

# **Public Health**

## **All Hazards Emergency Preparedness Plan**

**Champaign County, Ohio**



**Public Health**  
Prevent. Promote. Protect.

**Latest Reviewed/Revised June 2017**

## **Foreword**

Public Health – Champaign County (CHD) is committed to developing and maintaining a strong public health infrastructure capable of preparing for and responding to incidents resulting in a public health threats or emergencies. Champaign County, Ohio is vulnerable to bioterrorism, terrorism, unintentional, or naturally occurring events.

The anthrax attacks and subsequent hoaxes in 2001 reinforced this vulnerability, and impressed upon public safety and public health officials, and private health care organizations, the urgency of developing a comprehensive plan to address these types of potential incidents. Managing the human health consequences of a large-scale public health emergency will challenge existing local public health, public safety, and health care infrastructures. Effective preparedness and response to an incident will require coordination and collaboration among local response partners, and state and national assistance.

Because public health threats and emergencies are not confined within political or jurisdictional boundaries, CHD is included in a regional planning effort in the West Central Region of Ohio (Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, and Shelby counties) to insure collaboration and consistent emergency preparedness planning. This regional endeavor involves the Regional Medical Response System (RMRS). The RMRS includes representatives from local health departments, public safety, hospitals, emergency management, Environmental Protection Agency, Red Cross, coroner's office, FBI, academia, mental health agencies, the military, and other organizations, to insure a coordinated, multi-agency, multi-jurisdictional response. These response partners are developing a cooperative understanding of the respective emergency management actions needed during a large-scale public health emergency. The respective All Hazards Emergency Preparedness Plans of all West Central Region local health departments will serve as the core guidance to a regional Public Health response.

CHD's overall level of preparedness continues to improve through the development and implementation of a robust infrastructure capable of responding to a large-scale public health emergency. CHD is earmarking public health infrastructure funds to meet the specific infrastructure program standards established by the Ohio Department of Health (ODH), and is continuing to forge partnerships with local response partners. Objectively, CHD has made great strides in improving public health infrastructure within both Champaign County and the eight-county West Central Region.



## Public Health-Champaign County All Hazards Emergency Preparedness Plan PROMULGATION STATEMENT

Major emergencies and disasters bring about sudden escalation in the needs of the community. Confusion and disorganization among responders and government officials can further inflame these already difficult times. A plan for managing the response is critical.

The planning effort must be focused on averting or minimizing the effects of natural, technological, civil, and attack-related disaster, protecting lives and property, and restoring stricken areas to their pre-disaster status with a minimum of social and economic disruption.

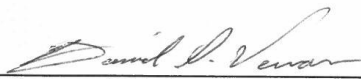
Because the response to a disaster includes many diverse but interrelated elements, the planning must be a cooperative effort resulting in an integrated emergency management system. To be effective, this system will involve response agencies, departments of government, private support agencies, and citizens.

The Champaign Health District has been tasked with preventing illness and promoting and protecting the health of all Champaign County residents.

This plan is a statement of policy regarding emergency management and assigns tasks and responsibilities to Champaign Health District and its employees.

  
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Gabe Jones  
Health Commissioner

4/19/2017  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
David Vernon  
Board of Health President

4-19-17  
\_\_\_\_\_  
Date

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Attachment A-Hazard Analysis

Attachment B-Incident Assessment Form

Attachment C-West Central Region MOU

## **I. Introduction**

### **A. Purpose**

The *All Hazards Emergency Preparedness Plan* details CHD's preparedness and response activities needed to reduce vulnerability to incidents having the potential to escalate into public health emergencies within Champaign County. This document will serve as an attachment to Annex H, Emergency Support Function #8 of the Champaign County Emergency Operations Plan (EOP).

The *All Hazards Emergency Preparedness Plan* is the base plan for CHD preparedness activities. This base plan identifies public health functions, assigns responsibility for accomplishing each function, and specifies accountability. Standard operating guidelines (SOG) are maintained in the Emergency Plans folder on the shared drive of CHD intranet for all employees to review. See SOG #1 Review and Revision of Emergency Response Plans.

To insure public health preparedness and response activities are coordinated throughout the West Central Region, this plan is consistent with the concepts, principles, terminology, and organizational processes in the National Incident Management System (NIMS) and in the National Response Plan (NRP).

Implementation of this plan is dependent upon public health and public safety infrastructure enhancements, and strengthening and/or building partnerships between public health, public safety, and health care organizations.

### **B. Scope and Applicability**

The *All Hazards Emergency Preparedness Plan* outlines CHD activities/functions associated with Incidents of National Significance, terrorism incidents/threats, outbreaks of emerging infectious diseases, and other public health threats and emergencies in Champaign County. Key components of this plan include the following:

- organization
- notification
- inter-jurisdictional relationships
- epidemiological surveillance
- prevention and control activities
- communication infrastructure
- crisis communication
- workforce development

### **C. Community Profile**

A general description of Champaign County, including geographic information, population, transportation assets, and a hazards analysis and risk assessment See Attachment A Hazard Analysis.

## **II. Public Health Emergency Preparedness Situation/Assumptions**

### **A. Situation**

- ○ Champaign County is vulnerable to bioterrorism, terrorism, unintentional, or naturally emerging human infectious and communicable diseases. See WEST CENTRAL OHIO Regional Biological Response Plan provides demographics of Law Enforcement, Fire/EMS, Healthcare facilities available to respond. (Situations Pg. 13)

- Champaign County has a population of 40,097 (Census 2010). The City of Urbana, with an estimated population of 11,793, is the most densely populated area in the county.
- A large-scale public health emergency in Champaign County will exhaust local resources.
- Champaign County's public safety force consists of approximately 250 Fire/EMS personnel and law enforcement officers.
- Health care demographics include one acute care hospital.
- Current isolation capacity for Mercy Memorial Hospital Champaign County is 4 beds.
- English is not the primary language for approximately 2.1% of the total population for Champaign County based on 2010 census data.
- Effective preparedness and response to a public health emergency will require coordination and collaboration among public health, public safety, and health care organizations at the local, regional, state, and national level.

