Services and/or incident commander.
- d. Health Insurance Portability and Accountability Act Procedure Manual for the Wayne County Health Department dated 1 January 2013 (located in the Risk Management Manual, section 2), prescribes that data collected by organizational units or individuals within WCHD are collected pursuant to law and as authorized by WCHD.

F. Cost Recovery

Contingent on whether an incident receives a State and/or Federal Disaster Declaration, some of WCHD's emergency response costs may be eligible for reimbursement through state or federal funding programs.

Response costs which could be eligible for reimbursement may include:

- Labor costs
- Equipment costs
- Supply/material costs
- Rented equipment
- Mutual aid costs

WCHD personnel will capture all activities and response related expenditures on applicable internal forms. Prior to the end of their shift, staff will submit all response related documentation to the Director of Finance and Human Resources or the Logistics Section Chief.

If cost recovery is applicable for the incident, the health department's Director of Finance and Human Resources or the Logistics Section Chief will submit the necessary documentation to Wayne County Emergency Management Agency. Wayne County EMA will then coordinate cost recovery activities with the Ohio Emergency Management Agency.

G. Record Retention

All records developed within the Wayne County Health Department shall be retained in accordance with ORC Sections 149.31, 149.351 and 149.38. The law requires every public office to maintain its records in accordance with statutory requirements or record retention schedules approved by the County Records Commission. Records cannot be removed, transferred, destroyed or mutilated unless approved by the County Records Commission.

During an incident all staff will abide by the Records Retention Policy outlined in the Personnel Policies for The Employees of Wayne County Board of Health dated May 2017. The WCHD Records Retention Policy and the Director of Finance and Human Resources 2016 Record Retention Master List, provides direction to WCHD employees regarding the required timeframe documentation is kept, retention periods, transfer and destruction methods for WCHD records. The timeframes for which documents are kept will vary in accordance to the authorizations established by the Records Commission. Refer to the 2016 Record Retention Master List for details.

Some WCHD records will become inactive before they are eligible for destruction. Whenever possible, inactive records that must be retained for more than two years will be transferred to the health department's off-site storage. By using offsite storage, staff can clear offices of inactive records. Designated staff from each department unit has access to the offsite storage facilities. A record will be maintained of all records stored off site.

H. Internal Agency Plans and Operating Manuals

Other department plans and operating guides which may be utilized by health department staff during an emergency can include but is not limited to the following:

1. Continuity of Operations Plan

The health department maintains a Continuity of Operations Plan (COOP) which was developed to ensure that the capability exists for the health department to continue providing essential functions across a wide range of potential emergencies or situations that may disrupt normal operations. The goal of COOP is to restore operations of essential functions at an alternate site within 12 hours and to maintain operations for 30 days.

2. Training & Exercise Plan

The health department maintains / develops a multiyear training and exercise plan (TEP). The TEP is reviewed and updated on an annual basis by the emergency response

coordinator. The TEP is developed following HSEEP principles and incorporates exercises which had been completed and provides a plan / schedule for exercises that will occur in the future. The TEP also outlines department NIMS training protocols for new and existing staff. As required by the Public Health Emergency Preparedness grant, the TEP gets submitted to ODH each year.

3. Nursing Procedures Manual

The health department's Patient Care Division maintains a Nursing Policy & Procedure Manual which describes how patient care services are to be implemented. The Nursing Policy & Procedures Manual gets reviewed and revised by the Director of Patient Care and the Nursing Supervisor at least once per year.

4. Office Procedure Manual

The health department maintains the Office Procedure Manual that outlines personnel administrative processes for the department. The Office Procedure Manual is review and revised by the Director of Finance and Human Resources on an as needed basis.

5. Risk Management Manual

The health department maintains the Risk Management Manual outlines safety protocols for protecting staff and observes all applicable safety and health regulations. The Risk Management Manual is reviewed and revised by the Director of Finance and Human Resources on an as needed basis.

6. Personnel Policy Manual

The health department's Personnel Policy Manual outlines agency policies, procedures, and methods that direct the working relationship between the employee and employer. The Personnel Policy Manual is also reviewed and revised by the Director of Finance and Human Resources on an as needed basis.

