

Cuyahoga County Board of Health Emergency Response Plan

**Supporting Plan to the
Cuyahoga County Emergency Operation Plan**

Document Revision Page

Review and Maintenance of the Plan: This plan was approved on April 22, 2009 by the Cuyahoga County Board of Health (Resolution No 2009-89). This document will be reviewed annually unless more frequent updates are required. The reviewer will add the review date and any changes in the table below and maintain a printed copy of the plan in a binder, replacing pages as needed. The binder will be located in the Epidemiology, Surveillance & Informatics (ESI) Service Area. An electronic version of this plan and all supporting documentation is located at N:\disease\plans. Staff is informed by e-mail of the location of plans annually and when significant changes are made. The plan is posted for 30 days annually on the web site for public comment.

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed by
1/31/2009	1	Document reviewed and commented by CCBH Management and Health Commissioner.	all	CCBH Management
2/5/2009	2	Added Acronyms	All	H Scaife
2/24/2009	3	Updated document based on administrative comments.	All	R Novickis, R Hysing, H Scaife
4/1/2009	4	Corrected Administration Section	8	H Scaife
5/26/2010	5	Annual review of document (7, 8, 10 typo corrected, 12 line deleted)	2, 7, 8, 10, 12	R Novickis, R Hysing, H Scaife
10/18/2010	6	Referenced hazard analysis	11	H. Scaife
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4/13/2011	7	Completed annual review and update of document. Project Public Health Ready (PPHR) 2011 criteria all-hazards planning measures used to conduct review of document.	All	R Novickis, R Hysing, H Scaife
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3/25/2014 – 5/7/2014	10	Annual review and update of document. Plan was posted on the CCBH web site soliciting public comment April 2014.	All	R Novickis, R Hysing, J. Armstrong, H Scaife
2015	11	Revised format of plan. Used federal guidelines (PHEP capabilities) to revise plan content and update format.	All	H Scaife
8/3/15	12	Annual review of document. Grammatical and content clarification changes made.	Pages 8, 10-12, 15,18	J. Armstrong, B. Grisez, R. Hysing, H. Scaife

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I. Authority and Promulgation Document

ADOPTION OF CUYAHOGA COUNTY BOARD OF HEALTH EMERGENCY RESPONSE PLAN

WHEREAS, there exists an inherent potential for natural disasters, all-hazards incidents and incidents of domestic terrorism; and

WHEREAS, preparedness is a key phase of the emergency management cycle through which jurisdictions take actions to prevent, mitigate, respond to and recover from emergencies; and

WHEREAS, Homeland Security Presidential Directive-5 makes the adoption of the National Incident Management System (NIMS) by state and local organizations a condition for federal preparedness assistance; and

WHEREAS, implementation of NIMS requires: establishing and coordinating emergency plans and protocols, integrating and coordinating the activities and jurisdictions within the purview of the Cuyahoga County District Board of Health, establishing guidelines and protocols to promote interoperability among jurisdictions and agencies, adopting guidelines and protocols for resource management, establishing priorities for resources and other response requirements, and establishing and maintaining multiagency coordination mechanisms; and

WHEREAS, the National Response Framework establishes a comprehensive, national, all-hazards approach to domestic incident response and defines incident response actions through five key principles:

- Engaged partnerships
- Tiered response
- Scalable, flexible and adaptable operational capabilities
- Unity of effort through unified command
- Readiness to act; and

WHEREAS, the National Response Framework was implemented to ensure that governmental entities, private-sector organizations and emergency management practitioners across the country understand the prescribed domestic incident response roles, responsibilities and relationships in order to respond more effectively to any type of incident; and

WHEREAS, Ohio Revised Code Chapters 3707 and 3709 prescribe the powers and duties of Health Districts and the Board of Health, and

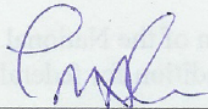
WHEREAS, The Cuyahoga County Board of Health is bound by a cooperative agreement with Cuyahoga County Emergency Management and the Cuyahoga County Executive's office to provide emergency management capacity;

THEREFORE BE IT RESOLVED, that the Cuyahoga County Board of Health hereby adopts this *Cuyahoga County Board of Health Emergency Response Plan* and all related annexes and appendices; and

THEREFORE BE IT RESOLVED, that this plan is intended to act as a tool that utilizes the Board of Health's existing program expertise and personnel to provide surveillance, internal and external mitigation, event tracking, rapid health risk assessment, community education, dissemination of information, and coordination with hospitals, health care providers, Emergency Medical Services, public safety forces and private sector volunteers.

Resolution Number 2009 - 39

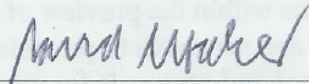
Approved by the Cuyahoga County Board of Health on 4-22-09



Terrence M. Allan, RS, MPH
Health Commissioner

4-22-09

Date



David G. Litaker, MD, PhD
President - Board of Health

4-22-09

Date

The legal form and correctness of the
within instrument is hereby approved
MICHAEL D. POKORNY
ADMINISTRATIVE COUNSEL
Date 5/18/2009

II. Introduction

Purpose

This document outlines the Cuyahoga County Board of Health (CCBH) current operations to provide public health and medical services during and after a public health emergency, including the protection of water supplies, ensuring adequate sanitation, safety of food supplies, medical and morgue services, providing public information and prevention or limitation of epidemics.