**B. Assumptions**

- CHD is the public health authority for Champaign County, and is responsible for the protection of the health and welfare of its citizens.
- CHD's *All Hazards Emergency Preparedness Plan* outlines key preparedness activities intended to minimize the human health consequences of a public health emergency.
- A public health emergency in Champaign County may result in multiple casualties and fatalities, displaced individuals, property loss, disruption of essential public services and infrastructure, and environmental damage.
- A public health emergency in Champaign County may exceed local and regional response capabilities.
- A public health emergency in Champaign County will require a coordinated, multi-disciplinary, multi-jurisdictional local response, as well as regional, state and national assistance.
- Support from nongovernmental organizations and the private sector may be needed to enhance CHD's ability to respond to a public health emergency.
- A Mutual Aid Agreement exists among all local health departments in the West Central Region of Ohio(Attachment C) to provide emergency mutual aid for reciprocal emergency management aid and assistance during a public health emergency.
- Incident management activities will be conducted under an Incident/Unified Command System structure as outlined in the NIMS and NRP.
- Fire/EMS, law enforcement, public health, health care, emergency management, and other

personnel are responsible for local incident management activities.

- A large-scale public health emergency will require cancellation of most routine CHD programs to direct available resources to emergency public health initiatives.
- CHD staff has received appropriate emergency preparedness training, and have been assigned specific emergency responsibilities.
- Public health emergency infection control measures may include mass immunization/prophylaxis, and recommendations for limitations on movement.
- CHD has established plans and procedures for crisis communication to provide timely, accurate, and effective public information/education.
- Reference: WEST CENTRAL OHIO Regional Biological Response Plan outlines regional activities intended to minimize the human health consequences of public health emergency. (Assumptions Pg. 14)

### **III. Concept of Operations**

#### **A. Organization**

All local health departments within the West Central Region have adopted an ICS structure and associated position-specific check lists for emergency events. A common Point of Dispensing (POD) ICS structure, with position check lists, has also been developed and adopted. These respective ICS structures are consistent with the structures outlined in the NIMS and NRP to facilitate coordination and communication of incident management activities at the local, regional, state, and national level.

Based on the NRP's premise that incidents are handled at the lowest jurisdictional level possible, CHD will ultimately be responsible for command and control of a public health emergency within Champaign County. Adoption, institutionalization, and implementation of the ICS will permit coordination of CHD's emergency preparedness activities with the respective activities of other responders. See Annex 1 ICS

#### **B. Command and Management Interface**

To insure a consistent approach in the management of a public health emergency, all Champaign County response partners have adopted the NIMS as the framework for preparation, prevention, response, recovery, and mitigation actions. Public health, public safety, and healthcare organizations have established internal ICS structures, and will collaborate with the CHD during public health emergencies.

The Health Commissioner or his IMT representative will participate as the Public Health official during a county Unified Command response. (See Annex 1 ICS) After establishment of the overall incident objectives, the foremost responsibility is to formulate the initial public health response strategy. Following the development and implementation of the public health strategy, the Health Commissioner will then assume the role of lead command official pertaining to public health issues. An IMT representative, who fulfills any role for the Health Commissioner, will keep the Health Commissioner informed of all pertinent events and activities.



### C. Notification

Communication infrastructure in Champaign County is maintained and tested. Champaign County level emergency operation plans outline communication support between local, regional, state and federal organizations. The CHD will likely be notified of the occurrence of a potential or actual emergency by the ODH, CCOEM, hospitals/emergency departments, private physicians, emergency responders (HazMat, Fire/EMS, law enforcement), the media, or through epidemiological surveillance activities.

- CHD emergency contact information (including address) for key staff has been provided to the CCOEM.
- Emergency contact information for regional local health department preparedness staff is maintained by the Regional Public Health Coordinator.
- Procedures for contacting CHD after-hours have been distributed to the medical community, public safety/emergency responders, local governments, and the media.
  - ◇ After-hours emergency contact is provided by cellular phone to all Directors and Health Commissioner. A recorded message on the CHD's main telephone and on the communicable disease reporting nurse's telephone directs public health emergency calls to 911 or cellular phone numbers.
  - ◇ On-call staff who receive notification of an incident/public health emergency are responsible for mobilizing necessary staff and resources to initially access and manage the incident pending the implementation of CHD ICS structure. Rapid recall/notification of all CHD staff will occur through the CCOEM automated high-speed notification system.
  - ◇ While conducting the initial response, Director notify the Incident Management Team to organize any needed ICS structure to oversee prolonged events.
- The Ohio Public Health Communication System (OPHCS) is a secure, web-based, password protected, role-based system providing a comprehensive method for sending alerts and information to ODH, to local health departments and to key public health partners. Alerts are sent by e-mail, landline and cellular phone (via text-to-speech conversion), facsimile, and alphanumeric pager. See SOG #5 Interoperable Communication.
  - ◇ The OPHCS User Alerting Profiles have been populated with select CHD contact information for high, medium, and low priority alerts. All levels of alerts are sent to each CHD OPHCS User's e-mail, work phone and/or cellular phone.
  - ◇ User Alerting Profiles for the CHD Emergency Preparedness Coordinator, and Regional Public Health Emergency Preparedness Coordinator include work email, work phone and/or cellular phone.
  - ◇ For high priority alerts, User Alerting Profiles for the Health Commissioner, Medical Director, Environmental Health Director, Director of Nursing, and Epidemiology are work email, work phone and/or cellular phone.
- A Health Alert Network (HAN) directory of Champaign County emergency response partners has

been developed by the CHD (see SOG#5 Interoperable Communications). CHD also has access to an ODH Ohio Public Health Communication System to notify partners.

- The CCOEM maintains a directory of emergency contact information for each of the twenty-nine political jurisdictions within Champaign County. Distribution of emergency public health-related information to these jurisdictions is provided by an automated high-speed notification system.

#### **D. Inter-jurisdictional Relationships**

The eight LHD's in the West Central Region of Ohio have entered into a Mutual Aid Agreement(See Attachment C) to provide reciprocal mutual aid during a public health emergency. These relationships will insure prompt and effective utilization of the combined resources of these respective LHD's during a public health emergency. A similar Mutual Aid Agreement exists among the LHD's in the West Central Region and the Southwest Region (Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren counties).

Memoranda of Understanding among the LHD's in the West Central Region also exist for coordination of volunteer nursing services, and for epidemiological services.

