

Review/Version History

Date of Change	Version Number	Change Number	Reviewed By	Comments	Page
10/29/12	1.1	1		HD Chain of command	
10/29/12	1.2	2		RN's contact info for after hours	
08/12/13	1.3	3		Updated Chain of Command	
09/10/13	1.4	4		Updated RN's contact info for after hours	
01/13/14	1.5	5		Updated Table of Contents	
11/30/16	1.6	6		Updated Chain of command, RN contacts	
10/29/12	1.7	7		HD Chain of command	
02/22/17	1.8	8	Betty King, Regional Healthcare Coordinator	Adjust formatting, headers, footers, page numbers. See recommended changes.	All
9/20/17	1.9	9	Mark Johnson, PHEP Coordinator	Addressed recommended changes per review by Betty King on 2/22/17	All
06/14/18	2.0	10	ODH	Review based on ODH Rubric	All
03/14/19	2.0	11	Mark Johnson, PHEP Coordinator	Update Southeast Regional Healthcare Coordinator	4
05/20/19	2.0	12	Mark Johnson, PHEP Coordinator	Expanded the IMAC/EMAC process	7
05/22/2019	2.0	13	Mark Johnson, PHEP Coordinator	Updated emergency procurement, allocation and expenditure of emergency funding.	19-20
05/28/2019	2.0	14	Mark Johnson, PHEP Coordinator	Added description of interface between ESF-8 and Regional Healthcare Coalition	5
2/1/2023	2.0	15	Samantha Hesson, PHEP Coordinator	Page column created in the Review/Version History, Updated Contact Information, reformatting font size, Updated On-Call Procedure and Nursing List	i, All, 17-18, 18

Version history for the ERP and all of its annexes are tracked utilizing a numbering system as shown in the table above. Changes to other components are tracked within the currently adopted version of the ERP. The ERP is also tracked by the last date reviewed and the last date revised. If a review does not necessitate any revisions, only the date of review has to be updated. All plans are formatted utilizing 11pt Times New Roman Font with 1” margins and 0.5” headers and footers. All Headers are to include Noble County Health Department and Document Name. All Footers shall include page Number, last revision by month and year and “Official Use Only” disclaimer.

Point of Contact:

Name: Samantha Hesson
Address: 44069 Marietta Road Caldwell OH 43724
Cell: [REDACTED]
Office: 740-732-4958
Email: Samantha.hesson@noblecohd.org

Contents

Emergency Response Check List: Noble County Health Department iv
Privacy Statement..... 1
Primary Agency: Noble County Health Department..... 1
Supporting Agencies: 1
Preservation of Records:..... 2
Introduction: 4
Purpose: 5
Situation and Assumptions: 5
Concept of Operations:..... 6
 Inter-Jurisdiction Relationships: Local 7
Incident Command: 8
 Noble County: 8
 Health Department Organization: 9
Legal Counsel..... 9
Health Department Chain of Command: 10
Roles and Responsibilities:..... 10
The Health Department ICS Organizational Chart: 12
Support From Outside Agencies 13
Access and Functional Needs 14
Communications:..... 15
Designated Spokes Person..... 16
Emergency Notification: 17
After Hours Emergency Protocol 17
Instructions for Answering Service 18
Assembly Places:..... 19
Emergency Funding 19
Purchases:..... 20
Potential Hazards:..... 20
Training and Exercises: 21
Resource Management: 21
Plan Maintenance: 21
Statement of Promulgation: 24
Glossary/ Acronyms: 26
ACCESS AND FUNCTIONAL NEEDS INDICATORS 28
Appendix A – Communicating with and about individuals with access and functional needs 30

Emergency Response Check List: Noble County Health Department

Assess Potential Hazards	Time Complete
Communication And Notification	
Contact Health Department Personnel	
Contact Outside Agencies (PIO, EMA)	
Establish method of identification (badge)	
Public Health Information	
Unpack Emergency Literature	
Draft media releases (with PIO)	
Provide releases to media	
Community Resources (Contact As Appropriate)	
Local Pharmacies	
Pest Control/Exterminating/Fumigating	
Dead Animal Disposal	
Local Veterinarians	
Licensed Water Haulers	
Licensed Sewage Pump Trucks	
Licensed Septic Installers	
Landfill sites	
Citizens Corps/MRC/CERT	
Schools	

Today's Date: _____

**** LOG TIME COMPLETED****

Privacy Statement

As stated in Appendix B Pages 43-45, Section 149.433 of the Ohio Revised Code, " **Exemption of security and infrastructure records** ", A3bi (" Those portions of records containing specific and unique vulnerability assessments or specific and unique response plans either of which is intended to prevent or mitigate acts of terrorism, and communication codes or deployment plans of law enforcement or *emergency response personnel*;") the information contained in this plan is exempted from public disclosure by the Ohio Revised Code. All records and information relating to emergency response shall be kept by the Health Commissioner in compliance and accordance with Ohio Sunshine Laws.

