



Emergency Operations Plan (Base Plan)

Galion City Health Department

Emergency Operations Plan (Base Plan)

Plan Revisions

This document will be reviewed and/or revised annually or as required by Mandate, Law, Policy, Directive, or Order. The annual review cycle will follow that which is outlined in the basic plan *Development and Maintenance* section; moreover, this document 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 the result of After Action Reports (AAR), Improvement Plans (IP), Drills, Tabletops (TTX), Functional Exercises (FE), and Full Scale Exercises (FSE).

Date of Change	Change	Changed By	Re-distributed Yes/No
3.2016	New document DRAFT (in lieu of simply following the County Health Department) <small>(need to finalize the Family Emergency Preparedness Guide, Afterhours Call Down List, and Incident Complexity matrix)</small>	T Factor	Yes

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Purpose

- A. The purpose of the Galion City Health Department (GCHD) Comprehensive Emergency Operations Plan (EOP) is to provide for adequate public health services in an emergency/disaster area to insure that the public health of citizens within Crawford County is not compromised. This plan predetermines, to the extent possible, actions to be taken by the GCHD staff to prevent, prepare for, respond to, recover from, and mitigate incidents that could negatively impact Crawford County and its citizens.
- B. The Emergency Operations Plan was developed using a functional approach. It is organized around critical functions that the department will perform in response to an emergency. The EOP is a collection of plans and procedures laid out as follows:
 1. **Base Plan:** This core document is the foundation of the EOP. It provides an overview of the department's emergency response organization and policies. It describes the department's approach to emergency response. It assigns the emergency response functions to certain positions and organizational units within the department. The base plan is designed primarily for department executives, administrators and managers.
 2. **Functional Annexes:** These plans are built on the foundation of the base plan. They are organized around the performance of a critical function the department will perform in response to an emergency. Functional annexes are oriented toward operations. Each annex is developed by and/or for the personnel who perform that function.
 3. **Hazard and Task Specific Appendices:** These provide detailed information applicable to the performance of a particular task or function in the face of a particular hazard. Appendices are oriented to specific hazard characteristics and regulatory requirements. Each appendix is linked to its relevant functional annex.
 4. **Implementing Instructions:** These documents contain detailed instructions that a departmental unit or individual needs in order to fulfill responsibilities and perform tasks assigned in the EOP. They are developed and maintained by the person or unit

responsible for the performance. If not developed or maintained by the responsible parties, those parties responsible for enacting such plans will be trained and kept updated on any changes. The implementing instructions are: Standard Operating Procedures (SOPs), Job Action Sheets (JASs), call-down lists, maps, charts, tables, forms and checklists. These addenda may be included as attachments or they may be incorporated by reference. In most cases, these are internal documents that contain homeland security sensitive information that must be protected.

5. This version of the EOP was developed using Federal Emergency Management Agency (FEMA) State and Local Guide (SLG) 101, Guide for All Hazards Emergency Operations Planning. On April 17, 2009, that guide was superseded by FEMA Comprehensive Planning Guide (CPG) 101, Developing and Maintaining State, Territorial, Tribal and Local Government Emergency Plans. Future iterations of the department's EOP will generally follow the new guidance.

Scope

- A. The GCHD serves Crawford County that is a district of 7.629 square miles and with a population of 10,510 (2010 Census).
- B. *National Strategy for Public Health and Medical Preparedness*
 1. Homeland Security Presidential Directive 21 established a National Strategy for Public Health and Medical Preparedness and designated the four most critical components. The EOP addresses the four most critical components, which are:
 - a. Biosurveillance- the purpose of biosurveillance is to provide early warning and ongoing characterization of disease outbreaks in near real-time. The central element of biosurveillance is an epidemiologic surveillance system to monitor human disease activity across populations. This includes environmental monitoring, disease reporting by clinicians, and syndromic surveillance systems to monitor changes in patterns of hospital visits and the purchase of over-the-counter medicines.

- b. Countermeasure Distribution- in the context of a catastrophic health event, rapid distribution of medical countermeasures (vaccines, drugs and therapeutics) to a large population requires significant resources within individual communities. The objective is to dispense countermeasures to the entire affected population within 48 hours after the decision to do so.
 - c. Mass Casualty Care- the normal structure and operating principles of the nation's public health and medical systems cannot meet the needs created by a catastrophic health event. Therefore, a disaster medical capability must be developed that can immediately re-orient and coordinate existing resources within all sectors to meet the needs of the population during a disaster. The objective is to protect the physical and mental health of survivors; protect responders and health care providers; properly and respectfully dispose of the deceased; ensure continuity of society, economy and government; and facilitate long-term recovery of affected citizens.
 - d. Community Resilience- while the first three components address the supply side of the preparedness function, the demand side is of equal importance. Where local civic leaders, citizens and families are educated regarding threats and are empowered to mitigate their own risk, where they are practiced in responding to familiarity with local public health and medical systems, there will be community resilience that will significantly attenuate the requirements for additional assistance.
- 2. Emergency Support Function #8—Public Health and Medical Services
 - a. The Ohio Emergency Management Agency outlines responsibilities for the Ohio Department of Health in Emergency Support Function #8 of the Ohio Emergency Operations Plan. ESF #8 addresses the following concerns for the State of Ohio during emergency incidents and assigns responsibility to ensure the concerns are addressed to the Ohio Department of Health:

1. Assessment of health and medical needs
2. Health and medical epidemiological investigation and surveillance
3. Monitoring the availability and utilization of health and medical systems' resources and treatments
4. Provision of health and medical-related services and resources
5. Identification of areas where health problems could occur
6. Provision of medical-related information releases and health recommendations and related releases to the public
7. Research and consultation on potential health hazards and medical problems
8. Coordination and support of behavioral and mental health services
9. Environmental health testing, sampling and analysis
10. Testing and confirmation of laboratory samples
11. Testing of products for public consumption
12. Veterinary coordination and support
13. Vector control
14. Coordination and support for mass fatality incidents
15. Coordination with local, state and federal partners
16. Vital statistics coordination and support

- 17. Coordination of isolation and quarantine of effected population
- 18. Coordination of mass prophylaxis of population
- 19. Coordination of vaccination of populations
- 20. Coordination of evacuation and sheltering in place of effected population

3. County Emergency Response Plan

- a. Similar to the Emergency Support Functions outlined in the Ohio Emergency Operations Plan by the Ohio Emergency Management Agency, the Crawford County Emergency Management Agency outlines responsibilities for the Galion City Health Department in the Crawford County Emergency Operations Plan.

1. General

- a. All agencies/organizations assigned to provide health and medical services support are responsible for the following:
 - i. Designating and training representatives of their agency
 - ii. Ensuring that appropriate SOG/Ps are developed and maintained
 - iii. Maintaining current notification procedures to ensure trained personnel are available for extended emergency duty in the EOC and, as needed, in the field

2. Emergency Functions

- a. Under the Crawford County Emergency Operations Plan, the Health District has a responsibility to provide the following

services in response to emergency situations:

- i. Public health protection for the affected population
- ii. Mortuary and vital records services
- iii. Damage assessment for public health facilities

3. The Health Commissioner will:

- a. Be responsible for designating public health resources from the EOC when that facility is activated
- b. Rapidly assess health and medical needs
- c. Oversee and coordinate the efforts of local health and medical organizations activated for an emergency. Assess their needs, help them obtain additional resources, and ensure that necessary services are provided
- d. Coordinate with neighboring community health and medical organizations on matters related to assistance from other jurisdictions
- e. Coordinate state and federal officials regarding state and federal assistance
- f. Coordinate the location, procurement, screening and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations
- g. Provide, through the PIO, information to the news media on casualties and instructions

to the public on dealing with public health problems

- h. Coordinate the provision of laboratory services required in support of emergency health and medical services
- i. Coordinate immunization campaigns or quarantines, if required
- j. Coordinate inspection of foodstuffs, water, drugs and other consumables that were exposed to the hazard
- k. Coordinate inspection of damaged buildings for health hazards
- l. Coordinate the implementation of measures to prevent or control disease vectors such as flies, mosquitoes and rodents
- m. Establish preventive health services, including control of communicable diseases such as influenza, particularly in shelters
- n. Monitor food handling and sanitation in emergency facilities

4. The Public Information Officer (PIO) will:

- a. Disseminate emergency public information provided by health and medical officials. The Health Commissioner has the responsibility for coordination of health information intended for release through public media during emergency operations, with support provided by those public health and medical services responsible for particular aspects of the response

4. Plans outside the scope of the EOP

- a. In situations which require coordination and/or support from external sources beyond the scope of the department's day-to-day operations, GCHD uses the established state emergency management system.

5. Individual and Family Preparedness Plans

- a. All agency personnel are strongly encouraged to develop and maintain individual and household preparedness plans and supply kits, including provisions for persons with special needs, pets and service animals. Information and tools for developing these plans are available on ODH's Emergency Preparedness website (http://www.odh.ohio.gov/landing/phs_emergency/emrgprep.asp) or at www.ready.gov
 - 1. Family Emergency Preparedness Guides and Workbooks have been created for Galion City Health Department Employees, MRC volunteers, and community members to utilize as a mitigation strategy.