- An Intrastate Mutual Aid Compact for emergency preparedness, and disaster response and recovery has been established pursuant to Ohio Revised Code section 5502.41. This program provides for mutual assistance and cooperation among participating political subdivisions in response to and recovery from any disaster that results in a formal declaration of emergency by a participating political subdivision. For planning purposes, it is prudent to assume a public health emergency in the West Central Region of Ohio will impact, and subsequently require a coordinated response, from all counties in the region. Declaration of a public health emergency within Champaign County will invoke the provisions of the Intrastate Mutual Aid Compact. Regional response actions will be coordinated through the EOC's in the affected jurisdictions. Reference: WEST CENTRAL OHIO Regional Biological Response Plan for Federal, State and local ( pg. 21-22)

#### **E. Epidemiological Surveillance**

CHD's public health surveillance activities include the collection, analysis, interpretation, and dissemination of health data. These components are used for public health response actions, including policy setting, investigation, control, and prevention.

Surveillance is the cornerstone of CHD's preparedness activities, and insures a prompt public health response to unusual health events in Champaign County and in the West Central Region of Ohio.

The *Regional Epidemiological Response Plan* (Annex 6C) for the West Central Region outlines standard operating procedures for public health detection and surveillance, epidemiology response, medical confirmation and sample submission, criminal investigation, non-terrorist events, and disease specific protocols.

The CHD's major surveillance activities are highlighted below.

- An Epidemiology section, established within the Planning Section of CHD's ICS structure,

coordinates with Environmental Health and Communicable Disease for contact tracing and investigation, data management and surveillance, and laboratory/specimen collection.

- The Centers for Disease Control and Prevention's (CDC) *Health Alert Network* (HAN) communications are received via the OPHCS.
- CHD staff monitors *Epidemic Information Exchange* (EPI-X) and *Ohio Disease Reporting System* (ODRS) surveillance data. See SOG #7 Disease Surveillance Evaluation.
- Ohio Administrative Code Chapters 3701-3-02, 3701-3-05, and 3701-3-12 require the reporting of communicable diseases within a local health department's jurisdiction. Within Champaign County, hospitals, emergency departments, laboratories, private physicians, school nurses, and other health care networks report the occurrences of suspected and/or confirmed cases of reportable diseases to CHD's Communicable Disease Reporting Nurse.
- Early event (syndromic) surveillance data are monitored in real-time for trends and anomalies suggestive of disease outbreaks. Several systems are used as public health surveillance tools to identify key signs and symptoms that may be indicative of an illness or disease trend requiring further investigation. Available surveillance data include:
  - ◇ Epi Center and NRDM National Retail Data Monitoring (NRDM):
    - Emergency Department visits for hospitals within the West Central Region;
    - Retail sales of over the counter (OTC) pharmaceuticals;
  - ◇ Emergency Medical Service (EMS) agency dispatch activity data;
- CHD has established disease and surveillance thresholds for reportable diseases and early event surveillance systems.
- CHD provides education to providers in the community about infectious disease reporting and the role of public health during an emergency.

See SOG #8 Disease Investigations steps.

See SOG #9 Staff orientation to Infectious Disease

## **F. Prevention and Control**

Public health infection control measures encompass surveillance, setting and recommending policies and procedures, compliance with regulations, direct intervention, and education/training. Direct interventions to prevent the community-wide transmission of an infectious disease may include standard precautions, mass immunization and/or prophylaxis, and limitations on movement. CHD emergency preparedness activities/plans aimed at direct interventions include the following:

- CHD has developed a Mass Dispensing/Vaccination Plan (Annex 5) and a regional Epidemiological Response Plan (Annex 6C). These will be used for guidance in responding to communicable diseases and/or bioterrorism events.
- CHD and local response partners have jointly developed a *Strategic National Stockpile Plan* (Annex 4).
- CHD will request the assets in the SNS when local pharmaceutical resources are

inadequate to manage the human health consequences associated with a public health emergency. SNS assets include antibiotics, vaccines, and antidotes, medical supplies, and medical equipment to counter the effects of biological pathogens and nerve agents. See SOG Tab11 Vaccine Emergency Management

- CHD has established Memoranda of Understanding with two facilities within Champaign County to serve as Primary and back up PODs for mass vaccination/prophylaxis. See SOG Tab10 OPOD
- CHD will initially coordinate the opening and operation of one primary PODs utilizing an ICS structure. CHD staff has been assigned to key positions within the POD ICS structure. (See Annex 1)
- Primary POD data has been entered into the ODH SNS online program, OPOD, to identify delivery locations for prophylactic medications.
- PODs will be designated for prevention measures (i.e. well, non-exposed individuals), whereas hospitals/alternate treatment facilities will provide treatment and supportive care for infected, symptomatic individuals. This distinction is paramount to the success of the disease containment strategy designed and implemented by CHD.
- During an outbreak of an infectious, communicable disease, initial post infection control measures implemented by CHD will likely include vaccination/prophylaxis for the following groups using priority guidance from the CDC and ODH:
  - ◇ Individuals directly exposed to the agent;
  - ◇ Individuals with face-to-face or household contact with an infected person;
  - ◇ First responders and personnel directly involved in the evaluation, care, and transport of infected persons;
  - ◇ Laboratory personnel involved in processing specimens;
  - ◇ Others likely to have contact with infectious persons/materials.
- The above groups include healthcare workers at clinics and hospitals that may receive infectious patients, mortuary staff who may handle bodies, and all other essential emergency response personnel (e.g. Law Enforcement, firefighters, EMS, public works, public health staff, and emergency management staff).  
Vaccination/prophylaxis of the immediate family members of these groups during the initial stages of an outbreak is dependent upon vaccine/antibiotic supply. It is expected ODH will provide a priority listing and directives for any prophylaxis they provide.
- Imposition of limitations on movement may be used as a disease control measure. CHD will coordinate with regional, state, and national authorities to recommend the least restrictive measures of limitations on movement to contain and control infectious diseases.

Ohio Revised Code Sections 3707.04 through 3707.34 provides broad powers to local Boards of Health to preserve public health and prevent the spread of disease. These powers include the authority to enforce the provisions of the Revised Code regarding quarantine and isolation. The

Association of Ohio Health Commissioners (AOHC) has drafted a *Model Local Board of Health Policy Relating to Delegation of Authority to Quarantine and Isolate*. This model policy is intended to insure the Health Commissioner is delegated all the authority possessed by the Board of Health, and is authorized to act on behalf of the Board of Health in these matters.

#### **G. Communication Infrastructure**

EOC coordination of communications assets during an emergency is provided in the Champaign County EOP. Emergency Support Function #2 of the EOP outlines communications support between local, state, and federal organizations. The CCOEM will coordinate with county and state agencies, and private vendors to insure county-wide communications operations during an emergency.

