

Summit County Public Health Emergency Operations Plan
Basic Plan

I. Purpose

The purpose of the Summit County Public Health Emergency Operations Plan (EOP) is to provide a framework to prevent, mitigate, prepare for, respond to, and recover from public health incidents regardless of size, scope, and complexity.

II. Scope

The EOP outlines the functions and strategies Summit County Public Health (SCPH) will implement prior to, during, or immediately following a public health incident affecting the Summit County.

III. Situational Overview

A. Hazard Analysis

1. According to the 2013 SCPH Hazard Vulnerability Assessment (HVA), the 5 most likely hazards to affect Summit County, Ohio include:
 - Flooding
 - Energy / Power / Utility Failure
 - Air / Water Contamination
 - Emerging Disease (Communicable Disease)
 - Winter Storm / Snow / Ice

B. Situation

1. According to the 2010 Census, the population of Summit County is 541,781 with a population density of 1,312 per square mile
2. Summit County, Ohio is comprised of 31 political subdivisions in which SCPH is contracted to serve.
3. Within Summit County jurisdiction contains functional needs individuals including but not limited to daycares, schools, physically and mentally disabled, non English speaking, homeless, and elderly.
4. Natural, Human Caused, and/or Technological Hazards have the potential to occur within Summit County, Ohio affecting the SCPH jurisdictions.
5. Depending on the size, scope, and complexity; public health incidents have the potential to occur locally, regionally, statewide, or nationally.
6. SCPH will participate in the Summit County Emergency Management System, in conjunction with response and community partners to ensure an effective response to public health hazards.
7. SCPH will utilize the Incident Command System (ICS) to manage emergency operations regardless of incident size, scope and complexity.

8. The SCPH is responsible for providing public health services for the citizens of Summit County. SCPH will act as the lead response agency for public health events within the county as specified in the Summit County Emergency Operations Plan (SCEOP).

C. Capability Assessment

1. SCPH currently employs 260 (est.) personnel of varying vocations, skills, traits, and experience.
2. Summit County currently has 950 (est.) registered volunteers which may be utilized to assist SCPH in public health scoped incidents.
3. SCPH currently has an inventory of emergency preparedness supplies and equipment capable of being used in a variety of public health related incidents.
4. The Summit County Emergency management Agency is available to provide coordination and support.
5. The North East Central Ohio (NECO) Region 5 Memorandum of Agreement supports the coordination of services and equipment to support a public health incident affecting Summit County, Ohio or a neighboring health jurisdiction.

D. Limitation Assessment

1. Depending on the type and severity of the event, the SCPH's response may be limited by such factors including but not limited to:
 - a. Damage to facilities and infrastructure.
 - b. Transportation services
 - c. Staff and Resource availability.
 - d. Communication
 - e. Fiscal constraints
 - f. External entities participation and support

IV. Planning Assumptions

A. Assumptions

1. No single agency at the local, regional, state, federal or private-sector level possesses the authority and expertise to act unilaterally on many difficult issues that may arise in response to a natural, human caused, and/or technological disaster.
2. An emergency or disaster has the potential to overwhelm the capability of the SCPH potentially requiring Local, Regional, State, and Federal assistance.
3. SCPH will coordinate response activities with other Local, Regional, State, and Federal public and private entities.
4. Activation of the SCPH EOP, relevant annexes, and implementing instructions will assist SCPH in meeting responsibilities outlined in the

SCEOP maintained by the Summit County Emergency Management Agency (SCEMA).

5. The SCPH EOP integrates with the SCEOP to assist in providing a coordinated response to incidents affecting Summit County, Ohio.
6. The SCPH will support requests for assistance in accordance with established Mutual Aid Agreements (MAA's), Memorandum of Agreements (MOA's) or Memorandums of Understanding (MOU's) with other entities within and outside of Summit County.
7. SCPH employees, with the assistance of response partners and volunteers will respond to public health incidents affecting the SCPH jurisdiction.