Situation and Assumptions

Situation

- 1. Hazards, emergencies, and disasters can create situations that cause, promote, or enhance the potential impact and spread of communicable disease or other health concerns among the public; moreover, natural disease outbreaks may constitute an emergency situation without an antecedent event if left uncontrolled.
 - a. Hazards addressed by the EOP
 - 1. The EOP addresses the hazards that are identified in the most current Hazard Identification and Risk Analysis (HIRA) document as distributed by Ohio Emergency Management Agency in January 2011.
 - 2. Galion City Health Department is required to conduct a Hazard/Vulnerability assessment every

three years. This assessment examines the natural and manmade hazards facing Crawford County, particularly those hazards that could create public health emergencies such as emerging infectious diseases, pandemic influenza, and accidental or intentional exposure to bioterrorism agents. These hazards include chemical, biological, radiological, nuclear and explosive/incendiary (CBRNE) agents.

3. Potential hazards that may require a public health response or might activate the use of the EOP:
 - a. Flood/Flash Flood
 - b. Windstorm/Tornado
 - c. Snow, Ice, Hail and Snow
 - d. Disease
 - e. Earthquake
 - f. Building/Structure Collapse
 - g. Explosion/Fire
 - h. Hazardous Materials
 - i. Terrorism (CBRNE) Incidents
 - j. Bioterrorism Diseases/Agents
2. The Galion City Health Department is responsible for ensuring the public health of the citizens within the City of Galion. The GCHD carries out routine prevention and mitigation functions and responsibilities daily. If incidents arise that go beyond the routine health department activities, the EOP, relevant annexes, and standard operating guidelines (SOGs) may be activated. Incidents that may require activation of the GCHD EOP, relevant annexes, and SOG's may include but are not limited to Geological hazards, Meteorological hazards, Biological

Hazards, Human-caused accidental events, Human-caused intentional events, and Technological Incidents.

3. The EOP fulfills the planning requirements of the Public Health Emergency Preparedness (PHEP) Cooperative Agreement pursuant to the Pandemic and All-Hazards Preparedness Act of 2006. The Public Health Emergency Preparedness (PHEP) Cooperative Agreement is administered by the US Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC).
4. The Crawford County Emergency Operations Plan is the overarching plan for all emergency response plans within the Health District.

Assumptions

1. The GCHD Comprehensive EOP applies to incidents that could have a negative impact on the health of the citizens of the Crawford County.
2. The GCHD EOP will complement the Crawford County EOP that would be activated for a disaster incident within Crawford County.
3. The GCHD, in coordination with other local agencies and response organizations, will commit all available resources to save lives, minimize injury to persons, and minimize negative impacts on the environment within its responsibilities and capabilities.
4. While it is likely that in most situations the GCHD will have necessary resources to carry out localized public health emergency/disaster response and recovery operations, it is possible that county, regional, state, and/or federal assistance may be needed based on the scope of the event.
5. The GCHD will consider the safety and welfare of its personnel when activating the EOP, its annexes, and SOGs.
6. The GCHD EOP and Annexes address the elements of mitigation, preparedness, response, and recovery.

7. In the development of plans, the following assumptions were made:
 - a. Compliance with the National Incident Management System (NIMS)
 - b. Basic knowledge of emergency management doctrine including basic knowledge of:
 - i. National Response Framework (NRF)
 - ii. National Incident Management System (NIMS)
 - iii. Incident Management System (ICS)
 - iv. Ohio Emergency Operations Plan
 - v. Crawford County Emergency Operations Plan
 - vi. Basic knowledge of emergency management doctrine can be attained through the completion of the following online, independent study courses provided by the Federal Emergency Management Agency (FEMA). These courses are available at no charge at this link: <http://training.fema.gov/IS/>
 1. ICS 100—Introduction to the Incident Command System
 2. ICS 200—ICS for Single Resources and Initial Action Incidents
 3. IS 700—National Incident Management System (NIMS), An Introduction
 4. IS 800—National Response Framework, An Introduction
 - c. Local Health Districts Respond to Incidents within their Jurisdiction
 - i. A basic premise of emergency management is that response starts at the local level and adds

regional, state and federal assets as the affected jurisdiction needs more resources and capabilities. Therefore, each local health department and mental health service program will respond to local incidents in coordination with the local emergency management program(s) within its jurisdiction.

Concept of Operations

1. The GCHD operates under authorization by ORC 3709, and other sections as applicable. It is regulated by local, State, and Federal laws. The Board of Health appoints the Health Commissioner. Subject to the direction and control of the Board of Health the Health Commissioner has full executive and administrative powers.
2. The GCHD is responsible for ensuring the public health of the Galion City citizens during emergency incidents.
3. The GCHD EOP uses a comprehensive approach to emergency management and public health emergencies. The GCHD has conducted a hazards analysis and developed an incident complexity classification matrix for escalating public health emergencies.
4. The GCHD has developed a list of essential functions that are critical to maintain.
5. The GCHD is one of seventeen health departments within Central Ohio. The GCHD works collaboratively with these other health districts on planning efforts and would continue this collaboration during an emergency incident.
6. Should an incident occur that causes GCHD resources to be exhausted, the GCHD will request assistance from its neighboring health departments, the Ohio Department of Health, and through the Crawford County Emergency Operations Center when activated.