CHD's redundant communications capabilities include landline/cellular/satellite telephone, internet, HAN, OPHCS, facsimile, email, MARCS radios and 400 MHz radio. Contingency measures may include the use of law enforcement, designated drivers and/or couriers to deliver information.

The State of Ohio has constructed the Multi-Agency Radio Communications System (MARCS) to facilitate interoperability of state and local response systems. MARCS is a digital radio computer system insuring an uninterrupted radio transmission with a high surge capacity threshold and state-wide talk groups organized by both location and service responsibilities.

CHD has purchased 2 800 MHz MARCS radios to increase state-wide communications interoperability during both daily operations and public health emergencies. Champaign County interoperability talk groups have been programmed into these units to insure CHD can also communicate with local response partners.

MARCS radios are maintained by the Communications Officer and signed out on an "as needed" basis. In the event of an emergency, radio equipment will be distributed to the Incident Management Team (IMT).

All CHD staff assigned a MARCS radio will adhere to standard radio communications protocols/procedures established by the Champaign County Sheriff's Office, and/or ODH. Staff assigned a radio will receive training on the operation of the unit and the established communication protocol/procedure.

See Interoperable SOG for guidance on use of CHD's redundant communications.

#### **H. Public Information and Warning**

CHD has established a *Public Information and Warning Plan* (Annex 2) to insure risk communication principles will be utilized in delivering information to the public through the appropriate channels. The purpose of the plan is to protect the health and welfare of the public by communicating emergency information in a timely, compassionate and accurate manner. Public information efforts by CHD will allow individuals, stakeholders, and the community to make personal health decisions within compressed timeframes. During a public health emergency, consistent up-to-date messages will be necessary to provide public education, to insure CHD staff is able to perform assigned duties, and to facilitate the implementation of response plans.

CHD has designated a prioritized list of PIOs and spokespersons to provide consistent, credible, and

timely emergency information to the public and the media.

These individuals will share incident-specific information to minimize public confusion, and to maintain public confidence in the ability of CHD to manage the incident.

The public information activities of all responding agencies will be coordinated through the activation of a Joint Information Center. See SOG # 6 Website.

## **I. Workforce Development**

A competent workforce is an essential component in strengthening local public health infrastructure. The ODH *Strategic Plan for Public Health Preparedness Education and Training* outlines the goals, objectives, target capabilities, and mandated training for the Ohio public health workforce. This will be used to guide the development of competencies for public health. The training opportunities identified in the ODH plan will be used to assure CHD workforce meets preparedness competencies. ICS training for CHD personnel are tracked electronically and hard copies of the training certificates are maintained by the Emergency Planner.

## **J. Continuity of Operations**

With any event, routine daily operations need continued emphasis. When an event interrupts or places stress on routine operations, Division Directors will evaluate and adjust necessary activities. For events beyond their internal division capabilities, the CHD Continuity of Operations Plan (COOP) (Annex 8) will be used as a guideline to identify resources.

## **IV. Roles and Responsibilities**

CHD is charged with the protection of public health and welfare, and has the authority to implement all measures necessary to prevent, suppress, and control infectious diseases within Champaign County. CHD's preparedness activities associated with the *preparedness*, *response*, and *recovery* phases of a public health emergency are outlined below.

### **A. Preparedness Phase**

- Maintain and annually update a Continuity of Operations Plan (COOP) to essential public health programs and services continue.
- Record a message on the main telephone line that provides explicit instructions on how to make after-hours emergency contact with CHD.
- Review annually or as needed emergency preparedness core competencies for CHD staff, and insure appropriate education and training.
- Maintain and annually update procedures for rapid notification and mobilization of CHD staff.
- Update internal ICS organizational structure with written position check lists.
- Integrate All Hazards Emergency Preparedness Planning activities with the Champaign County EOP.
- Participate in the RMRS planning process to insure regional collaboration and cooperation.

- Participate in the planning, design, conduct, and after-action reviews of exercises to evaluate and enhance public health preparedness and response.
- Maintain and annually update plans and procedures at the local and regional level to address bioterrorism, terrorism, unintentional, or naturally occurring events resulting in public health threats or emergencies.
- Ensure plans and procedures remain consistent with the NIMS and the NRP.
- Maintain and update quarterly a local Health Alert Network (HAN) directory of local response partners.
- Continue working on a plan with the WEST CENTRAL OHIO region to provide prophylaxis and treatment to all Champaign County and WEST CENTRAL OHIO residents.
- Maintain the capacity to rapidly identify disease outbreaks and initiate prevention and control activities.
- Continue to review the infrastructure for interoperable communications with local response partners.
- Maintain the capacity to communicate health/risk information to the public and local response partners.

**B. Response Phase**

- Function within the incident management system established for Champaign County.
- Utilize an *Incident Assessment Form, Attachment B* to determine the public health role.
- Address requests for public health assistance and information.
- Notify key CHD staff having emergency preparedness roles and responsibilities.
- Notify and mobilize public health-related volunteers if needed.
- Establish the appropriate public health command structure based on incident needs, and assign responsibilities.
- Activate the Public Health Incident Management Team (IMT) Department Operation Center (DOC).
- Assign Public Health liaisons to the Champaign County EOC. See SOG Tab4 EOC Liaison.
- Request coordination and resources from EOC supporting agencies.
- Establish immediate priorities for the health and safety of assigned staff and volunteers, requesting initiation of the COOP if needed.
- Determine public health incident objectives and develop an Incident Action Plan (IAP). Examples of roles/responsibilities in an IAP may include:

- ◇ recommend declaration of a public health emergency
  - ◇ recommend limitations on movement
  - ◇ implement mass vaccination/prophylaxis
  - ◇ conduct epidemiological surveillance
  - ◇ request Strategic National Stockpile assets
  - ◇ recommend closure of facilities
  - ◇ coordinate disposition of deceased/mass burial
  - ◇ conduct public education
- Assign and deploy resources and assets to achieve public health incident objectives.
- Develop guidance for health care professionals and first responders.
  - ◇ nature of the disease
  - ◇ diagnosis
  - ◇ treatment
  - ◇ infection control measures
  - ◇ prophylaxis/immunization and associated contraindications
- Establish communications with first responders, health care organizations, and other appropriate agencies and organizations.
- Develop and release information about the incident to the news media, incident personnel, and other appropriate agencies and organizations.
- Develop orders on public health infection control measures.
- Address the needs of special populations overseen by Public Health.
- Implement the *Regional Epidemiological Response Plan*. (Annex 6C).
- Prepare for regional, state and national assistance.
- Address mental and behavioral health support needs of staff and volunteers.
- Issue public health advisories.
  - ◇ potable water
  - ◇ food safety
  - ◇ sheltering in place
  - ◇ mass sheltering facilities
  - ◇ health precautions
  - ◇ disinfection/decontamination
  - ◇ wastewater and solid waste disposal
- Insure proper documentation of all response activities.