I. External Plans That Support Emergency Operations

External plans and operating guides that may be utilized/referenced to support ESF-8, ESF-9, and Healthcare Coalition collaboration/coordination during an emergency can include but is not limited to the following:

- Wayne County Emergency Management Agency Emergency Operations Plan
- NECO Regional Concept of Operations Plan
- NECO Region Regional Healthcare Coalition Preparedness Plan

J. Community Partner Engagements

Wayne County Health Department staff serves on various local jurisdiction committees to ensure continual connection with our community partners. Three of the health department's community partner arrangements for emergency response priorities are outlined below:

1. Wayne Holmes Emergency Coalition

In an effort to strengthen local preparedness planning and coordination among community healthcare partners, the health department established the Wayne Holmes Emergency Coalition (WHEC). For over fourteen years, WHEC has served as the county's platform for coordinating and collaborating healthcare emergency preparedness and response planning initiatives, and for conducting information sharing activities.

WHEC meets on a monthly basis and is chaired by the health department's emergency response coordinator. As the chairperson, the emergency response coordinator is responsible for setting meeting agendas, facilitating meetings, and for preparing the meeting minutes.

Community partners involved in the WHEC include representatives from: the health department, the American Red Cross, local hospitals and clinics, the Mental Health & Recovery Board, Area Office on Aging, extended care facilities, and the county emergency management agency.

2. NECO Regional Healthcare Coalition

As the chairperson of the local emergency coalition, the health department's emergency response coordinator serves as the county's representative for the NECO Regional Healthcare Coalition Executive Committee. Responsibilities for members of the regional committee include assisting the region in determining multi-discipline regional initiatives, setting the agenda and trainings for quarterly regional meetings, and addressing any other regional issues which may occur.

3. Health Alert Network

Another method for how the Wayne County Health Department engages with community partners is through Health Alert Network messaging. The messaging system allows for the health department to provide emergency notifications or share information to community partners before, during, and after an emergency. To execute this capability the health department maintains a database of emergency contacts. This

database includes contact information for local physicians, nurses, infectious disease personnel, hospital administrators, hospital ER/ED, clinics, colleges, pharmacies, veterinarians, school officials, daycares, nursing homes, and also include emergency response organizations like police departments, fire departments, EMA, ARC, etc. This database is maintained by the health department's preparedness clerk on a quarterly basis and is stored on the department's shared drive in the "*PHEP folder*".

Based on an incident, the Health Commissioner or designee will determine the individuals and/or organizations that require notification that a public health threat or emergency has occurred. The health department would then send stakeholders emergency information via multiple communication systems including: telephone, email, fax, and radio.

K. Legal/Liability

The Wayne County Prosecutor is the statutory legal counsel for the Wayne County Health Department. The decision to engage the Office of the Prosecuting Attorney and its Civil Division will be determined by the IC/DOC Coordinator based on need and will be coordinated with the Health Commissioner. The health department requires no internal approvals to engage with the Wayne County Prosecutor's Office. The Prosecutor's Office will be contacted using information contained in Attachment #16. Topics which may require the health department to engage with legal counsel can include but is not limited to the following:

- Seek sound legal advice prior to making many decisions
- Interpretation of rules, statutes, codes, and agreements
- Protected health information
- Review contracts
- Draft documents such as agreements, leases, deeds, easements, legal opinions and memoranda
- Isolation and quarantine
- Defend elected officials when named in civil lawsuits
- File lawsuits when the County has a cause of action against another person or entity
- Any topic/issue that requires engagement of legal counsel

L. Training & Exercises

1. In accordance with the health department's personnel policy, all new staff is required to complete a six (6) month probationary period before they are eligible to begin their training coursework.
2. ICS/NIMS training levels are determined based on an employee's position in the department and FEMA training requirements. Once an employee's probationary period has ended, they have six (6) months from the end of their probationary period to complete