This plan has been developed based on vulnerabilities described in the Cuyahoga County Threat and Hazard Identification and Risk Assessment (THIRA) (Attachment 1 County HVA) and the CCBH public health hazard analysis (Attachment 2 PH HVA). The THIRA was developed by the Cuyahoga County Office of Emergency Management (CCOEM) with input from community and faith-based partners. The public health hazard analysis identifies public health services for which the jurisdiction needs to have access to support the mitigation, response and recovery of identified disaster health risks. This document also includes threats and unique jurisdictional characteristics and vulnerabilities that may affect a public health response to an emergency event at a local and regional level.

CCBH has pre-existing emergency response procedures, which are consistent with regional, state and federal regulations, standards and policies and comply with the National Response Framework (NRF), National Incident Management System (NIMS) and National Infrastructure Protection Plan. This plan will be used in conjunction with (but does not supersede) the Cuyahoga County Emergency Operations Plan (Appendix 1).

Scope

This all hazards plan is intended as a tool that utilizes CCBH's existing program expertise and personnel to provide surveillance, internal and external mitigation, event tracking, rapid health risk assessment, community education, dissemination of information, and coordination with hospitals, health care providers, EMS, public safety, and volunteers. The initial health risk assessment of an event will determine the nature of CCBH's recommendations. The Public Health Capabilities rendered through activation of this plan include:

- Community Preparedness (ERP)
- Community Recovery (Appendix 2)
- Emergency Operations Coordination (ERP)
- Emergency Public Information and Warning (Appendix 3)
- Fatality Management (Appendix 4)
- Information Sharing (Appendix 5)
- Mass Care (Appendix 6)
- Medical Countermeasure Dispensing (Appendix 7)
- Medical Materiel Management and Distribution (Appendix 8)
- Medical Surge (Appendix 9)
- Non-Pharmaceutical Interventions (Appendix 10)
- Public Health Surveillance and Epidemiological Investigation (Appendix 11)
- Responder Safety and Health (Appendix 12)
- Volunteer Management (Appendix 13)

Note: The plans listed above may be activated independently or in conjunction with the ERP.

CCBH collaborates with the Cleveland Department of Public Health, the Shaker Heights Health Department and other regional and state partners to coordinate preparedness, response and recovery efforts as necessary ([Attachment 3](#))

III. Situation and Plan Assumptions

1. This document is a supporting plan to ESF #6, #8, #10 and #14 in the Cuyahoga County Emergency Operations Plan (EOP).
2. Public Health is the lead agency under Emergency Support Function (ESF) #8.
3. CCBH will have representation at the Cuyahoga County Emergency Operations Center (CCEOC) to coordinate public health and medical services. Identified in ESF#8 are both primary and secondary support roles for local, state, and federal partner agencies, in areas such as command and control, detection, investigation, communication, containment and prevention, and recovery. A Joint Information Center (JIC) will be established. CCBH is the public health agency serving the residents of Cuyahoga County (excluding the cities of Cleveland and Shaker Heights).
4. Each CCBH Service Area will document and track response activities, allocated resources, and recovery activities as required by Administration.
5. Indicators suggesting an event has occurred that could exceed the public health surge capacity include the following:
 - a natural disaster impacting the local jurisdiction,
 - a release of biological, chemical, nuclear, radiological or incendiary agent resulting in a public health hazard,
 - manifestation and recognition of the first medical symptoms occurring hours to days after an intentional release/attack using infectious or chemical agents (Weapon of Mass Destruction (WMD) or terrorist event), and
 - a natural emergence and spread of a virulent infectious disease agent resulting in a public health emergency.
6. The ability for CCBH to respond to a public health emergency may be limited due to unforeseen circumstances and available resources. Regional and/or state assistance may be requested when an event exceeds CCBH's ordinary capacity.
7. Disruption of sanitation services, loss of power, massing of people in shelters will increase risk of disease and injury. As with any mass casualty incident, the potential for substantial loss of life is significant and survival is dependent on resource availability and efficiency of deployment.
8. Day-to-day functions that do not contribute directly to the emergency operation may be suspended for the duration of the emergency. Efforts that would normally be required of those functions will be redirected to accomplish the emergency tasks.
9. Emergencies are managed at the lowest possible geographic, organizational, and jurisdictional level.

IV. Administration

The Health Commissioner has authority to procure and purchase supplies during an emergency. Resolutions have been adopted by the Board authorizing emergency payment of vouchers and emergency signing of contracts or other official documents by the Health Commissioner with the verbal approval by the majority of the Board with subsequent formal authorization at the next regularly scheduled Board meeting ([Attachment 4](#)). In an emergency, CCBH maintains an

expedited administrative process for accepting, allocating and spending federal/state funds and materials.

Procedures exist to purchase and procure supplies during times of non-emergency. The cost recovery process will be documented and overseen by Administration Services. Documentation shall be maintained for operational accountability and for purposes of financial reimbursement once local resource capabilities have been exhausted.

Legal Authority & Enforcement

Public health activities in Ohio are governed by a range of public health laws and regulations found primarily in Title 37 - Health, Safety & Morals of the Ohio Revised Code and in related chapters and sections of the Ohio Administrative Code. As stated in Ohio Revised Code sections 3707.021 and 3709.211, when an order of the board of health of a city or general health district is not complied with in whole or in part, the board may petition the court of common pleas for injunctive or other appropriate relief requiring all persons to whom such order of the board is directed to comply with such order. The court of the county in which the offense is alleged to be occurring may grant such injunctive or other appropriate relief as the equities of the case require.