C. **Recovery Phase**

- Continue response phase activities as required.



- Request EOC supporting agency coordination and resources to address environmental surety:
  - ◇ risk assessment;
  - ◇ modeling/monitoring;
  - ◇ evacuation and safe re-entry criteria;
  - ◇ extent, fate, and effects of environmental contaminants;
  - ◇ level of decontamination;
  - ◇ cleanup standards and methods;
  - ◇ final disposition of affected property;
  - ◇ vector control.
- Assess short-term and long-term public health recovery actions.
- Restore essential public health services to pre-incident status.
- Document expenditures for reimbursement purposes.

#### **V. Assembly Place:**

Upon notification, all Health Department personnel will assemble at the Champaign Health District building at 1512 S US Hwy 68, Urbana 43078. When this site is inaccessible, the Health Department will function at the Champaign County Armory, 1100 N Main St.

If neither site is available, a designated site that is accessible will be selected.

#### **VI. Emergency Purchases:**

The Champaign County Board of Health authorizes the Health Commissioner to sanction emergency purchase of supplies and equipment. In the absence of the Health Commissioner, the Director of Nursing and/or the Environmental Health Director, then the Administrative Assistant, then the Account Clerk are authorized to approve the purchase of emergency supplies and equipment.

#### **VII. Training and Exercises:**

##### **Staff Training:**

Annually, staff members will review the emergency response plan and sign off to that effect. Incident Command System training will be provided annually. All staff will take NIMS 100, 200, 700 and 800 training within six months of hire. The Health Department will continue to participate in countywide emergency and terrorism response exercises and also participate in appropriate State, Regional and Federal training and exercises. Staff participation will be documented. See SOG Tab2 Emergency Event & Exercise

#### **VIII. Ongoing Plan Management and Maintenance**

The Emergency Preparedness Coordinator is responsible for ongoing management and maintenance of the *All Hazards Emergency Preparedness Plan*. The plan will be updated periodically as required to incorporate new directives/strategies, new information technology, legislative changes, and procedural changes based on lessons learned and best practices identified during exercises and actual events. A full review, update, and approval of the plan will be conducted annually.

Specifics details on responses to certain situations, such as Pandemic Influenza, Mass Vaccination/Prophylaxis, Strategic National Stockpile, Bioterrorism, Continuity of Operations, and Recovery, and other plans are referred to in Standard Operating Guidelines in each division. Specific Diseases such as smallpox, plague, and others, will be incorporated into overall Incident Management and Mass Prophylaxis plan.

#### **IX. Conduct Annual Update of the Plan:**

The Champaign Health Department Emergency Response Plan will be updated, and revised, if necessary, as needed. The Health Commissioner, Emergency Preparedness Coordinator and Emergency Management Agency (EMA) will review and approve annually.

#### **X. Bioterrorism Information:**

See **Nuclear, Biological, Chemical Incident Plan Annex 6A**

**ACRONYMS:**

CCOEM-Champaign County Office of Emergency Management

CDC-Centers for Disease Control and Prevention

CHD- Champaign Health District

COOP-Continuity of Operations

DOC-Department Operation Center

EMS-Emergency Medical Service

EOC- Emergency Operations Center

EOP- Emergency Operations Plan

EPI-X- Epidemic Information Exchange

HAN-Health Alert Network

IAP-Incident Action Plan

ICS-Incident Command System

IMT-Incident Management Team

LHD-Local Health Department

MARCS-Multi-Agency Radio Communications System

NIMS- National Management System

NRP- National Response Plan

ODH- Ohio Department of Health

ODRS-Ohio Disease Reporting System

OPHCS-Ohio Public Health Communications System

OTC-Over the Counter

## **ACRONYMS CONT.:**

PIO-Public Information Officer

POD- Point of Dispensing

RMRS- Regional Medical Response System

RODS-Real-Time Outbreak Disease Surveillance

SNS-Strategic National Stockpile Plan

SOG- Standard Operating Guidelines

WCO-WEST CENTRAL OHIO

## ATTACHMENT A

# HAZARD ANALYSIS AND RISK ASSESSMENT

The purpose of the risk assessment was to identify threats and vulnerabilities to the health of Champaign County residents. The goal of this assessment is to reduce the socio-economic impacts of natural hazards, intentional hazards, and technological hazards on vulnerable populations through improving analysis of hazards, vulnerabilities and capacities and action planning at the community level. Hazards identification for hazards that could affect all or parts of the county have been identified and analyzed. The results of this identification and analysis were used as the basis for developing the CHD Emergency Operations Plan (EOP) and the Exercise & Evaluation Plan.

The primary hazards to our community's health are:

- A. Severe storms including winter storms could affect the entire county at the same time. This type of emergency poses a most difficult response effort because of road conditions, which impede or prohibit vehicle movement. CHD personnel reports to work even in level 3 snow emergencies. Resources required to respond include public health information.
- B. Energy emergencies (prolonged interruptions of delivery of energy supplies) could negatively impact the lives and property of county residents. Sudden and widespread loss of electrical power, natural gas, and phone service could have extremely negative consequences, which could reach a disastrous scale, especially during periods of intense cold weather. The health department is equipped with battery and solar backups should electricity be disrupted. The Champaign EMA may also be requested to supply the health department with an electric generator if battery and solar backups are also depleted.
- C. Floods threaten many areas in the county including urban areas developed in the flood plains. A map indicating areas susceptible to flooding is on file and can be found in the Emergency Management Office. Resources required to respond include personnel and public health information.
- D. Hazardous Materials releases could occur in the county, with large-scale incidents. Particular risk is associated with road, rail, water, air, and pipeline routes in the county. A few facilities are identified as locations where hazardous material are used and/or stored. Such incidents could result in fires, explosions, mass casualty and/or mass evacuation situations. Transportation routes can be found on file in the Emergency Management Office. Resources required to respond include personnel and public health information.
- E. Tornados could occur anywhere in the county. Damage and loss of life could be sudden, widespread, and severe and overwhelm the ability of local responders to address the emergency. A map detailing tornado activity in Ohio can be found in the Emergency Management Office. Tornado risk is low for Champaign County. Resources required to respond include personnel and public health information.