- ICS/NIMS training. If an existing employee changes positions within the department and requires additional ICS/NIMS coursework, the emergency response coordinator will notify the individual and inform them of their new training requirements. Staff will have six (6) months to achieve their new training requirements. Courses offerings are available through FEMA's online Independent Study Program at <https://training.fema.gov/is/crslist.aspx>
3. Refer to the *Wayne County Training & Exercise Plan* for detailed list of personnel training requirements.
 4. It is the responsibility of the emergency response coordinator to ensure that department staff is trained on the Emergency Response Plan. For new employees, awareness training will provided during employee orientation or at applicable staff meetings. For existing personnel, Plan refresher trainings will be conducted every three years at applicable staff meetings.
 5. The health department utilizes OhioTRAIN to manage personnel training accounts. It is the responsibility of the emergency response coordinator to review internal training records to ensure that staff has completed required trainings and maintains a copy of all training certificates.

M. Exercise

The Wayne County Health Department annually participates in NECO Regional Functional Exercises to help minimize exercise burden on the department. In a five-year period, the health department is required to test all fourteen Centers for Disease Control and Prevention (CDC) preparedness capabilities. Capabilities can be tested through functional or full-scale exercises, or a real-world event.

N. AAR/IP

The health department may develop an After-Action Report/Improvement Plan (AAR/IP) for all functional or full-scale exercises, or real-world events which activate the ERP. The health department's emergency response coordinator is responsible for the development of AAR/IPs. Developing AAR/IPs allows for the health department to review actions taken, highlight strengths, identify equipment shortcomings, improve operational readiness, and support stronger response to future incidents. When the health department is not the lead of the emergency response effort, the emergency response coordinator may collaborate with other agencies to provide lessons learned and findings to be incorporation into their AAR/IP.

- The health department may conduct a hotwash immediately following an emergency response or exercise. If immediately following the emergency response or exercise is not feasible the emergency response coordinator will coordinate with all applicable parties to schedule the hotwash as soon as possible after the response but no more than one week from the conclusion of the event.

- Whenever possible, the emergency response coordinator will utilize Exercise Evaluation Guides (EEG) as the standardized tool for evaluating real-world events and functional or full-scale exercises. The health department's emergency response coordinator will develop lessons learned through the analysis of response events, EEGs, and participant feedback provided during the hotwash. This analysis will feed into the development of the AAR/IP and provide necessary information to identify corrective actions.
- After-Action Report/Improvement Plans (AAR/IP) are required to be developed within 90 days of a real-world event or functional or full-scale exercise. A copy of the AAR/IP is also required to be submitted to the State within 90 days.
- The emergency response coordinator will notify and coordinate with participating response partners and stakeholders the implementation of corrective actions as identified in AAR/IPs.
- Personnel assigned improvement plan activities will be responsible for completing their assigned tasks and notifying the emergency response coordinator upon completion. It is the responsibility of the emergency response coordinator to track and log the completion of AAR/IP activities in the improvement plan log.
- The emergency response coordinator is also responsible for tracking completion of corrective actions maintaining an archive of all AAR/IP, Exercise Evaluation Forms, and Improvement Plan logs for the health department.

VII. Plan Development & Maintenance

This section describes the planning process taken by the Wayne County Health Department to develop and maintain the Emergency Response Plan.

A. Plan Development Process & Maintenance

The Wayne County Health Department conducts annual reviews of the *Emergency Response Plan*, which includes the basic plan, emergency response functions, annexes, and attachments. Revisions to the plan or any of its components will be conducted on an as needed basis and will be based upon deficiencies identified during after-action reviews or because of changes to State / Federal planning guidance. The health department does not vary the review and revision process schedule based upon plan component type. Proposed changes to plans in-between reviews and revisions will be filed for consideration until the next scheduled review and update.

To develop new plan components or when conducting plan revisions, the health department will institute a five-step planning process. The process includes the formation of the planning team; plan evaluation and determining goals and objectives; plan development; preparation, review, and approval of the plan; and implementation and maintenance of the

plan. The emergency response coordinator is responsible for initiating and coordinating the planning process for the department.

Prior to the assembling of a planning team, the emergency response coordinator executes an annual review of the *Emergency Response Plan* against existing guidance including: Public Health Emergency Preparedness (PHEP) Grant deliverables, the Ohio Department of Health Emergency Response Plan Basic Plan Rubric, and other State and Federal plan guidance to ensure continued plan compliance.