Primary Agency: Noble County Health Department

Supporting Agencies:

American Red Cross	Allwell Behavioral Services
Noble Correctional Institution	Noble County Emergency Management Agency
Noble County Commissioners	Noble County Engineer
Noble County Sheriff's Office	ODOT
Ohio State Patrol	Public Works
Southeastern Regional Medical Center	Summit Acres Nursing Home
Southeast Ohio Regional Coordination Center	

References

National Response Framework (NRF), 2016
The National Incident Management System (NIMS), 2008

Authorities

- "The Robert T. Stafford Disaster Relief and Emergency Assistance Act", as amended, 42 U.S.C. Sections 5121, et seq.
- Homeland Security Presidential Directive #8 (HSPD-8), National Preparedness, 2003
- Presidential Policy Directive 8 (PPD-8), National Preparedness, 2011

Mission Statement

The mission of the Noble County Health Department is to assure a healthful environment, prevent disease, and prolong life and wellbeing for the citizens of Noble County. The Noble County Health Department is committed to identifying societal conditions required for people to be healthy, and to advancing practices that improve the health of vulnerable populations. The Noble County Health Department enhances the health of communities by creating partnerships based on community values, strengths, and assets.

The goals of the Noble County Health Department are to:

1. Prepare staff to prevent, protect against, respond to, and recover from natural disasters and acts of terrorism.
2. Provide information and training to first responders and the general public to enable them to better prepare for disasters.
3. Recruit and train a volunteer workforce to augment current public health staffing during times of disaster.

Vision

The Noble County Health Department will be recognized as “the” public health expert within the communities it serves. Through cooperation among governmental and non-governmental organizations, the County and its cities, we will be prepared to respond to public health emergencies. Working in collaboration with our partnering organizations, the Noble County Health Department will achieve sustainable funding for addressing health disparities and chronic disease prevention. The Noble County Health Department, applying best business practices, will demonstrate operational excellence that is emulated by health departments across the nation.

Our Services

- Immunizations (domestic and international)
- Assess and make recommendations regarding sanitation issues
- Public Health programs and clinical services
- Assessment of and recommendations on disease issues
- Participate in epidemiological activities
- Prevent, Mitigate, Protect, Respond, and Recover in regards to public health and other emergencies affecting the communities’ well being

Preservation of Records:

The Health Commissioner has ultimate responsibility for maintenance and preservation of records and is assisted by the Registrar, the Director of Nursing and the Director of Environmental Health:

Registrar Records:

The originals of all birth and death records are on file at the Ohio Department of Health Bureau of Vital Statistics, Columbus, Ohio.

Public Health Nursing:

Records of childhood and adult immunizations are maintained in the web based SIIS system. Hard copies of vaccination records are kept on the premises and copies provided to the vaccine at the time treatment is administered.

Environmental Health:

The environmental health section maintains records of inspection and licensing of food retailers, well drilling activities, water testing, and septic permits and inspections. This department also inspects swimming pools, mobile home parks and campgrounds.

The Public We Serve

It is Public Health’s responsibility to assist in sustaining the health of all Noble County residents and to assist the Noble County Emergency Management Agency (EMA) in implementation of the County Emergency Operations Plan (EOP).

Public Service Improvement Plan

Noble County Health Department is determined to use its limited resources effectively to protect the health of the citizens of Noble County through education of staff, outside organizations and the public promoting healthy lifestyles and sound health practices.

Surveying Our Public (Community Health Assessment)

At NCHD, we are dedicated to improving the quality of our efforts and know that to be successful

we must become an agency that is driven by commitment to public service. The first step is for NCHD to listen and respond to its customers. Accordingly, we conducted a survey to learn more about what employers and employees think of Public Health's services. Additionally, the NCHD All Hazards Emergency Response Base Plan is available on our website www.noblecohd.org for public comment. We continue to participate and utilize the Local Emergency Planning Committee (LEPC) as an advisory committee to provide public comment, as well.

Our public service improvement program will be an ongoing one. We will continue to gather information on the quality of our performance in delivering services.

Strengths

- NIMS Compliant
- Strong management team
- Emergency plans in place
- Participate in trainings and exercises
- Very focused management/staff

Weaknesses

- Limited Local resources
- Lack of pre-registered volunteers
- Small Staffing
- Economically Challenged

Threats

- Natural Disasters
- Drug Crisis

Opportunities

- "Traditional" responders are becoming more involved in the public health response planning process
- The Ohio Department of Health is developing new web-based programs and working more closely with other State agencies than in the past (MARCS, OPHCS, OPOD)
- Regional assets are becoming available, and training is being provided on the use of those assets

Corporate Values

The corporate values governing Noble County Health Department development will include the following:

- Noble County Health Department operates in accordance with the highest standards in all relationships with clients and planning and response partners.
- Noble County Health Department fosters a climate which encourages partnerships both in-house and outside the organization.