- F. Wildfires are also a concern. Wildfires may occur during the fall season because the vegetation is dying and leaves are accumulating. Curing of these fuels takes place throughout the winter and an even more critical forest fire period is experienced until spring green-up occurs. Any extended periods with little or no rainfall can compound the problem during the season. Resources required to respond include personnel and public health information.
- G. Terrorist incidents may occur in Champaign County. Organized crime does operate within Ohio according to the Buckeye Sheriffs Association and the President's Commission on Crime. A listing of vulnerable areas is maintained by the Champaign County Sheriff's office. Resources required to respond include personnel and public health information.
- H. Water shortages could occur but would possibly not be county-wide. Shortages may occur as a result of drought or contamination and inadequate systems of delivery. Drought could affect the entire county and could result in water shortages and agricultural damage and loss. Resources required to respond include personnel and public health information.
- I. Transportation incidences are of a serious nature and could result in long-range effects, especially when hazardous materials are involved. Resources required to respond include personnel and public health information.
- J. Civil disorders could affect the county. Their substantial effects would probably be limited to the cities. Such incidents would most likely emerge from labor strikes, student protests, or hate group activity. Resources required to respond include personnel and public health information.
- K. Communicable Disease Outbreaks have affected the health of Champaign county residents and can continue to pose a risk to our community. In 2009, the H1N1 Influenza virus was confirmed to be present in our community and led to record levels of emergency room visits and hospitalizations. The Champaign Health District played a pivotal role in the county's response to this situation, and would be similarly involved in any communicable disease outbreak.

# **Assessment of Resource Requirements Needed To Address These Hazards**

## ***PIO Needs Assessment***

- Access to power source- to write and send press releases and receive updated information.
- Access to phone service- To send and receive messages and for faxing capabilities.
- Access to Internet- To place updated information on the Champaign Health District Website.

### Equipment Needs:

Computer with Internet capabilities  
Fax Machine  
Telephone

### Material Supply:

- Press Release Templates
- List of Media Contacts

## ***Vital Statistics Needs Assessment***

### IT needs:

1. Computers with internet access (Emergency EDRS system module)
2. Printers
3. Battery Backup and Surge Protectors
4. Copier

### Material Supply:

1. Death Certificate forms
2. Provisional Death Certificate forms
3. Burial Transit Permits
4. Supplementary Medical Certification forms
5. Fetal Death Certificate forms
6. Affidavit of correction forms
7. Certificate of Service forms
8. Security paper – birth and death
9. Copier Toner
10. Certification machines
11. Pre-printed 1-sided Death Certificate forms
12. Black and red pens, paper clips, staplers, staples, highlighters, note pads, folders, empty boxes, post-it notes, pencils, tape, calculator, white & blue liquid paper, hand sanitizer, address labels, phone book, binder clips, clip boards, scissors, A-Z guide set, paper cutter, sorting trays, calendar, flashlight

13. Paper shredder
14. White and various colors of paper (blue for birth certificates)
15. Birth/Death Certificate applications
16. DHL Envelopes
17. 8 ½" X 12" and 12 X 15 ½" Envelopes
18. Birth Certificate and Death Certificate Sign out sheets
19. Date stamp and stamp pads
20. Cash box and receipt book
21. List of Registrars
22. U.S. Postal Service, DHL and other expedited delivery services

## ***Nursing Medical Needs Assessment***

### Medical Supplies:

Nitride gloves  
2x2 gauze pads  
tape  
professional towels  
sharps containers  
paper towels  
trays  
ice packs and coolers  
hand sanitizers  
band-aids  
syringes & needles  
vaccine storage/thermometers/forms  
masks  
anaphylactic treatment kit

## ***Clerical Needs Assessment***

### IT needs:

1. Computers with internet access (Emergency EDRS system module)
2. Phones, fax machines
3. Battery Backup and Surge Protectors
4. Copier, printers
5. Access to TV, satellite, radio, scanner, MARCS
6. Access to HAN, OPHCS



Material Supply:

1. Forms, log sheets, time sheets, notebooks, etc.
2. Office supplies
3. Hand sanitizer, personal PPE

***Environmental Health Needs Assessment***

IT needs:

1. Computers with internet access (Emergency EDRS system module)
2. Phones, fax machines
3. Battery Backup and Surge Protectors
4. Copier, printers

Material Supply:

1. Forms, log sheets, time sheets, notebooks, etc. for documentation
2. Office supplies
3. Hand sanitizer
4. Personal PPE
5. Vehicles
6. Test kits
7. Coolers (sample storage)
8. Identification / attire

***Education Dept. Needs Assessment***

IT needs:

1. Computers with internet access
2. Phones, fax machines
3. Battery Backup and Surge Protectors
4. Copier, printers
5. Pre-recorded messages (clinic instructions, audio messages)

Material Supply:

1. Forms, log sheets, time sheets, notebooks, etc. for documentation
2. Office supplies
3. Laminated copies
4. Folders for creating media kits
5. Sign board

## ***Administration / Fiscal Needs Assessment***

### IT needs:

1. Administrative Assistant's computers with Fiscal Mgt. Software
2. Phones, fax machines
3. Battery Backup and Surge Protectors
4. Copier, laser printer
5. Internet Access

### Material Supply:

1. Purchase Order Forms, continuous form white paper, purchase requisition forms, log sheets, time sheets, notebooks, etc. for documentation
2. Office supplies, including adding machine
3. Printer ribbons
4. Pre-printed voucher forms
5. Envelopes, address stamp

## ***Epidemiology Needs Assessment***

### IT needs:

1. Epidemiologist's laptop with Microsoft Office, Epi Info, GIS, Open Epi software
2. Phones, fax machines
3. Battery Backup and Surge Protectors
4. Copier, laser printer
5. Internet Access

### Material Supply:

1. Infectious Disease Control Manual (IDCM)
2. Communicable Disease record storage
3. Office supplies, including calculator