Phases of Emergency Management

1. **Prevention:** Activities to avoid an incident or to stop an emergency from occurring.
 - a. Conduct Public Health Disease Control Measures.
 - b. Conduct vector control.
 - c. Conduct communicable disease monitoring and surveillance.
 - d. Conduct housing inspections.
 - e. Conduct food facility inspections.
 - f. Provide immunizations, adult and pediatric clinical services, and physical exams.
 - g. Provide public outreach and awareness programs.
 - h. Conduct public health community assessment.
2. **Mitigation:** Activities taken to reduce the severity or consequences of an emergency.
 - a. Conduct Public Health Disease Control Measures.
 - b. Conduct routine communicable disease surveillance and investigations.
 - c. Provide health inspections.
 - i. Immunize and/or treat citizens against communicable diseases.
 - d. Provide public health awareness programs.
3. **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.

- a. Develop, annually update, and maintain EOP, annexes, and SOGs.
 - b. Develop templates for public health messages.
 - c. Procure and maintain adequate supplies for initial emergency operations.
 - d. Conduct Public Health Disease Control Measures.
 - e. Participate in trainings and exercises to develop knowledge and skills for emergency operations.
 - f. Develop, annually review and/or update Mutual Aid Agreements and Memorandums of Understanding.
4. **Response:** Immediate and ongoing activities, tasks, programs, and systems to manage the effects of an incident that threaten life, property, operations, or the environment.
- a. Activate EOP, relevant annexes, and SOGs.
 - b. Activate a Departmental Operations Center (DOC), if required.
 - c. Provide public information programs.
 - d. Supplement disease surveillance activities.
 - e. Initiate disease control operations.
 - f. Augment staff as necessary.
 - g. Request additional supplies from other health departments and related organizations as necessary.
 - h. Maintain essential services as feasible.
 - i. Implement activities specified in the Crawford County EOP Annex H, if activated.
 - j. Maintain liaison with the Crawford County Emergency Operation Center, if activated.

- k. Conduct Public Health Disease Control Measures.
- 5. **Recovery:** Activities and programs designed to return conditions to a level that is acceptable to the entity.
 - a. Compile health reports as required by local, state, and federal officials.
 - b. Continuation of response activities.
 - c. Distribute appropriate public health recovery information.
 - d. Compile all necessary financial reports.
 - e. Participate in, and develop After Action Reports (AAR's) and Improvement Plans (IP).
 - f. Resume regular services and activities.
 - g. Conduct Public Health Disease Control Measures.

Direction and Control

General

1. The GCHD will be responsible for its emergency operations for incidents occurring wholly within its jurisdiction. If incidents extend beyond the GCHD jurisdictional boundaries, the GCHD will work under the Crawford County EOP to assist with emergency response.
2. The GCHD will utilize the National Incident Management System (NIMS) and the Incident Command System (ICS) for incident management.
3. The GCHD has developed a list of essential functions that need to continue during an emergency incident.
4. Subject to the direction and control of the Crawford County Board of Health, the Health Commissioner (or designee) has full executive and administrative authority over the operations of the Galion City Health Department. Such authority shall be

exercised in accordance with all applicable state statutes and municipal ordinances.

5. The GCHD operates under authorization by Ohio Revised Code 3709, and other sections as applicable.
6. In some areas of activity GCHD authority is defined by contract with the State of Ohio.
7. Division and office managers have delegated authority for direction and control of their respective units, and will utilize their personnel to the maximum extent possible. Managers will identify individuals who may be released to assist in emergency response efforts.
8. Department employees are encouraged to maintain a current family preparedness plan in order to better respond for assignment in an emergency.
9. During emergency operations, the GCHD Administration will provide a central point of contact to coordinate emergency services of GCHD.