In all matters where it is deemed necessary to seek court intervention to obtain an injunction to enforce an order of the Board of Health authorized by Ohio law and this plan, employees refer the matter to the office of Administrative Counsel for review. Administrative Counsel reviews the file and where an appropriate case has been presented, refers the matter to the Cuyahoga County Prosecutor's Office, which, pursuant to ORC 3709.33, acts as the legal advisor of the Board of Health in all legal proceedings. Administrative Counsel assists the County Prosecutor's office in the prosecution of the matter, including but not limited to coordination of staff, witnesses and evidence, and the presentation of the matter in court (**Attachment 5**).

V. Concept of Operations

Direction and Control

The Health Commissioner or designee assumes the role of Incident Commander during a public health emergency and will decide public health policy, maintain contact with other agencies, develop public health priorities, lead event response, and delegate tasks. Unified Command may be established based on the event. The Incident Commander will be the Health Commissioner or designee from the jurisdiction where the event began. If the event is countywide, the Health Commissioners and or designees will discuss assignment of responsibilities.

Plan Activation and Notification

CCBH response efforts begin at the direction of the Health Commissioner (or designee). The CCBH Emergency Response Plan (ERP) will be activated following the occurrence of an event of public health significance requiring an agency response. **See Attachment 6 for ERP Activation Triggers**. If it is a large-scale event, incident command may be established including an initial briefing for CCBH staff at the CCBH Departmental Operations Center (DOC). The Health Commissioner or designee activates the ERP and notifies the Directors and Board members of the event and ensures facilities are available and operationally ready (**Attachment 7 and 8**). The Directors then notify and assimilate staff into appropriate response operations. Staff will be asked to report to the designated location within 60 minutes. Staff will be notified of incident specifics, where to report, job assignment and be provided just-in-time training. Emergencies may require

health department personnel to perform extraordinary functions, and it may become necessary to reassign and use them in functions or areas of greatest need.

CCBH has adopted NIMS as the command system that will be used to govern the response to any emergency. This system may be expanded or contracted depending on the scope of the incident.

As called for by NIMS, agency incident command is established and an initial briefing is conducted for CCBH staff at the CCBH DOC. Job Action Guides detailing core functions will be distributed to staff as deemed necessary. Core functions may include coordination, communication, resource dispatch, information collection, analysis and dissemination. An Incident Action Plan (IAP) is developed and will include the following items: response actions, timeline of response actions, authority for actions to occur and documentation of response actions (Attachment 9).

If an incident progresses beyond local response capacity, the CECOMS 24-hour communications center is notified. CECOMS then notifies the Cuyahoga County Emergency Management Manager and/or on-call staff to determine the extent of support necessary. CCOEM notifies the Executive Leadership and provides coordination, support and resources (such as volunteers and functional needs support services) as necessary to support the event. The Health Commissioner/designee may request the CCEOC be activated.

Agency Communications

The Health Commissioner and/or designee will be responsible for notification, alerts, and mobilization. Regardless of the scope of the event, all Directors will be alerted immediately. All staff will be informed of the event within 2 hours by email including any pertinent information. The agency ICS chart pre-defines primary/secondary agency personnel to report / respond. Primary staff would be asked to respond and secondary staff would be requested to standby. Staff requested to respond within 60 minutes will be immediately notified in person/by cell phone/office phone during work hours. After hours staff may be notified using automated telephone system or by direct telephone call (Attachment 10). Partners will be notified depending on the nature of the event.

Activation of ESF#8 by EOC

When CCOEM activates ESF#8 and requests assistance, the Health Commissioner or designee will notify as applicable the Service Area Directors and Board members of this request. The Directors then notify the appropriate staff members to provide incident support services.

VI. Phases of Activation

Mitigation Operations

Mitigation operations include any activities that prevent an emergency, reduce the chance of an emergency happening, or reduce the damaging effects of unavoidable emergencies.

CCBH activities supporting mitigation include, but are not limited to:

- Conduct disease surveillance.
 - Surveillance is an essential activity in the mitigation/threat reduction phase. Local and regional plans exist which outline the epidemiological duties and activities for reference and use before, during and after any act of confirmed or suspected bioterrorism, or any outbreak of adverse health related states due to natural or manmade events.

- Provide information on various public health topics.
- Oversee installation, maintenance and operation of private water distribution and sewage collection systems.
- Provide and promote preventive health services, including control of communicable diseases
- Provide clinical and immunization services.
- Coordinate environmental health activities (inspections, enforcement and administration) for waste disposal, refuse, food, water control and vector control.
- Conduct epidemiological studies.

Planning Operations

Planning operations refers primarily to the period before an emergency strikes. It begins when a threat to public health or the environment has been identified. During an event, planning provides situational awareness and event tracking.

Planning

Planning includes engagement with community organizations to foster social connections that assure public health, medical and mental/behavioral health services in a community before, during, and after an incident. CCBH routinely engages local, regional and state partners to collaborate and coordinate planning efforts.

In Cuyahoga County, CCOEM has the responsibility to determine which hazards pose the greatest risk, and to develop the Emergency Operations Plan. This plan provides guidance before, during, and after a large scale emergency or disaster.

Public Awareness and Education

Public information and educational outreach is provided through a number of events and programs. Activities coordinated by the CCBH Communications Officer include:

- Pertinent information is disseminated at public events throughout the year.
- Public education activities related to public health promotion and disease prevention are provided.
- Internet web page is maintained at www.ccbh.net. Information includes a summary of CCBH functions and responsibilities. The website is designed to convey vital information.
- Citizen Corps exists to prepare citizens and offer education and training opportunities for MRC and CERT volunteer programs.