Business Objectives

Long term business objectives of Noble County Health Department are summarized as:

- To encourage healthy lifestyles and preparedness among all residents of Noble County
- To work cooperatively with all agencies to protect the health and safety of all who live or work in Noble County

Key Strategies

The following critical strategies will be pursued:

- Accelerate preparedness by providing training to staff and public.
- Strengthen human resource’s function
- Strengthen web presence and promotion

Major Goals

The following key target capabilities will be achieved by Noble County Health Department over the next year:

- | | |
|--|--|
| Community Preparedness | Community Recovery |
| Emergency Operations Coordination | Emergency Public Information and Warning |
| Fatality management | Information Sharing |
| Mass Care | Medical Countermeasure Dispensing |
| Medical material Mgmt. & Distribution | Medical Surge |
| Non-Pharmaceutical Interventions | Responder Safety and Health |
| Volunteer Management | |
| Public Health Surveillance and Epidemiological Investigation | |

Introduction:

This plan shall serve as the Noble County Health Department’s operational framework for responding to all emergencies, minor disasters, major disasters and catastrophic disasters that impact the public health and medical system in the jurisdiction. This plan may be implemented as a stand-alone plan or in connection with others. Upon approval by the Noble County Board of Health, this plan will become a Standard Operating Guide (SOG) to Annex-H of the Noble EOP housed at the EMA Office. Plans may include up to four types of documents, which are the following: Basic Plan, Attachment, Appendix and Annex. All plan components will use both appropriate terminology for access and functional needs and person-first language throughout the ERP, consistent with the standards described in ODH Appendix 6 - Communicating with and about Individuals with Access and Functional Needs and attached to the end of this document.

At the regional level, the Noble County health department interfaces with the SE Regional Planning Coalition, which is a collection of public health agencies in the Southeast region. The plans produced by this group have been designed to work in connection with one another and define how the agencies collaborate during responses affecting one or more of their jurisdictions.

The NCHD is represented by the RPHC Crystal Earley, who in turns advises our planning committee on the healthcare coalition’s activities.

The role of the NCHD is to support the health of the community as whole and be responsible for the control of scare supplies. The NCHD shall also:

- Support epidemiologic training and investigation
- Promote prevention strategies
- Provide Public Information
- Provide guidance and subject matter experts
- Support scare resource access (stockpiles, etc.).

During and after a response, the NCHD may support the RHCC by the following:

For Official Use Only

- Information sharing
- Conduct assessments of public health/medical needs
 - Health surveillance
 - Medical surge
- Provide public health information
- Assist with mass fatality management
- Support facility operations through environmental inspections
- Participate in response between the healthcare and public health sectors for successful management.

Purpose:

The Noble County Emergency Response Plan determines actions to be taken by the Noble County Health Department during the response to a disaster. It includes mutual aid agreements entered into with private sector and/or voluntary organizations. The Health Departments' goal is to prevent disease, reduce the vulnerability of county residents, respond effectively and efficiently to a disaster, and provide for recovery in the aftermath of an emergency. The Noble County Health Department, herein after referred to as the "Health Department", has many legal and moral responsibilities as a part of their routine duties. Among these duties is the responsibility to respond to and/or assist in a wide spectrum of possible emergency scenarios ranging from an extremely limited geographically isolated situation within the county or a region-wide event.

Situation and Assumptions:

Situation:

Noble County is exposed to many hazards with the potential to cause damage, casualties, and disrupt the community. Possible natural hazards include floods, tornados, winter storms, earthquakes, fires, drought, and disease outbreak. Also, the threat of war related incidents and terrorist activities using weapons of mass destruction. The scope of this plan is not limited by any of the above or any particular hazard. Many health-related impacts are beyond the scope of NCHD alone and require involvement from other county partners with responsibilities for addressing incidents with impacts on health. These agencies and organizations comprise Emergency Support Function (ESF)-8 Public Health and Medical Services in Noble County.

The plans that currently support the ESF-8 and HCC interface include:

- Noble County Health Department Emergency Response Plan;
- Noble County Emergency Management Agency's Emergency Operations Plan;
- Southeast Ohio Regional All Hazards Emergency Response Plan

The Southeast Ohio Regional HCC largely comprises ESF-8 partners in each of the counties in the region. For responses that trigger engagement of ESF-8 partners, the following actions are anticipated by each partner type:

- Hospitals: provide patient care and updates related to medical surge and availability of critical medical supplies. During incidents that impact infrastructure, hospitals will support evacuation and relocation of identified CMS facility types, e.g. nursing homes.