Succession of Authority

1. The ability of the Galion City Health Department to respond to an emergency/disaster must not be limited due to the absence of agency officials or key personnel. The Galion City Health Department has developed the following succession of authority in an effort to ensure the continuity of response capabilities:
 - a. Health Commissioner
 - b. Nursing Director and/or Environmental Director
 - i. Directors will share the responsibilities of the Health Commissioner in his/her absence.
2. The Galion City Health Department must be able to respond to an emergency/ disaster 24/7. During normal business hours, employees may be contacted through the health departments main line. Afterhours calls will hear a recording with information directing them to contact the Galion City Police Department in

case of an emergency. An afterhours call-down list is provided to the Galion City Police Department and updated annually, or as needed. At least four (4) individuals will be listed for afterhours contact. *See Afterhours Call-down List.*

Division of Responsibilities

1. Galion City Health Department
 - a. The Galion City Health Department is primarily responsible for managing public health threats in disaster situations. This includes serving as a public education resource for the community, providing preventive health services and ensuring that public health standards are met amidst disaster situations.
2. Regional
 - a. Several Emergency Management and Public Health Resources are organized by regions within the state. This was done to maximize the efficiency and effectiveness of response operations when incidents escalate beyond a single, local jurisdiction
 - b. Crawford County belongs to a Homeland Security Planning Region, a 17 county region, in the Central part of Ohio.
3. State
 - a. The governor is responsible for coping with dangers to this state or the people of this state presented by a disaster or emergency, pursuant to the Emergency Management Act. The governor has broad authority to declare a state of disaster or state of emergency and take actions necessary and appropriate under the circumstances.
 - b. The director of the Ohio State Highway Patrol, or their designee, serves as the state director of emergency management and homeland security. The Ohio Emergency Management Agency maintains the Ohio

Emergency Management Plan and operates the state EOC. Every state agency is required to have an Emergency Management Coordinator (EMC) to act as its liaison with the OEMA in all matters of emergency management, including activation of the SEOC. When the SEOC is activated, the EMC functions at that facility and acts for and at the direction of the agency director.

4. Federal

- a. The Department of Homeland Security has divided the nation into ten Homeland Security Regions. Ohio is located within Region V, with regional headquarters located in Chicago, IL.
- b. The President leads the federal government response effort. The Secretary of Homeland Security is the principal federal official for domestic incident management. The Department of Homeland Security (DHS) is responsible for the development and maintenance of the National Incident Management System (NIMS) and the National Response Framework (NRF). The Federal Emergency Management Agency (FEMA), which is part of DHS, coordinates response support across the federal government through 15 emergency support functions (ESFs).
- c. The National Response Framework designates the Department of Health and Human Services (HHS) as the federal coordinating agency for ESF #8 – Public Health and Medical Services. This is the mechanism for coordinated federal assistance to supplement state, tribal and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated federal response and/or during a developing potential health and medical emergency.
- d. HHS established the Office of the Assistant Secretary for Preparedness and Response (ASPR) to lead the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and

disasters. Other agencies within HHS are tasked with specific assignments pertaining to ESF #8.

5. National Terrorism Advisory System

- a. The National Terrorism Advisory System, or NTAS, replaces the color-coded Homeland Security Advisory System (HSAS). After reviewing the available information, the Secretary of Homeland Security will decide, in coordination with other Federal entities, whether an NTAS Alert should be issued. NTAS Alerts will only be issued when credible information is available. These alerts will include a clear statement that there is an imminent threat or elevated threat. Using available information, the alerts will provide a concise summary of the potential threat, information about actions being taken to ensure public safety, and recommended steps that individuals, communities, businesses and governments can take to help prevent, mitigate or respond to the threat. The NTAS Alerts will be based on the nature of the threat: in some cases, alerts will be sent directly to law enforcement or affected areas of the private sector, while in others, alerts will be issued more broadly to the American people through both official and media channels.

1. *Imminent Threat Alert* - Warns of a credible, specific, and impending terrorist threat against the United States.
2. *Elevated Threat Alert* – Warns of a credible terrorist threat against the United States.
3. *Sunset Provision* – An individual threat alert is issued for a specific time period and then automatically expires. It may be extended if new information becomes available or the threat evolves.

Administration and Logistics

A. Assumed Resource Needs for High-Risk Hazards

1. It is assumed that sufficient appropriations will be made to assure the availability of the specialized resources necessary to carry out this plan. Each level of the EOP identifies the necessary resources, where they are maintained and how they will be deployed.

B. Inter-Jurisdictional Cooperation

1. During the utilization of this plan, the ICS command structure will be employed which may encompass multiple jurisdictions. It is assumed that each involved jurisdiction will follow the ICS unified command structure and accept assignment to their specific division during an incident.

C. Policies on Augmenting Response Staff

1. In the event that the scope of an incident is larger than current staffing levels can accommodate, additional response staff will be activated from the Medical Reserve Corps and from any volunteers spontaneously responding. Volunteers and MRC staff will be assigned job duties appropriate to their individual qualifications, skill levels and experiences. Nongovernmental volunteer agencies and other jurisdictions may also be contacted for additional staff.

D. Liability Issues

1. Health Department—the director or an employee of the state or local health department is not personally liable for damages sustained in the performance of departmental functions, except for wanton and willful misconduct.
2. Immunization Programs—when participating in an approved mass immunization program in this state, health personnel cannot be held liable except for gross negligence or willful and wanton misconduct.
3. Emergency Medical Services Personnel—Immunity from liability is provided except for gross negligence or willful misconduct.