Training and Exercise

Local and regional Training and Exercise Plans (Attachment 11) exist to establish a minimum level of training for individuals involved in response to an incident. CCBH has implemented the NIMS Training Program, which includes courses critical to train personnel capable of implementing all functions (Attachment 12). CCBH coordinates with CCOEM to complete a baseline assessment of NIMS implementation requirements of emergency management via the NIMS Compliance Assistance Support Tool (NIMSCAST).

Exercises allow an objective assessment of CCBH capabilities so that strengths and areas for improvement are identified, corrected and shared as appropriate prior to a real incident. CCBH conducts or participates with emergency management, community organizations, businesses, and other partners in trainings and exercises in order to strengthen emergency response activities.

CCOEM coordinates training or guidance to community partners for the specific risks identified in the jurisdictional risk assessment.

Access and Functional Needs Population

FEMA's NRF provides a function based definition of access and functional needs populations. This reflects a need rather than a condition, diagnosis, or label. Individuals may have additional needs before, during and after an incident in functional areas, including but not limited to:

- Maintaining independence
- Communication
- Transportation
- Safety, support services and self-determination
- Medical care

Individuals in need of additional response assistance may include:

- People with disabilities
- People who live in institutionalized settings
- Elderly
- Children
- People from diverse cultures
- People with limited English proficiency
- Non-English speaking
- Transportation disadvantaged

Planning for access and functional needs have been addressed through the following elements: regional and local functional needs workgroup, CCBH Culturally and Linguistically Appropriate Services (CLAS) Committee, CCBH Board Resolution regarding "policy on policy", local Community Health Improvement Plan (CHIP), local health department strategic plans, and use of Geospatial Informational System (GIS) to map locations of at-risk populations (Attachment 13).

CCBH will provide guidance to groups representing the access and functional needs populations, to assist them in educating their own constituency groups on preparing for identified risks and plans to access health services during an emergency.

CCBH has taken additional planning steps for access and functional needs populations to include:

- Language profile maps (thirteen languages) at the county and POD level.
- Distribution of a communication board that allows staff to interface with clients using pictogram as well as using dry-erase notes.
- Homebound populations have been addressed through an MOU in place with Hospice of the Western Reserve.
- Culturally and linguistically appropriate public information will be provided to encourage family, friends and neighbors of at-risk individuals to follow public health recommendations in response to the incident.

Collaboration

CCBH regularly collaborates with local hospitals and planning and response organizations (e.g., Local Emergency Planning Committee (LEPC), CCOEM) to ensure public health issues are addressed in the planning process. CCBH is also a member of the Public Safety Urban Area Working Group (PS-UAWG). This group was established to advise county leadership on homeland security matters in relation to enhancing prevention, protection, response and recovery capabilities.

In addition, the CCBH planning team, comprised of representatives from various service areas, meets regularly to address preparedness planning issues.

CCBH regularly coordinates with regional partners and serves as the public health planning coordinator for the following counties: Ashtabula, Cuyahoga, Lake, Lorain and Geauga. CCBH is also a member of the NEO Metropolitan Medical Response System (MMRS) Healthcare Coalition which follows applicable National Healthcare System and Community Preparedness capability guidance to engage and coordinate with emergency management, healthcare organizations (private and community-based), public health, mental/behavioral health providers, community and faith-based partners, state and local governments to prepare, respond, and recover from incidents that have a public health and medical impact. In addition, regional health departments have signed a MOU to cooperate and to provide mutual assistance and mutual exchange of public health support.

Response Operations

Response operations refer to initial and continuous activities during the emergency. The response begins at the onset of the emergency situation.

Implementation of Response Plans

Depending on the event, the following plans/procedures may be implemented:

- The CCBH Emergency Public Information Annex (**Appendix 3**) outlines procedures to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.
- Cuyahoga County Strategic National Stockpile, Distribution, Mass Dispensing and Mass Vaccination Plan (**Appendix 7**) – The plan outlines procedures to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.
- CCBH Drop Site Plan (**Appendix 8.2**) - The plan outlines procedures to acquire, maintain (e.g., cold chain storage or other storage protocol), transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident.
- Interoperable Communications Manual (**Attachment 14**) – This manual outlines how redundant communications occur during an incident.
- Cuyahoga County Environmental Surety Plan (**Appendix 2.2**) – This plan outlines procedures to protect environmental health and safety of residents within the health district.
- CCBH Disease Response Operational Plan (DROP) (**Appendix 11.1**) - This plan outlines the actions, roles and responsibilities for CCBH to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incident of public health significance. In addition, the NEO Regional Epidemiologic Response Plan (**Appendix 11.2**) is a supporting document providing guidelines to coordinate actions to be taken by NEORHDs during a disease or event of public health significance.
- Northeast Ohio Community Containment/Non-Pharmaceutical Interventions Plan (**Appendix 10**) – This plan outlines strategies for disease, injury, and exposure control including the following: isolation and quarantine, restrictions on movement and travel advisory/warnings, social distancing, external decontamination, hygiene and precautionary protective behaviors.
- Continuity of Operations Plan (COOP) (**Appendix 2.1**) - The Cuyahoga County Board of Health COOP plan establishes policy and guidance to ensure the execution of mission

essential functions in the event that an emergency threatens or incapacitates operations and the relocation of selected personnel and functions are required.