The emergency response coordinator in collaboration with the Director of Nursing will identify individuals to serve on a planning team for the purpose of providing expertise and direction in the development or revision of the *Emergency Response Plan* or any of the ERP components. ERP components may consist of the Basic Plan and its attachments, Emergency Response Functions and their attachments, and the Hazard Specific Annexes and their attachments. Planning team members may be selected from existing department staff, community stakeholders, representatives from target populations (i.e. access and functional needs), and/or subject matter experts. Planning teams utilized during the planning process may vary depending on the section or sections of the ERP being revised or created. Planning team members will be contacted by the emergency response coordinator or the Director of Nursing by phone or via email using contact information contained in Attachment #16.

To ensure that planning activities are completed, incorporated, and approved within the grant year, the emergency response coordinator will establish the planning project timetable. The emergency response coordinator will also ensure that planning components are staggered so that members of the planning team do not become overwhelming during plan reviews and updates.

To document planning team collaboration, the emergency response coordinator will utilize sign-in sheets to record participation in preparedness and planning meetings; and function as a scribe to document team discussions, findings, recommendations, and activities. The emergency response coordinator will maintain a project file containing all applicable meeting materials including: sign-in sheets, meeting notes, and other documentation in the emergency response coordinator's office at the health department.

The planning team will assess the *Emergency Response Plan* and after-action report findings to identify gaps and deficiencies and determine needs for improvement. Planning team members will be assigned revision responsibilities based upon areas of specialty. Conducting a plan update will require the planning team to acquire or update data; to revise and replace existing processes; or to develop new processes for incorporation into the plan.

Once planning team members have prepared the plan revisions, the updated materials will be submitted to emergency response coordinator for incorporation into the plan. The emergency response coordinator will submit the draft to planning team members for final review before

it is submitted to leadership for final approval. Any feedback will then be incorporated and the updated document will be presented to leadership for final approval. The emergency response coordinator will document all plan changes onto the record of changes page (refer to the Record of Changes page).

Upon final approval, the updated plan will be distributed to all department employees in hard copy form. An electronic copy of the plan will be posted on the internal shared drive in the PHEP Emergency Response Plan folder and posted on the Wayne County Health Department intranet. The emergency response coordinator will also distribute plan revisions to outside organizations as outlined on the distribution list.

B. Plan Components and Formatting

1. Wayne County ERP was developed to align with the definitions and formatting described below.
 - PLAN: is a collection of related documents used to direct response activities. Plans can include up to four types of documents, which can include: basic plan, attachment, appendix and annex.
 - BASIC PLAN: is the main body of a plan document and outlines general policies and procedures which provide a baseline for local operations.
 - FUNCTION / EMERGENCY RESPONSE FUNCTION: is emergency concept/capability that could be activated to address any hazard. For example, the functions of communication and emergency public information could be activated for any hazardous event.
 - ANNEX: is a document which guides a specific type of response effort (e.g. Ebola, Pandemic, etc.). Annexes can include supplementary documents like attachments and/or complementary documents like appendices.
 - ATTACHMENT: is a supplementary document that is added to a primary document to address deficiencies or explain broader elements. Attachments can be included in the basic plan, emergency response functions, and annexes. Attachments are found immediately after the document for which they support and are labeled in ascending numerical order.
 - APPENDIX: is defined as a complementary document that is added to a primary document but is not necessarily essential to its completeness. The Wayne County Health Department does not utilize appendixes in our ERP format.

The health department's *ERP* consists of three types of documents which include: the basic plan, nine (9) emergency response functions, and three (3) incident specific annexes.

Emergency Response Functions in the *ERP* are located immediately after of the Basic Plan section and include: Emergency Operations Coordination, Communications, Notification and Warning/Information Sharing, Emergency Public Information, Mental Health, Mass Vaccination/Mass Prophylaxis, Resource Management, and Community Containment concept sections.

Annexes in the *ERP* are located immediately following the Emergency Response Functions. The *Wayne County Health Department ERP* currently has three hazard specific annexes which address biological, epidemic/pandemic, and Ebola response efforts.