E. Resource Management Policies

1. Under emergency conditions, incident command personnel should allocate resources according to the following priorities, always taking into consideration the specific incident needs and resource constraints:
 - a. Protection of life
 - b. Responders
 - c. At risk populations
 - d. Public at large
 - e. Incident stabilization
 - f. Protection of mobile response resources
 - g. Isolation of the impacted area
 - h. Containment (if possible) of the incident
 - i. Property conservation
 - j. Protection of public facilities essential to life safety or emergency response
 - k. Protection of the environment where degradation will adversely impact public safety
 - l. Protection of private property

Plan Activation

- A. The GCHD has developed an Incident Complexity Classification Matrix to assist in determining the level of activation necessary.
- B. The Health Commissioner (or designee) may activate the entire plan or any portion thereof for any incident that involves only Crawford County, to assist co-terminus health districts, or if the Crawford County EOP is activated.

- C. The GCHD will activate a Departmental Operations Center (DOC) if needed; and/or staff for the public health function in the Crawford County EOC.
- D. The GCHD will request security assistance from the Crawford County Sheriff's Office or local police forces if needed.
- E. The GCHD will use NIMS and ICS to manage all incidents.
- F. The GCHD will use Crawford County resources, mutual aid agreements with surrounding health departments, and request resources, as needed, through the Crawford County Emergency Management Agency and/or County EOC if activated.

Plan Development and Maintenance

- A. The EOP is a dynamic document and as such will be updated, revised and reviewed annually or following an exercise, drill or incident that warrants changes. Incorporated are planning elements derived from Federal Emergency Management Agency (FEMA) documents including Comprehensive Preparedness Guide 101 and 301, Ohio Emergency Management Agency (OEMA) documents including Ohio NIMS Implementation Guidance and Plan Development and Review Guidance for local Emergency Operations Plans, and US Department of Homeland Security's (DHS) Target Capabilities List.
- B. The GCHD Internal Planning Committee will be responsible for reviewing the GCHD Emergency Operations Plan, Annexes, Appendices, and supporting SOP/G's annually to ensure that changes to this plan are prepared and coordinated based upon deficiencies identified by trainings, drills, exercises, actual events, and/ or changes in governmental structure.
- C. The GCHD will conduct independent trainings, exercises, and drills and will participate in the multi-year trainings, exercises, and drills planned in coordination with the Crawford County Emergency Management Agency, and neighboring health districts, to test components of the GCHD EOP, relevant annexes, and SOP/G's.
- D. The GCHD will prepare after-action and improvement plans as a result of these activities.

E. All revisions to the plan will be dated and distributed within the GCHD.

1. The EOP is created by the GCHD IPC team. Each member of the team can access Plans electronically, as well as hard copy. The Galion Community Hospital Planner and Crawford County EMA Director are given copies of plans and are notified of any major revisions.
2. Distribution is as follows:
 - a. Galion City Health Department Internal Planning Team Members
 - b. Galion Community Hospital
 - c. Crawford County Emergency Management Agency
3. Galion City Health Department Staff are notified of locations of plans and are updated annually, or as needed regarding pertinent revisions.

F. This plan is reviewed and updated annually, or as needed by the Galion City Health Department. The reviewer will add the review date and any changes in the record of changes and maintain a printed copy of the plan in a binder, replacing pages as needed. A copy of the plan will be kept at the Crawford County Emergency Management Agency.

Authorities and References

The following list of Authorizations and References includes Legislative Orders, Executive Orders, Decision Directives, Codes, Plans and legal references that provide authorizations and operational guidelines for the allocation and assignment of Public Health resources in response to emergencies.

A. State Authorities

1. *State Public Health and Emergency Management Authorities*
 - a. Compliment federal, local and tribal authorities. An effective response to a public health emergency requires

well-coordinated use of these powers by all levels of government

2. *Ohio Revised Code including but not limited to:*

- a. Title XXXVII, Health—Safety---Morals, particularly Chapter 3701 “Department of Health”, Chapter 3705 “Vital Statistics”, Chapter 3707 “Board of Health”, Chapter 3709 “Health Districts”, and Chapter 3704 “Air Pollution Control”.
- b. Chapter 3745 “Environmental Protection Agency”.
- c. Chapter 4732 “Psychologists
- d. Chapter 4757 Section 41.a(5) “Counselors, Social Workers, Marriage & Family Therapists