- Long-term care facilities: provide critical information and resources to their residents. During incidents that impact infrastructure, these facilities will support evacuation and relocation populations from other facilities in the county or the region.
- Behavioral Health Services: provide psychological first aid to responding personnel. Serve as a connection point for care to the broader community.
- Local Fire & EMS: provide patient transport to care facilities. Support fit-testing for PPE and training on donning and doffing.
- American Red Cross: Facilitate setup and operations of a Family Assistance Center during mass fatality incidents.

The role of the Regional Healthcare Coordinator in local and multicounty incidents is to:

1. Facilitate prompt, clear, and precise information sharing among participating coalition members and jurisdictional authorities to promote common situational awareness; through situational reports.
2. Facilitate the interface between the HCC members and appropriate jurisdictional authorities to establish effective support for medical surge events.
3. Facilitate resource support by expediting the mutual aid process or other resource sharing arrangements among the HCC members and support the request and receipt of assistance from local, state, and federal authorities;
4. If needed, establish a presence either in person or virtually with the ESF-8 lead agency at the local emergency operations center during a county or multicounty response. The RHC has a seat in the local EOC that can be filled upon request.

Assumptions:

- In a Public Health emergency human and materiel resources will become quickly overwhelmed
- The DOC will manage the incident initially until resources reach shortage levels
- A county EOC will open at request of the NCHD, to coordinate requests and track resources.
- The health department will rely on support from the regional MOU signed by all 11 LHDs in the southeast planning region and local volunteer agencies for support.

Health Department staff will document, and report activities undertaken during the emergency including time keeping, resource allocation, financial transactions, legal matters and any other pertinent information, and participate in post event evaluation of response activities and adjust plans and protocols accordingly. This information will be incorporated into an IAP and AAR/IP. All agencies involved in response activities will operate under the Incident Command System (ICS) according to NIMS (National Incident Management System) standards.

Concept of Operations:

General:

It is the duty of the Noble County Health Department to sustain the health of Noble County residents and to assist the Noble County EMA in implementation of the County EOP. At the discretion of the Health Commissioner or his/her designee for any incident which may adversely affect public health, even if ERP activation is not necessary, the Noble County Board of Health (BOH) will be engaged and notified. The BOH shall be notified via phone by the Health Commissioner to inform of incident response operations. The Health Commissioner or his/her designated representative will activate the Health Department Emergency Response Plan.

When an emergency exceeds the local response capability, the local health department will initially request assistance from the Southeast Regional Coordination Center (RCC), should the RCC be unable to meet the response needs then the Ohio Department of Health at their 24-hour Emergency Phone number (1-614-722-7221) or through the Health Desk at the State EOC. Additionally, when an emergency exceeds the local response capacity the Health Department will implement procedures outlined in this Emergency Response Plan. The Health Department may request the Health Alert Network (HAN) be activated. Local government officials make requests for Federal assistance by coordinating requests through the local EOC. The Federal Government will provide assistance when deemed necessary. Such help may come as the Strategic National Stockpile program, which must be request through the EOC. Please refer to the SNS Algorithm attached to this plan.

Inter-Jurisdiction Relationships: Local

For emergency management purposes, the territory of each city/township in Noble County has been included in a mutual aid zone. These zones may be incorporated municipalities, incorporated municipalities with some adjacent unincorporated territory, unincorporated territories, or large institutions such as state and federal facilities.

The following is a list of the fifteen operating zones:

Beaver	Elk	Marion	Sharon	Center
Brookfield	Enoch	Noble	Stock	Jefferson
Buffalo	Jackson	Olive	Wayne	Seneca

These fifteen mutual aid-operating zones have individual jurisdictions, and the Health Department has overall responsibility of coordination and control of operations during health-related emergencies.

Mutual Aid Regions: State

Each county has a multi-agency coordination system responsible for coordinating assistance across inter-county boundaries under major emergency conditions. This is the Emergency Management Agency. During large incidents the EMA will open an EOC, which brings in representatives from agencies throughout the county and region to coordinate activities and resources. State and Local EMA, with cooperation from Health Commissioner, when necessary, will be the lead agency to utilize and make requests through IMAC and/or EMAC.

The IMAC process, a mutual aid agreement through which all political subdivisions in the state can request and receive assistance from any other political subdivision in the state, will be used to support a public health response in an emergency, and can be utilized with local EMA as the primary support partner. Any agency approvals that are required shall be executed by the Health Commissioner.

The EMAC process, an all hazards & all disciplines mutual aid compact that serves as the cornerstone of the nation’s mutual aid system, may also be used to support a public health response with aid from outside the state and requires Ohio EMA as the primary support partner and local EMA secondary.

Internal processing of both IMAC and EMA resource requests from another jurisdiction to the NCHD will be led by led by the PHEP Coordinator. Upon receipt of the request the PHEP

Coordinator will examine available resources internally that would meet the request within the NCHD and will collaborate with the supervisor or section chief where the potential resource(s) exist. If such resources are identified, provision/ approval to send those resources is at the discretion of the Health Commissioner.