V. Direction and Control

- A. The Health Commissioner (or designee) maintains the authority to administer all operations of the department and has overall control of the assignment of all resources, within bounds established by the Board of Health and collective bargaining agreements.
- B. Division Directors and supervisors have direction and control of their respective divisions, and may utilize their personnel to the maximum extent possible during normal operations.
- C. The Health Commissioner (or designee) is responsible for the activation of the Incident Command System agency wide. Activation of the Incident Command System separates operational responsibilities and authorities as follows:
 - Emergency Operations: The Incident Commander has full responsibility and authority for the incident management activities of the SCPH.
 - Normal Operations: Administration has full responsibility and authority for normal (day-to-day) management activities of SCPH.
- D. Should an incident occur the SCPH would coordinate efforts with The Summit County Emergency Management Agency (SCEMA) and the State of Ohio Emergency Management Agency through the Summit County Emergency Operations Center (EOC), and the Summit County Emergency Operations Plan (SCEOP).
- E. The Incident Command System, depending on the size, scope, and complexity of the incident, may be activated under the following levels: Limited, Partial, or Full Activation.
 - Limited activation of the Incident Command System can occur if one or more divisional programs is responding to a specific public health incident, and/or the Incident Commander can fulfill the duties of all ICS positions.

- Partial activation of the Incident Command System can occur if one division is responding to a specific public health incident, and/or Command Staff positions are assigned by the Incident Commander.
 - Full activation of the Incident Command System can occur if the entire agency (two divisions or more) is responding to a public health incident, and/or multiple Command and General Staff positions are assigned by the Incident Commander.
- F. SCPH may activate a Departmental Operations Center (DOC) depending on the size, scope, and complexity of the incident. The DOC goal is to assist SCPH assets in the field to coordination and management of agency response activities.
- G. Based on the incidents size, scope, and complexity SCPH may operate in conjunction with the Summit County Emergency Operations Center (SCEOC) to assist in policy development/implementation and the coordination, obtainment, and allocation of response resources.
- H. Line of Succession (Health Commissioner)
1. Health Commissioner (Gene Nixon)
 2. Deputy Health Commissioner (Donna Skoda)
 3. Deputy Health Commissioner (Tom Quade)
 4. Director of Environmental Health (Bob Hasenyager)
 5. Director of Community Health (Tonya Block)

VI. Concept of Operations

A. General

1. SCPH is responsible for providing public health services for the jurisdictions in which it serves.
2. SCPH will act as the lead agency to coordinate response operations for public health incidents within Summit County as specified in the SCEOP (Annex H) or in response to an incident in which public health services have been identified as the priority. SCPH responsibilities include but not limited to:
 - a. Communicable Disease Surveillance and Investigation
 - b. Community Containment
 - c. Mass Prophylaxis (Mass Dispensing)
 - d. Vital Statistics (Mass Fatality)
 - e. Radiological Response and Population Monitoring
 - f. Air Monitoring
 - g. Food Safety

- h. Water Quality
- i. Sewage Treatment
- j. Solid Waste Coordination
- k. Vector Control
- l. Shelter Inspections

Refer to Public Health Annex H (Supporting Materials)

- 3. The SCPH may act, depending on incident size, scope, and complexity, as a supporting agency to address public health functions as specified in the SCEOP or as requested by the lead agency.
- 4. The Incident Command System will be utilized by the SCPH to prevent, protect against, respond to, recover from, and mitigate the effects of public health incidents, regardless of size, scope, or complexity.

B. Activation and Implementation

- 1. SCPH EOP may be activated by the Health Commissioner (or designee) or Incident Commander to guide response operations as dictated by incident complexity and/or when the SCPH engages in emergency operations as a supporting agency.

Refer to the Incident Complexity Chart

- 2. The Health Commissioner (or designee) or Incident Commander may activate the entire plan or any portions thereof as deemed necessary to guide the implementation of emergency operations.
- 3. At a minimum, activation of the SCPH EOP (Basic Plan) will involve the activation of the Direction and Control Annex, Communications Annex, Public Information Annex, and Resource Management Annex. Additional annexes, appendices, and implementing instructions will be activated based on the need.

C. Plan Use and Deactivation

- 1. The SCPH EOP goal is to provide a strategic outline in which SCPH can utilize to mitigate, prevent, prepare for, respond to, and recover from public health hazards affecting Summit County, Ohio.
- 2. Deactivation of the SCPH EOP may occur when the event can be managed via normal operations or the situation is resolved negating future public health intervention.