- CCBH Public Health Radiological Response Annex (Appendix 6.2) - This document outlines the plan and procedures for CCBH during a radiation incident and provides a framework for establishing and operating community reception centers in the county following a radiation emergency. This annex is a supporting document to the Cuyahoga County EOP Radiation Annex.
- CCBH Volunteer Management Plan (Appendix 13) – This document outlines procedures to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency’s response to incidents of public health significance.
- CCBH Responder Safety and Health Plan (Appendix 12)– This document describes guidelines to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, if requested.
- Plan TBD - Fatality management is the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident.
- Plan TBD - Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.
- Mass Care Procedures (Appendix 6) - Mass care is the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves. This procedure is a supporting document to the Cuyahoga County EOP ESF #6.
- NEO Hospital Plan (Appendix 9)/NEO MMRS Forward Movement of Patients (Appendix 9.1) (IN PROGRESS) - Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

Recovery Operations

Community recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

Post-incident recovery of public health (including support of medical, and mental/behavioral health) services and systems within a jurisdiction is critical for health security and requires collaboration and advocacy for the restoration of services, providers, facilities, and infrastructure within the public health, medical, and human services sectors. Monitoring the public health, medical and mental/behavioral health infrastructure is an essential public health service.

The Recovery Phase begins during and immediately after the Response Phase. Damage is assessed and actions are identified for short and long-term recovery. During the Recovery Phase, CCBH may evaluate health risks through surveillance, population monitoring and assessments of food, sewage disposal, solid waste, potable water and vector control. Provision of appropriate public health information may also continue.

Surveillance

Surveillance activities may be needed after an incident to monitor public health, medical, and mental/behavioral health system needs. LHDs may need to conduct a community assessment. Suggested resources include:

- Community Assessment for Public Health Emergency Response Toolkit (Appendix 2.4): http://www.emergency.cdc.gov/disasters/surveillance/pdf/CASPER_toolkit_508%20COMP_LIANT.pdf
- State Radiation Control Programs: <http://www.crcpd.org/Map/RCPmap.htm>

Restoration of Services

CCBH activities to support coordination of public health, medical, and mental/behavioral health system recovery operations include the following:

- Collaborate with jurisdictional partners to document short-term and long-term health service delivery priorities and goals.
- Assist with restoring health services and environmental safety to pre-event levels.
- Provide long-term follow-up to those affected by threats to the public's health.
- Implement recommendations from after-action reports following threats to the public's health.
- Assist with restoring health services and environmental safety to pre-event levels by identifying and implementing recommended changes documented in post-event evaluations.
- Assist with ensuring sustained, basic and surge capacities of public health resources to prevent, plan for, respond to, and recover from disasters.
- Assist with addressing the psychosocial needs of impacted populations and responders during and after an emergency.
- Determine the community's health service priorities and goals that are the responsibility of public health.

Demobilization

Demobilization planning should begin as soon as possible to facilitate accountability of the resources. As applicable, CCBH will follow procedures to release and return resources that are no longer required by the event or incident to their pre-ready state (Attachment 15). This may include an assessment of the efforts, resources, actions, leadership, coordination, and communication utilized during the incident for the purpose of identifying and implementing continuous improvement activities.

Corrective Action

The After Action Report/Improvement Plan (AAR/IP) allows the agency to assess its performance during an emergency operation for quality improvement. CCBH will follow procedures describing the process used to determine when events rise to significance for the development and review of an AAR (Attachment 16). Post-incident assessment (hotwash) will include invitations for involved government and community partners to participate. This will facilitate collection of community feedback as part of the after action report process. Depending on the incident, CCBH may either

complete or assist in the completion of the AAR/IP. Homeland Security Exercise & Evaluation Program (HSEEP) methodology should be followed.

CCBH will strive to implement public health corrective actions to help mitigate damages from future incidents by:

- Incorporating observations from the current incident or lessons learned from other sources to describe actions needed to return to a pre-incident level.
- Engaging with government agencies, jurisdictional business, educational, and social service sectors to fulfill their respective roles in completing the corrective actions to protect and to support the restoration of access to public health, medical and mental/behavioral health services.
- Soliciting feedback and recommendations for improved community access to health services.
- Documenting status of identified corrective action items in a written after action report and improvement plan.

Plan Revision

Plans are reviewed at least annually and after every applicable exercise/event. Review dates and changes are documented in the Document Revision Section of the specific plan.

VII. Roles and Responsibilities

Primary Agency

The Cuyahoga County Board of Health

- Coordinates the assessment of health and medical needs.
- Provides public health surveillance.
- Monitors the availability and utilization of health system assets.
- Coordinates the provision of public health and medical-related services, supplies and personnel.
- Identifies population(s) at risk areas in which public health problems are likely to occur.
- Coordinates with ESF #15- External Affairs to provide medical-related information releases and public health recommendations related to contaminated food, water, and any other health related issues to the public.
- Investigates and advises on potential health hazards and medical problems.
- Provides assistance for mass casualty and mass fatality incidents.
- Coordinates behavioral health assistance and care.
- Coordinates and ensures environmental assessment, sampling, and analysis.
- Coordinates with local, state, and federal partners throughout assessment and response.
- Procures, stores, distributes, dispenses, and coordinates delivery of pharmaceutical and durable medical equipment products and services before and after a disaster.
- Reviews support agency standard operating guidelines (SOGs) to allow for the efficient and effective implementation of ESF #8.
- Staffs the EOC upon activation and ensure 24-hour staffing coverage based on the level of activation.