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

NCHD staff deployed through this mechanism will be paid, e.g. compensation, travel reimbursement, etc., by NCHD and will receive the same benefits as if working at his/her home station. The employee will carry with him/her all the liability protections of a NCHD employee afforded to him/her by his/her home station and applicable law.

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

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

In the event of a biological incident, the Ohio State Patrol and the Noble County Sheriff's office can transport samples to the Ohio Department of Health for testing, via ground transport. They may also transport vaccine during an emergency as available. The Ohio State Highway Patrol will be utilized as the secondary mode of transportation (ground and/or air) in the event that the Sheriff's Department cannot provide helicopter support.

Incident Command:

The Noble, County Health Department will utilize the National Incident Management System (NIMS) and the Incident Command System (ICS) during all responses.

The Health Department will provide representation to the Noble County EOC (if activated) during emergencies. The Health Department will perform as the lead agency during public health emergencies. When a Public Health emergency is declared within Noble County, the County Health Commissioner or his/her designated representative will report to the county EOC at 48535 Coldwater Creek Road upon activation. The Noble County Health Department will adjust normal operations to provide emergency public health response to Noble County during Public Health Emergencies. The Health Commissioner or representative is responsible for direction and control of all Public Health resources within the county during a Public Health Emergency.

Noble County:

The ultimate responsibility for *coordination* of operational disaster response in Noble County belongs to the county EMA. If more than one planning and operating zone is affected, or if there is a very serious emergency in one zone, the county EOC will be activated at the discretion of the EMA Director and the county officials. However, it will not assume control of operational

functions. In the event of a Public Health emergency within Noble County, response activities will be directed from the county health department: Department Operations Center (DOC) at 44069 Marietta Road. As the event escalates and additional resources are required, the county EOC will be activated at the discretion of the EMA director and county officials.

Health Department Organization:

The line of succession to the County Board of Health is President through the members of the board in order of their seniority.

- 1. Policy Group: (Board of Health)**
Board of Health (President and Members)
Health Commissioner
- 2. Coordination Group:**
Medical Director
Nursing Directors
Director of Environmental Health
Fiscal Officer
Health Commissioner
- 3. Operations Groups:**
Public Health Nursing Staff with DON in-charge
Environmental Health Staff
Vital Statistics
Clerical Staff
Epidemiology and Surveillance
Disaster Preparedness

**The line of succession to the Emergency Management Agency Director is a County Commissioner.

Legal Counsel

The NCHD is represented on all legal matter by the Noble County Prosecuting Attorney. The specific topics that may require the use of legal counsel include the following:

- Isolation and quarantine,
- Drafting of public health orders,
- Execution of emergency contracts,
- Immediate jeopardy,
- Any topic that requires engagement of local legal counsel,
- Protected health information,
- Interpretation of rules, statutes, codes and agreements,
- Other applications of the authority of the Director of Health,
- Anything else for which legal counsel is normally sought.

There are no internal approvals required to engage legal counsel; the Health Commissioner or Incident Commander, their designee or any program staff who normally engage legal may reach out

Health Department Chain of Command:

The following information reflects the chain of command within the Health Department and the responsibilities of each division. Approval for additional authorities other than those listed below shall be presented to the Noble County Board of Health by the Health Commissioner or their designee.

Health Department

- The Health Commissioner, as the Incident Commander (IC), reports to the Board of Health and communicates with county commissioners, Medical Director, and other public officials.
- The Director of Nursing (Operations Chief for a disease situation) reports to the Health Commissioner, and communicates with the Director Environmental Health and the Medical Director.
- The Medical Director reports to the Health Commissioner.
- Staff nurse in-charge (Medical Team Leader) will report to the Director of Nursing.
- All nursing staff will report to the staff nurse in-charge.
- All Sanitarians report to the Director of Environmental Health.
- The registrar will report to the Health Commissioner.

Roles and Responsibilities:

Health Commissioner: Incident Commander

The Health Commissioner is the Incident Commander for the Noble County Health Department. In this capacity the Commissioner or their representative will:

- Establish lines of communication, place of assembly, staff assignments, and method of personnel identification.
- Set response objectives & develop an Incident Action Plan in accordance with priorities
- Communicate with other county department heads.
- Communicate directly with the EMA Director.
- Direct the actions of all health department personnel.
- Adhere to Health Department policies regarding human resources management and overtime/ Comp-time when staffing levels begin to approach capacity:
 - The IC may not authorize staff to work a schedule other than their normal schedule without prior authorization by Human Resources. This includes approval of overtime, changing the number of days staff work in a week, changing the specific days staff work in a week, or changing the number of hours staff work in a day.
 - The IC must adhere to the policies of NCHD regarding overtime/comp-time and should clarification on these policies or exemption be required, the IC must engage Human Resources
- Utilize any approved component of the ERP and direct any resource identified within such components.
- Sanction the release of public health information.
- Maintain a supply of emergency/disaster literature for public distribution.
- Authorize emergency purchase of supplies and equipment up to \$5,000 per purchase order, any amount in excess of this must be prior approve by Noble County Board of Health.
- Communicate through the County EOC to the State EOC, and the Ohio Department of Health.