Additionally, all plan components will use both appropriate terminology for access and functional needs and person-first language throughout the ERP, consistent with the standards described in Attachment #14: Communicating With and About People With Access and Functional Needs.

2. The Wayne County Emergency Response Plan and all of its corresponding sections were formatted using the specifications outlined below.
 - Bookman Old Face 40pt for Title
 - Times New Roman 12pt for Body text
 - Times New Roman 10pt for Headers
 - Headers will include the version number (aligned to the left), Plan name-section name (aligned in the center); and adoption date (aligned right).
 - Times New Roman 10pt for Footers
 - Footers will contain the last review/revision date (aligned to the left), and contain the page number aligned to the right.
 - 1.15 Line spacing
 - Left Aligned
 - Hyperlinks are denoted by blue colored font.

When referencing components of the *ERP*, the Basic Plan, response functions, or annex titles will be labeled in their entirety and italicized to minimize confusion (e.g. “*Emergency Response Plan – Direction and Control*”).

3. Beginning with the 2018 Basic Plan update, Wayne County Health Department will track the ERP and all its functions and annexes version history under one numbering system. That numbering system will be as follows: X.XX
 - The first number in the version number will represent the current version of the plan.
 - The second two numbers will represent plan revisions and/or expansions that have transpired during the plans life cycle.

- If a plan review does not necessitate any revisions, only the review date found in the document's footer will be updated.
- Substantial structural modifications to the plan will necessitate a higher version number and for the new version to be adopted.

C. Public Input

The *Wayne County Health Department Emergency Response Plan – Basic Plan* is made available for the public to review on the department's website: <http://www.wayne-health.org/emergency-preparedness>. The plan is also available to the public for viewing at the Wayne County Health Department's main office, at 203 South Walnut Street, Wooster, Ohio 44691.

On a biannual basis, the emergency response coordinator will utilize various media sources (e.g. Primary Prevention Newsletter, local newspapers, and the department Facebook page) to solicit public opinion and/or recommendations regarding the Emergency Response Plan. Public comments will be accepted via email and addressed at the next scheduled plan review.

Prior to the web publishing, the emergency response coordinator in coordination with the Director of Nursing will determine the attachments that are to be redacted from the public version of the plan. Once the redactions have been made, the emergency response coordinator will submit the revised document to the department's website clerk for posting.

D. Development

Definitions and acronyms related to the WCHD ERP are located in Attachment #25 and Attachment #26.

VIII. Attachments

- Attachment #1 – Wayne County's Access & Functional Needs Indicators (CMIST)
- Attachment #2 – Wayne County Floodplain Map
- Attachment #3 – Wayne County Social Vulnerability Index Map
- Attachment #4 – Wayne County Social Vulnerability Index Scores by Census Tract
- Attachment #5 – Wayne County EOP Agency/Function Responsibility Chart
- Attachment #6 – Emergency Proclamation Sample
- Attachment #7 – Activation Algorithm
- Attachment #8 – Incident Assessment Form
- Attachment #9 – WCHD Communicable Disease Case Report and Foodborne Illness Complaint Worksheet
- Attachment #10 – Sample Essential Elements of Information
- Attachment #11 – Wayne County Health Department Operational Schedule Template

- Attachment #12 – Incident Action Plan (IAP) Quick Start Form
- Attachment #13 – Situation Report (SITREP) Template
- Attachment #14 – Communicating With and About People With Access And Functional Needs
- Attachment #15 – Procedure for Use of Tele-Interpreter and Foreign Language Services
- Attachment #16 – Point of Contact List
- Attachment #17 – Access and Functional Needs Partners List
- Attachment #18 – Bi-Weekly Time Report
- Attachment #19 – Time/Activity Sheet
- Attachment #20 – Flex-Time / Compensation Time Request Form
- Attachment #21 – Monthly Mileage Expense Report
- Attachment #22 – Legislative Authorities
- Attachment #23 – Plan Development Resources
- Attachment #24 – National Incident Management System (NIMS) 2017 Refresh
- Attachment #25 – Glossary of Terms
- Attachment #26 – Acronyms

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