- Maintains a roster of all support agency contact persons, make necessary notifications, activate support agencies as necessary, and maintain ongoing communications to support mission assignments.
- Trains staff on roles and responsibilities.
- During a public health emergency, coordinates for the provision of all mutual aid resources to requesting parties within and outside of the county in accordance with appropriate resource request procedures and based on available assets. Documentation shall be maintained for operational accountability and financial reimbursement once local resource capabilities have been exhausted.
- Coordinates health recovery efforts as needed.
- Provides public health assessments at the site of the emergency to determine health needs and priorities.
- During health related emergencies, prepares an Incident Action Plan to meet the public health and medical needs and priorities to share with the EOC.
- Assists with coordination of examinations and analyses of potentially hazardous and contaminated substances throughout the emergency in accordance with ESF# 10-Oil and Hazmat Response.
- Assesses and makes recommendations concerning the public health needs of emergency responders.
- Assists in assessing potable water and wastewater/debris management disposal issues and coordinate the allocation of potable water and wastewater/ debris management disposal equipment in coordination with ESF #3-Public Works and Engineering and ESF #10.
- Ensures the safety of food.
- Collects and coordinates the destruction of contaminated foodstuffs.
- Coordinates control of insects, rodents, and other pests.
- Participates in the Joint Information Center.
- Assists with damage assessment of the impacted area post-disaster and report finding to the EOC.
- Maintains ongoing human health surveillance for affected communities to enable the rapid identification of health-related problems.
- Implements prevention and control strategies upon identification of health-related problems.
- Assists with the sheltering of evacuees and disaster victims with functional needs in coordination with ESF# 6-Mass Care.
- Assists Red Cross in conducting pre-occupancy inspection of shelter locations, in accordance with ESF# 6.
- Partners with Red Cross or other shelter providers to assist maintenance of local plans that include the use of assessment screening tools for individuals entering shelters, assessment forms for shelter inspections, current status of scalable, congregate location staffing models, transferring individuals from general shelters to specialized shelters or medical facilities, shelter population monitoring and possible decontamination in radiation emergencies, and shelter population health surveillance.
- Assists in the identification, procurement, and delivery of required pharmaceuticals, medical supplies, SNS medical materiel, and services during an emergency.
- Assists the Cuyahoga County Medical Examiner in the identification of mass burial sites.
- Identifies and provide Medical Reserve Corps (MRC) liaison to EOC if requested.
- Maintains the MRC database of volunteer personnel.
- Coordinates recruitment of physicians, additional nursing staff, and health professional volunteers for area hospitals, clinics, field hospitals, and other sites as needed.

- Provides public health services to minimize zoonotic disease outbreaks and other public health risks that may occur during a dangerous wild animal emergency.

Support Agencies

Cuyahoga County Office of Emergency Management may:

- Coordinate local requests for EMS assistance during emergencies.
- Maintain ongoing medical surveillance of affected communities in order to rapidly identify and address emergency medical problems.
- Support mass fatality response efforts in affected communities.
- Request medical supplies, services, and SNS medical material, upon request from lead agencies.
- Coordinate National Disaster Medical System (NDMS) with local Veterans Affairs hospital when activated in Ohio

Center for Health Affairs may:

- Assist in coordination of hospital supply status.
- Assist hospitals in request and retrieval of regional cache of supplies once individual hospital supply has been depleted.
- Determine additional needs of hospitals.
- Upon the request of the primary agencies, identify a liaison or point-of-contact (POC) to establish communication between the EOC and CHA.
- Coordinate assistance with the Health Departments, including CCBH, CDPH, and SHHD.

Cuyahoga County Department of Public Works may:

- Ensure proper functioning and capacity of electrical systems for County Public Works-controlled fueling supply stations and maintain proper fueling for County owned assets.

Cuyahoga County Local Fire Rescue Departments may:

- Report medical needs and impact assessment information to the CCEOC.
- Implement procedures to ensure safety and care of emergency responders in accordance with SOPs.
- Provide critical incident stress debriefing for emergency medical response personnel in accordance with SOPs.
- Coordinate EMS at the scene and request state and federal assistance through the CCOEM.
- Provide representatives in the CCEOC to coordinate local requests for EMS assistance during emergencies.
- Coordinate with ODH ESF #8 when federal medical assistance is activated for Ohio.
- Activities of emergency medical units in Ohio are directed by fire chiefs when the units are attached to fire departments and by the owners/operators of private or government-owned companies.

Cuyahoga County Sheriff's Department may:

- Provide security at the shelters and other medical facilities as requested by lead agency.
- Provide security for the distribution and transport of the Strategic National Stockpile medical material to point of dispensing sites (PODS) and other locations deemed necessary by primary agency.
- Coordinate with the Medical Examiner to identify victims.
- Provide and coordinate security at the Cuyahoga County drop site.

- Use Cuyahoga County Protective Services personnel to help provide and coordinate security at a County SNS drop site.

Cuyahoga County Local Law Enforcement Agencies may:

- Provide security staffing at PODs, shelters and other medical facilities as requested by lead agency.
- Coordinate with the Medical Examiner to identify victims and notify next of kin.