Operations Section:

Medical emergency Operations Section Chief: The Director of Nursing will act as the Health Department's Operations Section Chief. In this capacity she will:

- Have all medical and nursing personnel properly identified. Coordinate activities with Red Cross Emergency Operations Plan.
- Direct set up of all medical and nursing facilities.
- Coordinate the distribution of mass prophylaxis medications oral or vaccine.
- Aid Environmental Health as needed.

Environmental Emergency Operations Section Chief: The Director of Environmental

Health will act as the Health Department's Operations Section Chief. In this capacity he will:

- Serve as the Health Department's representative at the County Health Department or in the county EOC as determined by the Health Commissioner.
- Coordinate all nursing, medical, and sanitation staffing in the field, at emergency stations, shelters, and headquarters.
- Communicate with Environmental Health and Nursing to coordinate the provision of potable water, medications or other supplies for delivery to all stations.
- Ensure full time coverage by professional staff at field headquarters, (Noble County Health Department and/or alternate sites).

Environmental Health Branch: Epidemiological Investigation Team

The Environmental Health Division is responsible to provide the following services during an emergency:

- Safe, potable drinking water.
- Proper disposal of sewage and other liquid waste.
- Coordination of the disposal of dead animals.
- Control of insects, rodents, and other vectors of human diseases.
- Provision of information on household and public building cleanup.
- Advise on restoration of flooded plumbing and sewage utilities.
- Inspection of mass feeding and housing centers for compliance with food service, and vector control practices.
- Current lists of suppliers of septic pump trucks and port-a-johns, and consultants from private, State, and Federal agencies.
- Maps as needed.
- Assist Regional/local Epidemiologist with investigations

The senior sanitarian will assign areas of responsibility to sanitarians and acquaint them with conditions and needs. The senior sanitarian will function as part of the county EOC operations group and provide assistance to the Director of Environmental Health.

Logistics Section:

Employees in the Fiscal department may be assigned to Logistics and Finance as directed by the Incident Commander.

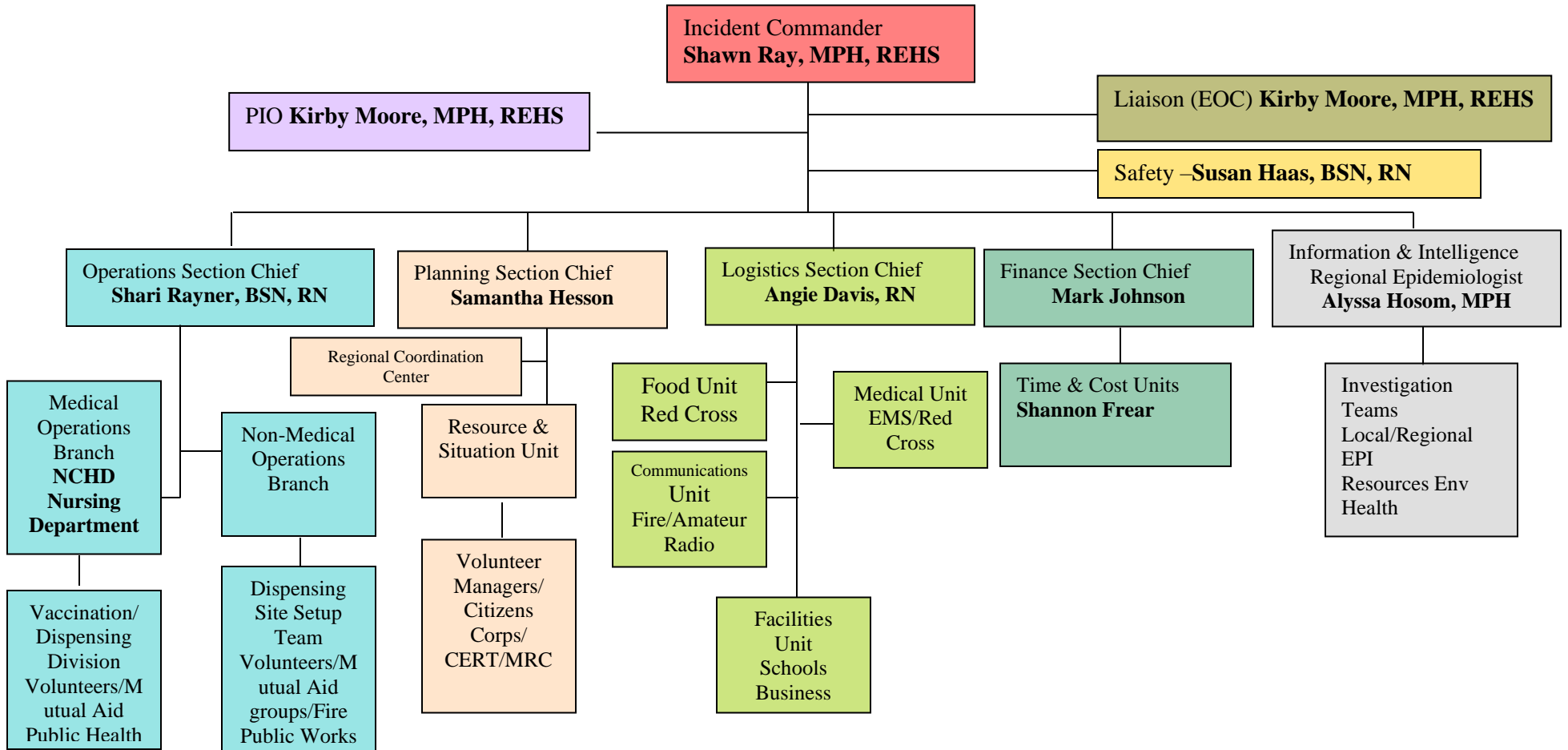
Planning Section:

The planning division will assist with research and reporting, as well as providing safety plans and updated response plans for distribution. The planning section will also coordinate with Logistics on resource needs and contact needed staff based on staffing level requirements.

The Health Department ICS Organizational Chart:

The line of succession from the Health Commissioner is:

- Medical Director
- Director of Nursing
- Environmental Health Director



For Official Use Only

Emergency Response Plan

Support From Outside Agencies

Emergency Management/Commissioners/Local CEOs

1. Implementation of County EOP and local SNS Plans.
2. Activate the county EOC
3. Ensure that all local disaster declarations are completed.
4. Provide ESF-2, ESF-5, & ESF-7 to the EOC
5. Provide for direction and control at the EOC
6. Provide support staff in the EOC as needed.
7. Provide for notification to local officials, emergency response and support agencies/organizations
8. Coordinate requests, allocation, and tracking local resources including facilities, equipment and supplies.
9. Coordinate with other local jurisdictions and State EOC for the procurement of resources not available in the county, including SNS supplies.
10. Manage volunteer resources utilized for government functions.
11. Maintain cost documentation for all related activities, supplies, and requested resources, including resources provided by mutual-aid to facilitate the disaster recovery process – ESF-14
12. Coordinate recovery functions with State EMA, Ohio SNS and FEMA.

Noble County Public Information Officer

1. Establish the Joint Information Center in close proximity of the Emergency Operations Center.
2. Coordinate public information between local and agency PIOs and Regional, State, and Federal Joint Information Centers.
3. Ensure that all public information releases are reviewed by the EOC Executive Committee and the IC prior to release.
4. Provide for media area in or near the Joint Information Center to allow for direct media contact.
5. Provide for controlled media visit to on-scene locations to facilitate interviews with on-scene command staff.
6. Maintain cost documentation for all related activities, supplies, and requested resources, including resources provided by mutual-aid to facilitate the disaster recovery process – ESF-14

Noble County Sheriff’s Office/Local Law Enforcement Agencies

1. Provide ESF-13 Coordinator to the EOC
2. Assist in the identification of and assessing the security of local facilities to be utilized as POD and Clinic sites.
3. Provide for the security of SNS supplies and personnel during transportation, at POD, Clinics and medical treatment sites.
4. Provide for traffic control and devices at Clinic and POD sites.
5. Provide for final approval of all volunteers that could be in direct contact with SNS supplies.
6. Provide for just in time training, if utilizing volunteers for -traffic control or other ESF- 13 functions.

7. Maintain cost documentation for all related activities, supplies, and requested resources, including resources provided by mutual-aid to facilitate the disaster recovery process – ESF-14

Noble County Engineer/Public Works Providers

1. Provide ESF-1 Coordinator to the EOC
2. Assist in the identification and assess access routes for POD, medical treatment, and Clinic sites.
3. Provide for the emergency detour routes to POD, medical treatment, and Clinic sites, as needed.
4. Provide transportation resources as needed
5. Provide traffic control assistance as needed.
6. Maintain cost documentation for all related activities, supplies, and requested resources, including resources provided by mutual-aid to facilitate the disaster recovery process – ESF-14

Southeastern Ohio Regional Medical Center

1. Provide support to ESF-8 to the EOC
2. Provide assistance in identifying local needs and inventory of supplies.
3. Coordinate information exchange with local physicians' offices.
4. Assist in the identification of the need for SNS supplies.
5. Manage materials assigned to the hospital as a medical treatment site.
6. Maintain cost documentation for all related activities, supplies, and requested resources, including resources provided by mutual-aid to facilitate the disaster recovery process – ESF-14

Other medical treatment sites (health care/nursing facilities)