ATTACHMENT B

**Champaign Health District  
Emergency Preparedness Plan  
INCIDENT ASSESSMENT FORM**

What is the incident?	<input type="checkbox"/> biological explosive <input type="checkbox"/> chemical <input type="checkbox"/> radiological <input type="checkbox"/> Describe:
Does the incident impact the health of Champaign County citizens?	<input type="checkbox"/> <i>Catastrophic</i> (High case fatality, rapid onset or transmission, shutdown of facilities) <input type="checkbox"/> <i>Critical</i> (Large number ill, moderate transmission, shutdown of facilities, <12 hr. onset) <input type="checkbox"/> <i>Limited</i> (Significant number of ill, 12-24 hour onset) <input type="checkbox"/> <i>Negligible</i> (Limited illness of brief duration) <input type="checkbox"/> <i>Unknown</i>
Should PH become involved in the response? In what way?	<input type="checkbox"/> No <input type="checkbox"/> Yes    Describe:
What PH function/operation has been or may be adversely impacted?	
What geographical area is affected?	
How many individuals are affected?	Ill _____      Hospitalized _____ Fatalities _____ Injured _____      Homeless _____ Unknown _____
What are the exposure pathways?	<input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Dermal contact <input type="checkbox"/> Unknown
Have critical infrastructures been affected?	
Have health care facilities been affected?	
How will current and forecasted weather affect the situation?	
What organizations/agencies are responding to the incident?	<input type="checkbox"/> Fire/EMS <input type="checkbox"/> HazMat <input checked="" type="checkbox"/> EMA <input type="checkbox"/> ODH

	<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Red Cross <input type="checkbox"/> EPA <input type="checkbox"/> Coroner
What response actions have already been implemented?	
Has public health information been communicated to responders and to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No  By Whom?  What was the message?
Has an Incident Command Post been established? Where is the ICP?	<input type="checkbox"/> Yes <input type="checkbox"/> No  Location:
Who is the Incident Commander? How can the IC be contacted?	Name:  Number:
Has the County Emergency Operations Center been activated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recommended Action Establish Department Operations Center Reassessment at future time No further action at this time  Notify the following as needed: PIO Division Director on-call Health Commissioner/Medical Director	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

**Completed By:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_

## **SOUTHWEST-WEST CENTRAL OHIO REGIONS MUTUAL AID AGREEMENT (MAA)**

**Whereas**, Section 5502.29 of the Ohio Revised Code states that "Political Subdivisions, in collaboration with other public and private agencies within this state, may develop mutual aid assistance or aid agreements for reciprocal emergency management assistance or aid for purpose of preparing for, responding to, and recovering from an incident, disaster, exercise, training activity, planned event or emergency, any of which requires additional resources; and

**Whereas**, city, general and combined health districts are political subdivisions created by ORC Section 3709; and

**Whereas**, Section 5502.41 of the Ohio Revised Code created the intrastate mutual aid law known as "the intrastate mutual aid compact" to complement existing mutual aid agreements in the event of a disaster that results in a formal declaration of emergency by a participating local political subdivision and defines the requirements under this program; and

**Whereas**, public health emergencies, such as large naturally occurring outbreaks of infectious disease or acts of bioterrorism, may require resources beyond the capacity of a health district in order to effectively respond; and

**Whereas**, the participating health districts deem it to be sound public health and in the best public interest to cooperate among themselves and to provide mutual assistance and mutual exchange of public health support;

**Therefore**, the participating boards of health identified in Schedule A have each reviewed this Agreement, and by affirmative motion at a public meeting, approved this Agreement and do authorize their respective Health Commissioners to sign this Agreement to provide mutual aid assistance under the following provisions:

### **ARTICLE 1**

Participating health districts may request assistance of other participating health districts in response to and recovery from a public health emergency or disaster during formally declared emergencies or in disaster-related exercises, testing, or other training activities. Requests for assistance shall be through the health commissioner or incident commander designated by the health commissioner of the participating health district from which the assistance is requested. Requests may be verbal or in writing. If verbal, the request shall be confirmed in writing within seventy-two hours after the verbal request is made. Requests shall provide the following information:

- A. A description of the emergency or disaster situation;
- B. A description of the assistance needed;
- C. An estimate of the length of time the assistance will be needed;
- D. The specific place and time for staging the assistance and a point of contact at that location;

## **ARTICLE 2**

A participating health district requesting assistance must have either declared a state of emergency by resolution of its health commissioner or scheduled disaster-related exercises, testing, or other training activities.

## **ARTICLE 3**

A responding health district may withhold resources necessary to provide for its own protection.

## **ARTICLE 4**

Personnel of a responding participating health district shall continue under their local command and control structure, but shall be under the operational control of the appropriate officials within the incident management system of the participating health district receiving assistance.

## **ARTICLE 5**

Personnel of a responding health district who suffer injury or death in the course of, and arising out of, their employment while rendering assistance to another participating health district under this MAA, are entitled to all applicable benefits under Chapters 4121. and 4123 of the Ohio Revised Code.

Personnel of a responding participating health district shall be considered, while rendering assistance in another participating health district under this MAA, to be agents of the participating health district receiving assistance for the purposes of tort liability and immunity from tort liability under the law of this state.

A responding participating health district and the personnel of that health district, while rendering assistance, or while in route to or from rendering assistance, in another health district under this MAA, shall be deemed to be exercising governmental functions as defined in 2744.01 of the Ohio Revised Code, shall have the defenses to and immunities from civil liability provided in sections 2744.02 and 2744.03 of the Ohio Revised Code, and shall be entitled to all applicable limitations on recoverable damages under section 2744.05 of the Ohio Revised Code.

A participating health district requesting assistance and the personnel of that health district, while requesting or receiving assistance from any other participating health district under this MAA, shall be deemed to be exercising governmental functions as defined in section 2744.01 of the Ohio Revised Code, shall have the defenses to and immunities from civil liability provided in sections 2744.02 and 2744.03 of the Ohio Revised Code, and shall be entitled to all applicable limitations on recoverable damages under section 2744.05 of the Ohio Revised Code.

## **ARTICLE 6**

If a person holds a license, certificate, or other permit recognized and/or issued by a participating health district evidencing qualifications in a professional or other skill, and if the assistance of that person is asked for by a participating health district receiving assistance under this MAA, the person shall be deemed to be licensed or certified in or permitted by the participating health district receiving the assistance to render the assistance, subject to any limitations and conditions the health commissioner of the participating health district receiving the assistance may prescribe by executive order or otherwise.