Greater Cleveland Regional Transit Authority may:

- Transport shelter clients upon notification and in accordance with Agreement.
- Provide for the transportation of medical staff, SNS medical material, and other supplies to area hospitals/PODS as needed upon request of primary agency.
- Support Cuyahoga County Sheriff's Department in distribution and transport of assets and SNS medical materiel to PODs/hospitals, as requested by the primary agency.

City of Cleveland Division of Water may:

- Monitor countywide water supply on an ongoing basis in coordination with municipal water utilities and notify primary agencies of any potential contamination of drinking water in accordance with SOPs.
- Notify primary agencies of non-functional sites, and issue boil alerts to the public when necessary.

Northeast Ohio Regional Sewer District may:

- Monitor the NEORS D system on an ongoing basis. Notify appropriate health department(s) and/or Ohio EPA of non-functional sites, and provide generator power at critical failed facilities.

Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County may:

- Coordinate the activities necessary to facilitate behavioral health recovery efforts and treatment services as needed for victims suffering from disaster-related mental disorders by the Mobile Crisis Team and other service provider agencies in treating behavioral health needs.
- Coordinate and monitor the state behavioral health activities to address victim needs. Coordinate the provision of appropriate interventions.
- Coordinate the provision of behavioral health clinical consultation services to the EOC staff.
- Provide representatives to assist local Mental Health and/or Joint Alcohol, Drug Addiction and Mental Health Services/Boards and Regional, County, and Community Mental health Centers in providing supportive services to disaster victims.
- Coordinate the provision of behavioral health consultation services to the EOC staff regarding alcohol and other drug (AOD) consumers and treatment interventions for high risk populations.
- Coordinate activities needed to address post-incident surges in post-traumatic stress reactions and substance abuse service needs following a disaster.
- In coordination with the Behavioral Health Emergency Response Team, enlist volunteer assistance from provider network to provide appropriate interventions and supportive services to disaster victims.

- Maintain an emergency contact list of all contract providers of the ADAMHS Board network.
- Coordinate with the behavioral health network to assist local, regional, and county agencies, and community centers in providing supportive behavioral health treatment services to those affected by disaster.
- Collaborate with American Red Cross to coordinate the provision of behavioral health services to those affected by disaster.

Cuyahoga County Senior and Adult Services may:

- Maintain a current list of the senior and adult service providers, their contact information, and resources.
- Collaborate with municipal Departments/Offices of Aging and other local neighborhood senior centers to assist in clients' preparation of a family disaster preparedness plan.
- Provide linkages to senior community resources to meet the needs of seniors and disabled adults.
- Collaborate with Western Reserve Area on Aging and American Red Cross in performing needs assessment post-disaster of all elder care component members and report status to lead agencies.
- Request volunteer assistance through service provider networks, should conditions dictate the need for personnel above what local County resources are able to provide.

American Red Cross, Greater Cleveland Chapter may:

- Provide mass care at shelters (food, drink, blankets, etc.)
- Coordinate with local and state agencies regarding health and mental health issues in shelters, in other neighborhoods in the communities affected, Service Centers, and Outreach Teams.
- Coordinate the provision of blood and blood products to the affected population.
- Provide health services, mental health support, and public/mental health information to the affected population, in accordance with ESF#15.
- Assist the affected population by facilitating connections with public health, medical, and mental health agencies to coordinate services in ARC shelters, service centers, emergency aid stations, outreach teams, etc.
- Support reunification efforts utilizing ARC Safe and Well website (<https://safeandwell.org>), and provide disaster welfare inquiry for disaster clients with health or mental health issues.
- Provide support to the Cuyahoga County Medical Examiner's Office following a disaster.

Cuyahoga County Office of Medical Examiner may:

- Identify victims and forward official death count to the CCEOC on a daily basis.
- Provide morgue services.
- Identify mass burial sites with the help of the primary agencies.
- Maintain jurisdiction over the deceased and is responsible for setting up temporary morgues by coordinating with the Ohio Funeral Directors Association when necessary.
- Supply personnel and materials to support mass fatality response and expanded mortuary services in affected jurisdictions.
- Request Disaster Mortuary Operational Response Team (DMORT) activation or mutual aid from neighboring jurisdictions, as needed.

Amateur Radio Emergency Services (ARES) may:

- Assist with patient tracking at request of lead agency.

Ohio Department of Health may:

- Provide technical assistance and support by providing health related services and supplies.
- Coordinate the request and delivery of federal assets and other pharmaceutical/medical supplies.
- Review public information messages and press releases as requested prior to release to the local media for distribution to the public.
- Provide laboratory support.

Ohio Environmental Protection Agency may:

- Provide technical assistance and support related to drinking water, solid waste, waste disposal and environmental safety.

Ohio Department of Agriculture may:

- Provide laboratory support.
- Assist in ensuring the safety and efficacy of regulated foods.

Community and Faith-Based Partners may:

- Provide public input and help identify disaster health risks during mitigation and recovery phases.
- Provide feedback for jurisdictional emergency operations plans.
- Provide health-related services to in both short and long term settings during and after an incident.
- Develop emergency operations plans/response operations with guidance from local emergency management.

VIII. Plan Maintenance

This document is reviewed at least annually and after every applicable exercise/event. Review dates and changes are documented (see page 2). Updated pages are replaced as needed.

IX. Resources

- Community Assessment for Public Health Emergency Response Toolkit: http://www.emergency.cdc.gov/disasters/surveillance/pdf/CASPER_toolkit_508%20COMPLIANT.pdf
- State Radiation Control Programs: <http://www.crcpd.org/Map/RCPmap.htm>
- Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response, Public Health Preparedness Capabilities: National Standards for State and Local Planning, March 2011.