3. *Ohio Administrative Code including but not limited to:*

- a. Title 3701 of the Ohio Administrative Code which establishes the enforcement rules and mechanisms for many of the statutes contained in O.R.C. Title XXXVII, including “Communicable Disease” Chapter 3701-03, “Local Health Departments” Chapter 3701-36, Private Water System Rules” Chapter 3701-28.
- b. “Air Pollution Emergency,” 3745-25-01
- c. “Episode Criteria,” 3745-25-02
- d. “Emission Control Action Programs,” 3745-25-03
- e. “Emergency Orders,” 3745-25-04
- f. “Emission Reduction Tables,” 3745-25-05
- g. “Food Safety” Chapter 901 Section 3
- h. “Markets” Chapter 901 Section 4
- i. “Ohio Uniform Food Safety Code”, O.A.C. Sections 3717-1-01 through 3717-1-20

B. Local Authorities including but not limited to:

1. The Crawford County Emergency Operations Plan.
2. “National Incident Management System (NIMS) Adoption.”

C. Federal Authorities including but not limited to:

1. The Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1974 (Public Law 93-288 as amended) establishes programs and processes for the Federal government to provide disaster and emergency assistance to states, local governments, tribal nations, qualified private nonprofit organizations, individuals and certain businesses.
2. Under the act, the Federal Emergency Management Agency (FEMA) of the Department of Homeland Security (DHS) is authorized to coordinate the activities of Federal agencies in response to a Presidential declaration of a major disaster or emergency. The Department of Health and Human Services (HHS) is assigned the lead for health and medical services.
3. The National Emergencies Act of 1976 (Public Law 94-42 as amended) establishes procedures for presidential declaration of a national emergency and the termination of national emergencies by the President or congress. The presidential declaration of a national emergency under this act is a prerequisite to exercising any special or extraordinary powers authorized by statute for the use in the event of national emergency.
4. Public Health Service Act, 42 USC 201 et seq (2007) as amended outlines authorities to direct federal preparedness for and response to public health emergencies. These are principally found in the Public Health Service Act (PHSA) and are administered by the Secretary of HHS. Three recent laws provide the core of these authorities:
 - a. The Public Health Threats and Emergencies Act of 2000 (Title I of the Public Health Improvement Act: Public Law 106-505) established a number of new programs and

authorities, including grants to states to build public health preparedness.

- b. The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188) was passed in the aftermath of the 2001 terror attacks. It reauthorized several existing programs and established new ones, including grants to states to build hospital and health systems preparedness. It authorized: The National Disaster Medical System (NDMS) to mobilize and address public health emergencies; grant programs for the education and training of public health professionals; the streamlining and clarification of communicable disease quarantine provisions; enhanced controls on dangerous biological agents and toxins; and it added new provisions to protect the safety and security of food and drug supplies.
- c. Project BioShield Act of 2004 (Public Law 108-276) established authorities to encourage the development of specific countermeasures (such as vaccines for bioterrorism agents) that would not otherwise have a commercial market.

5. The Public Health Service Act (PHSA) authorizes the core activities of HHS for public health emergency preparedness and response, including:

- a. Declaration of a Public Health Emergency—Section 319(a) of the PHSA (42 USC 247d), authorizes the Secretary of HHS to declare a public health emergency and take such action as may be appropriate to respond to that emergency consistent with existing authorities. Appropriate action may include making grants, providing awards for expenses, entering into contracts and conducting and supporting investigation into the cause, treatment or prevention of the disease or disorder that presents the emergency.
 - i. The secretary's declaration is the first step in authorizing emergency use of unapproved products or approved products for unapproved

uses under section 564 of the Food, Drug and Cosmetic Act (21 USC 360bbb-3), or waiving certain regulatory requirements of the department, such as select agents requirements, or—when the President also declares an emergency—waiving certain Medicare, Medicaid, and State Children’s Health Insurance Program (SCHIP) provisions.

- b. Vaccine Development and Immunization Programs—HHS has broad authority to coordinate vaccine development, distribution, and use activities under section 2102 of the PHSA, describing the functions of National Vaccine Program. Section 217 of the PHSA provides for preventive health services such as immunization programs and vaccine purchase assistance.
- c. The Strategic National Stockpile—Section 319F-2 of the PHSA authorizes the secretary of HHS, in coordination with the Secretary of Homeland Security, to maintain the SNS to provide for the emergency health security of the United States.
- d. Control of Communicable Diseases—Section 361 of the PHSA (42 USC §264) authorizes the Secretary of HHS to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States or from one state or possession into any other state or possession. The Centers for Disease Control and Prevention (CDC) administers these regulations as they relate to quarantine of humans. Implementing regulations are found at 42 CFR Parts 70 and 71.
 - i. Under Section 362 (42 USC §265) the secretary may prohibit, in whole or in part, the introduction of persons and property from such countries or places as he/she shall designate for the purpose of averting a serious danger of the introduction of a communicable disease into the United States.