#### **ARTICLE 7**

Any participating health district rendering assistance in another health district under this MAA shall be reimbursed by the participating health district receiving the assistance for any loss or damage to, or expense incurred in the operation of, any equipment used in rendering the assistance, for any expense incurred in the provision of any service used in rendering the assistance, and for all costs incurred in responding to the request for assistance. However, a participating health district rendering assistance may assume in whole or in part the loss, damage, expense, or costs, or may loan the equipment or donate the service to the participating health district receiving the assistance without charge or cost. Any two or more participating health districts may enter into agreements establishing a different allocation of loss, damage, expense, or costs among themselves; and expenses incurred for injury or death of responding personnel are not reimbursable.

#### **ARTICLE 8**

Any participating health district requesting use of regional equipment owned by another health district under this MAA shall be responsible for the cost of fuel to operate vehicles or equipment, cost to replace and/or repair damaged, lost or otherwise rendered inoperable equipment, supplies and vehicles. This responsibility will be in effect from the time the equipment, supplies and vehicles are picked up from the health district owning the equipment and until equipment, supplies and vehicles are returned to that location.

#### **ARTICLE 9**

This MAA does not preclude a participating health district from entering into a mutual aid or other agreement with another health district, and does not affect any other agreement to which a participating health district may be a party, or any request for assistance that may be made, under any other mutual aid agreement.

#### **ARTICLE 10**

This Agreement shall become effective upon signature of all parties hereto and shall continue in full force and effect and remain binding on the parties until the Board of Health of any party to this Agreement requests termination thereof. In so doing, the health commissioner shall provide the other parties (health districts) to this Agreement a written notice of termination within thirty days prior to termination of this Agreement. Said notice shall be mailed to the health commissioner of each party to this Agreement.

**BE IT FURTHER RESOLVED** that any previous resolution, rule, or policy adopted by the Board of Health of the \_\_\_\_\_ for mutual aid agreements that in any way conflicts in part or in whole with this resolution, is hereby rescinded and repealed in part or in whole to the extent of any conflict; and

**BE IT FURTHER RESOLVED** by this Board of Health of the \_\_\_\_\_, that this Board finds and determines that all formal actions relative to the passage of this resolution were taken in an open meeting of this Board and that all deliberations of this Board and of its committees, if any, which resulted in formal action were taken in meetings open to the public, in full compliance with the applicable legal requirement, including Sections 121.22 of the Ohio Revised Code.

\_\_\_\_\_ moved and \_\_\_\_\_ seconded  
the Resolution. Upon roll call, the vote was as follows:

_____, President	_____
_____, Vice President	_____
_____	_____
_____	_____
_____	_____

Board of Health of the \_\_\_\_\_

\_\_\_\_\_, President

ATTEST: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_, Secretary to the Board  
Health Commissioner

The resolution was approved as to form by Prosecuting Attorney, \_\_\_\_\_

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

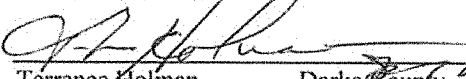



## SCHEDULE A


### Signature Page

  
Jeff Webb, MPH/RS - Champaign County


  
Charles Patterson, MBA, RS

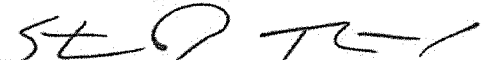
  
Terrence Holman, Darke County


  
Melissa Branum, MS


  
MP

  
Jeff Cooper, MS - Montgomery

  
Erik B MPH, REH

  
ostrick, MPH, - Shelby

  
Richard Garrison, MD - City

  
Huff, LLC - City of Piqua

## SCHEDULE A

### Signature Page

*William Hablitzel MD*

William Hablitzel, MD – Adams County

*Harold Vermillion*

Harold Vermillion, MHSA, RS – Brown County

*Robert Lerer MD*

Robert Lerer, MD, FAAP – Butler County

*O'dell M. Owens M.D.*

O'dell Owens, MD, MPH – City of Cincinnati

*Julianne Nesbit*

Julianne Nesbit, RS, MPH – Clermont County

*Pam Walker-Bauer (ugg)*

Pam Walker-Bauer, RS, MPH – Clinton County

*Timothy Ingram*

Timothy Ingram, MS, RS – Hamilton County

*Kay D. Farrar*

Kay Farrar, RN, BSN – City of Hamilton

*Jared Warner*

Jared Warner, MEM, RS – Highland County

*Jackie Phillips*

Jackie Phillips, RN, MPH – City of Middletown

*Frank Perrino*

Frank Perrino, MD – City of Norwood

*Mathew Clayton*

Mathew Clayton, BS – City of Springdale

*Duane Stansbury*

Duane Stansbury, RS, MPH – Warren County

## Review and Maintenance of Plan

The All-Hazards Plan is reviewed and updated annually and approved by the Champaign Health District Emergency Preparedness committee. 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. A copy of the plan will be kept at Champaign Health District in the Emergency Preparedness office as well as on the agencies intranet.

DATE	Revision Number	Description of Change	Pages Affected	Reviewed or Changed by
12/22/2015	1	Updated Mutual Aid Agreement	5	Jeanne Bowman EP/Kip Michael (EMA)/Jeff Webb
12/22/2015	2	911 Center developed Code Red CHD contact message	10	Jeanne Bowman
12/22/2015	3	Updated number MARC's	15	Jeanne Bowman
12/22/2015	4	Updated required NIMS new hires (100,200,700,800)	20	Jeanne Bowman
12/22/2015	5	Added full review conducted annually with EMA	21	Jeanne Bowman/Kip Michael (EMA)/Jeff Webb
12/22/2015	6	Alternate site change	20	Jeanne Bowman EP
12/13/2016	1	Reviewed plan- Need to add updated Eight County MOU	31	Jeanne Bowman/Kip Michael (EMA)/Jeff Webb
12/13/2016	1	Changed OPHAN to OPOD	13	Jeanne Bowman
12/13/2016	2	Added Mercy Memorial Hospital and increased isolation beds from 2 to 4	7	Jeanne Bowman
1/25/2017	1	Added updated Mutual Aid Agreement MOU	31	Jeanne Bowman
3/329/2017	1	Annual plan requires CHD Health Commissioner EMA Director and Emergency Preparedness to review. New EMA Director and Health Commissioner in 2017.		Jeanne Bowman, Gabe Jones (Health Commissioner), James Freeman (EMA)
4/19/2017		All Hazards Emergency Preparedness Plan Promulgation Statement updated		Jeanne Bowman
6/1/2017	1	Changed dot printer to laser printer	26	Jeanne Bowman