VII. Organization and Assignment of Responsibilities

A. Assignment of Responsibilities

- 1. Health Commissioner or designee
 - a. Appoint an Incident Commander (or assume position) to coordinate Emergency Operations.

- b. Maintain Normal Operations, or designate operational authority to a qualified individual to insure the Summit County Public Health day-to-day services are maintained.
 - c. If applicable, activate SCPH Emergency Operations Plan.
 - d. Participate in the DOC and/or the SCEOC as appropriate.
 - e. Participate in MAC group(s) as appropriate.
 - f. Coordinate and/or provide support in public information activities.
2. All Divisions
- a. Manage operations in accordance with ICS.
 - b. Develop, Maintain, and Test operational manuals and implementing instructions necessary to implement the functions outlined in the Annexes and Appendices.
 - c. Provide Subject Matter Experts (SME's) to provide insight concerning the public health incident.
 - d. Provide support to the lead division(s) as needed.
 - e. Coordinate the availability of divisional resources.
3. Administration Division
- a. Provide expertise and assistance for technical support.
 - b. Coordinate and/or provide for data storage, data recovery and restoration of services during an emergency event.
 - c. Provide fiscal and administrative services.
4. Community Health Division
- a. Coordinate operations for mass dispensing of immunizations/prophylaxis.
 - b. Provide Emergency Preparedness Support and Services.
 - c. Provide epidemiological support and services.
 - d. Assess counseling needs for SCPH staff, their family members, and affiliated volunteers and refer for additional treatment.
 - e. Provide expertise and assistance for technical support.
5. Environmental Health Division
- a. Establish preventative health services, including controlling the spread of communicable diseases and initiating community containment measures.
 - b. Provide epidemiological surveillance, case investigation, lab support, and follow-up services for communicable disease.
 - c. Inspect food products and/or services, private water systems, solid waste disposal, and sewage disposal.

- d. Monitor food handling, mass feeding and sanitation service in emergency facilities, including increased attention to sanitation in commercial feeding facilities, in collaboration with the EOC.
- e. Implement activities to provide vector control.
- f. Provide support in the management of air quality assurance and laboratory testing.
- g. Provide expertise and technical support.

VIII. Phases of Emergency Management

A. Prevention

Actions to avoid an incident or to stop from occurring.

B. Mitigation

Activities taken to reduce the severity or consequences of an emergency.

C. Preparedness

Activities, tasks, programs, and systems developed and implemented prior to an emergency that are used to support the prevention of, mitigation of, response to, and recovery from emergencies.

D. Response

Immediate and ongoing activities, tasks, programs, and systems to manage the effects of an incident that threaten life, property, operations, or the environment.

E. Recovery

Activities and programs designed to return conditions to a level that is acceptable to the entity.

IX. Training and Exercise

A. General

1. Education, Trainings, and Exercises on the SCPH EOP will be the responsibility of the SCPH Exercise Design Team (EDT).
2. The EDT is chaired by a member of the Office of Emergency Preparedness (Policy and Planning Division) and comprised of representatives from each division.

B. Education and Training

1. Education and training will occur as a result of, but not limited to new employee orientation, revisions, or changes in government structure, or as required before, during, or following an incident or exercise.

C. Exercise

1. Exercises will be based on the Homeland Security Exercise and Evaluation Program (HSEEP):

- a. The multi-year training and exercise plan will be based on any requirements set forth by the Ohio Department of Health.
- b. The multi-year training and exercise plan will follow the building block approach.
- c. Exercises will be conducted annually to assess the effectiveness of the EOP and to provide staff with familiarity of the EOP.
- d. SCPH will participate in exercises in coordination with community partners.
- e. An After-Action Report and Improvement Plan will be completed within 60 days following each exercise.
- f. In conjunction with community partners, a multi-year training and exercise plan will be established.

X. Plan Development and Maintenance

The EOP will be reviewed and/or revised annually or as required by mandate, policy, directive or order. This EOP may be revised based on instances including, but not limited to: best practices, changes in government structure, changes in equipment, changes in infrastructure, or as a result of After-Action Reports (AAR), Improvement Plans (IP).