VIII. List of Acronyms

AAR/IP: After Action Report/Improvement Plan

ACC: Acute Care Center

[ADAMHS: Alcohol, Drug Addiction and Mental Health Services of Cuyahoga County](#)

ARC: (Greater Cleveland Chapter) American Red Cross

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ARS: Amateur Radio Services
CAMEO: Computer Aided Management of Emergency Operations
CASPER: Community Assessment for Public Health Emergency Response
CECOMS: Cuyahoga Emergency Communications System
CCBH: Cuyahoga County Board of Health
CCEFS: Cuyahoga County Employment and Family Services
CCEOC: Cuyahoga County Emergency Operations Center
CCOEM: Cuyahoga County Office of Emergency Management
CDC: Centers for Disease Control
CERT: Community Emergency Response Teams
CHIP: Community Health Improvement Plan
CI: Critical Infrastructure
CISM: Critical Incident Stress Management
CMEIMS: Cuyahoga Major Emergency Incident Management System
CMHA: Cuyahoga Metropolitan Housing Authority
COG: Continuity of Government
COOP: Continuity of Operations Plan
CRI: Cities Readiness Initiative
CRIS: Cuyahoga Regional Information System
CCBDD: Cuyahoga County Board of Developmental Disabilities
DFO: Disaster Field Office
DHS: United States Department of Homeland Security
DMAT: Disaster Medical Assistance Team
DMORT: Disaster Mortuary Response Team
DOD: United States Department of Defense
DOE: United States Department of Energy
DOJ: United States Department of Justice
DOT: United States Department of Transportation
DRC: Disaster Recovery Center
EAS: Emergency Alert System
EPA (U.S.): Environmental Protection Agency
EIC: Emergency Information Center
EMAC: Emergency Management Assistance Compact
EMS: Emergency Medical Services
EMT: Emergency Medical Technician
EOC: (Cuyahoga County) Emergency Operations Center
EOP: (Cuyahoga County) Emergency Operations Plan
EPG: Executive Policy Group
ERCPC – Emergency Risk Communication Plan
ERP: Emergency Response Plan
ESF: Emergency Support Function
FCC: Federal Communications Commission
FBI: Federal Bureau of Investigation
FCO: Flight Control Officer
FEMA: Federal Emergency Management Agency
FMAP: Flood Mitigation Assistance Program
GCARC: Greater Cleveland American Red Cross
GCRTA: Greater Cleveland Regional Transit Authority
GIS: Geographic Information System
GSA: United States Government Services Administration

HEAR: Hospital Emergency Alert Radio
HMGP: Hazard Mitigation Grants Program
HSEEP: Homeland Security Exercise and Evaluation Program
IAP: Incident Action Plan
IC: Incident Commander
ICS: Incident Command System
IMAC: Intrastate Mutual Aid Compact
IMT: Incident Management Team
ISC (Cuyahoga County): Information Services Center
JAG: Job Action Guide
JIC: Joint Information Center
JIS: Joint Information System
JITT: Just-In-Time Training KR: Key Resources
LEPC: Local Emergency Planning Committees
LMS: Local Mitigation Strategy
LSA: Logistical Staging Area
MARCS: Multiple Agency Radio Communications System (State of Ohio)
MCM: Medical Countermeasure
MEMS: Modular Emergency Medical System
MMRS: Metropolitan Medical Response System
MOU: Memorandum of Understanding
MRC: Medical Reserve Corps
MYTEP: Multi-Year Training and Exercise Plan
NA: Not Applicable
NDMS: National Disaster Medical System
NEORFC: NorthEast Ohio Regional Fusion Center
NFIP: National Flood Insurance Program
NHC: National Hurricane Center
NIMS: National Incident Management System
NIPP: National Infrastructure Protection Plan
NOAA: National Oceanic Atmospheric Administration
NPI: Non-Pharmaceutical Interventions Plan
NRC: Nuclear Regulatory Commission
NRF: National Response Framework
NTC: National Teleregistration Center
NWS: National Weather Service
OAC: Ohio Administrative Code
ODA: Ohio Department of Agriculture
ODH: Ohio Department of Health
ODJFS: Ohio Department of Job and Family Services
ODOT: Ohio Department of Transportation
OEMA: Ohio Emergency Management Agency
OEPA: Ohio Environmental Protection Agency
OFDA: Ohio Funeral Directors Association
ORC: Ohio Revised Code
OFMAA: Ohio Fire Chiefs Mutual Aid Agreement
PAC: Public Assistance Coordinator (state or federal)
PDA: Preliminary Damage Assessment
PIO: Public Information Officer
PODS: Point of Dispensing Site

PSA: Public Safety Announcement
SEOC: State Emergency Operations Center
SERT: State Emergency Response Team
SFMAA: Statewide Fire Mutual Aid Agreement
SNS: Strategic National Stockpile
SOG: Standard Operating Guideline
SOP: Standard Operating Procedure
SWCD: Soil and Water Conservation District
SWD: Solid Waste District
SWP: State Warning Point
TIC: Tactical Interoperable Communications (Plan)
THIRA: Threat and Hazard Identification and Risk Assessment
UC: Unified Command
USAR: Urban Search and Rescue
USDA: United States Department of Agriculture
VA: Veterans Administration
VRC: Volunteer Reception Center
WENS: Wireless Emergency Notification System
WMD: Weapons of Mass Destruction