- e. Quarantine—diseases for which individuals may be quarantined are specified by executive order. The list of quarantinable communicable diseases includes:
 - i. Cholera
 - ii. Diphtheria
 - iii. Infectious Tuberculosis
 - iv. Plague
 - v. Smallpox
 - vi. Yellow Fever
 - vii. Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named)
 - viii. Severe Acute Respiratory Syndrome (SARS), which is a disease associated with fever and signs and symptoms of pneumonia or other respiratory illness, is transmitted from person to person predominantly by the aerosolized or droplet route, and, if spread in the population, would have severe public health consequences
 - ix. Influenza caused by novel or reemerging influenza viruses that are causing, or have the potential to cause, a pandemic

Other provisions in Title III of PHSA permit HHS to establish quarantine stations, provide care and treatment for persons under quarantine, and provide for quarantine enforcement. There is a CDC Quarantine Station at Detroit Metro Airport with a CDC medical officer in charge. The 24-hour access number is (734) 955-6197.

Section 311 of the PHS Act provides for federal-state cooperative activities to enforce quarantine and plan and carry out public health activities. Section 311 authorizes the secretary

to make available the resources of the Public Health Service to help control epidemics and deal with other public health emergencies. Furthermore, the Secretary of HHS may request Customs, Coast Guard and military officers aid in the execution of quarantine imposed by states (42 USC 97).

The violation of federal quarantine regulations is a crime punishable by a fine of not more than \$1,000 or by imprisonment for not more than 1 year, or both (42 USC §271). Additionally, individuals may be fined up to \$250,000 if a violation of the regulation results in death or up to \$100,000 if a violation of the regulation does not result in death (18 USC §§3559, 3571 (c)).

- f. Pandemic and All-Hazards Preparedness Act (PAHPA; Public Law 109-417)—this act reauthorized a number of expiring preparedness and response programs in the PHSA and established some new authorities, including the creation of a Biomedical advanced Research and Development authority (BARDA) and a new office in HHS to support, coordinate, and provide oversight of advanced development of vaccines and biodefense countermeasures.

Section 302 of this act is of special importance to hospitals because it amended the waiver of Emergency Medical Treatment and Active Labor Act (EMTALA) requirements during a public health emergency. It amended section 1135(b) of the Social Security Act. The new law stipulates: If the public health emergency declared pursuant to section 319 of the PHSA involves a pandemic infectious disease: (1) the secretary's waiver or modification of EMTALA requirements regarding direction of individuals to alternate locations for medical screening shall be pursuant to the appropriate state emergency preparedness or pandemic plan; and (2) if a hospital within such a declared emergency area implements its disaster protocol as a consequence of the emergency, the hospital may be exempt, for 60 days or until the termination of the secretary's declaration, whichever is sooner, from prohibitions against the transfer of an

individual who has not been stabilized and the direction of individuals to an alternate location for medical screening.

- g. Applicable Homeland Security Presidential Directives, including, but not limited to:
 - i. HSPD-5—issued on February 28, 2003, directed the Secretary of DHS to develop and administer a National Incident Management System.
 - ii. HSPD-8—issued on December 17, 2003, directed the Secretary of DHS to develop a national domestic all-hazards preparedness goal. The National Preparedness goal utilizes a capabilities-based planning approach. Capabilities-based planning tools include national planning scenarios, a target capabilities list, and a universal task list.
 - iii. HSPD-21—issued on October 18, 2007, established the National Strategy for Public Health and Medical Preparedness.

D. State References

- 1. Ohio Emergency Management Agency Emergency Operations Plan, 2014.
- 2. State of Ohio Hazard Analysis and Risk Assessment, 2011.

E. Local References

- 1. Crawford County Emergency Operations Plan, Annexes, and Appendices.
- 2. Crawford County Hazard Analysis and Risk Assessment

F. Federal References

- 1. Federal Emergency Management Agency “Emergency Planning.” IS-235 February 2006.
- 2. “Guide for All-Hazard Emergency Operations Planning, State and Local Guide (SLG-101).” 1996.

3. "Homeland Security Exercise Evaluation Program," HSEEP Vol. 1-4, January 2012.
4. "Target Capabilities List," Version 2.0 September, 2007.
5. "The National Incident Management System," 2011.
6. "The National Response Framework," 2011.
7. "Universal Task List" Version 2.1 June, 2006.
8. National Fire Protection Association (NFPA): "NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity Programs." 2007 Edition.

Plan Approval

The Galion City Health Department Emergency Operations Plan has been approved and adopted by the following individuals:

Thomas O’Leary
Mayor, President, Galion City Board of Health

Date

Trish Factor, MPH, MCHES, CHEP
Commissioner, Galion City Health Department

Date