1. Coordinate with ESF-8 personnel in the EOC to help identify local needs and inventory of supplies.
2. Manage material assigned to the facility as a medical treatment site.
3. Maintain cost documentation for all related activities, supplies, and requested resources, including resources provided by mutual-aid to facilitate the disaster recovery process – ESF-14

All other local jurisdictions and Private-non-profit agencies, organizations

1. Provide resource and logistical support as requested through the EOC.
2. Maintain cost documentation for all related activities, supplies, and requested resources, including resources provided by mutual-aid to facilitate the disaster recovery process – ESF-14

Access and Functional Needs

Access and functional needs include anything that may make it more difficult—or even impossible—to access, without accommodations, the resources, support and interventions available during an emergency. The NCHD ensures that access and functional needs are appropriately addressed during incident response through coordination with the local partners. The support available includes the following:

- Evaluation of market research data to identify access and functional needs in the impact area;

- Review of incident details to ensure all access and functional needs have been accounted for;
- Outreach to partner organizations that serve access and functional needs;
- Development of the IAP, to include points of contact for individuals and organizations who serve individuals with access and functional needs;
- Provision of just-in-time training to response personnel regarding serving individuals with access and functional needs.

Local partners include: *(contact info located in Annex F: Resource Management)*

- Allwell Behavioral Health Services
- Thompkins Child & Adolescent Services
- Noble County Board of Developmental Disabilities
- NCHD Home Health Agency
- Summit Acers Nursing Home/ Assisted Living
- TLC Home Care

The Public Health Emergency Preparedness Coordinator bears primary responsibility for coordinating with local partners to offer the above services.

Communications:

The NCHD operates in concert with the ongoing response activities in order to ensure accurate and efficient communication with internal and external partners. When engaged in a response, NCHD will ensure the dissemination of information and maintain communication with Local, regional and State Level agencies, organizations and partners such as: applicable NCHD employees, local health departments, Southeast Regional PHEP Coordinator, county, state and federal officials, non-government partners and other support agencies involved in the response.

In an event, communication between the above personnel groups will be accomplished through a combination of communications systems and devices currently used on a regular basis. These include:

- phone lines (land lines and cell)
- email
- fax machines
- Portable Radio/walkie-talkies (MARCS)
- Web-based applications, such as Operational Public Health Communication System (OPHCS).

Landline Telephone:

The daytime business number of the Noble County Health Department is 740-732-4958. The 24-hour Pager number is 740-732-4958. A list of phone numbers of outside agencies that may need notification can be found in Annex B, Information Sharing – Partner Agencies.

Radio Communications

The Noble County Health Department has in place a Multi-Agency Radio Communications System (MARCS) that consists of four portable radios and two base stations. Health Department employees use these radios on a daily basis in order to maintain proficiency. NCHD operates normally on the Public Health Talk-group **XNoble**. During a disaster when landlines and cell service may be interrupted this system provides a valuable link to command staff, police, fire and the EMA, and the RCC both locally and on the regional and state levels.

Ohio Public Health Communications System (OPHCS)

OPHCS is a reliable and secure web-based messaging and alerting system used to communicate incident information to relevant groups via email, fax, phone, pagers and other messaging modalities to support notifications on a 24/7/365 basis. This system is used by NCHD, local health departments, hospitals, and other partners, but is not available to the general public. The Noble County Health Department has administrative access to local and regional alert capability.

Communications Resources:

- The DOC has T1 access, as well as NOAA weather radio and public broadcast radio, for information monitoring
- MARCS Radio base and mobiles at the HD
- ACU-M Interoperability System to connect local (Ohio & WV) Law Enforcement, Fire, Public Works, MARCS and JEMNET through the RCC.
- The county EOC will have up-to-date information from across the state on disaster response operations.

Alternate Sources of Communication:

During a Public Health Emergency, the office of the Health Commissioner will inform the public on actions to take according to existing conditions. This will be accomplished through mass media outlets such as local radio, television, flyers, and newspapers. Alternate communication systems are available through the EOC.

Other alternate communication system is available by Amateur radio and by calling the Sheriff's office at 740-732-5631.

An alternative communication to the telephone for initial notification is radio stations WWKC 105, Caldwell, and WCMJ 96.7 FM, Cambridge. These stations will broadcast needed information. In addition, the emergency operation center will have a radio network to expedite needed communications.

Designated Spokes Person

The Health Commissioner will be the designated spokesperson for the Health Department. The alternate person will be the PIO. The Health Commissioner shall serve as the Chief Information Officer (CIO). The Noble County Health Department has established a Public Information Officer (PIO) to prepare information for the CIO.

Public Health Information:

There are number of agencies who will supply information and literature to the public. The Health Commissioner will serve as the health department's designated spokesperson. All materials prepared by the PIO regarding health matters must be approved by the health commissioner.

In large-scale responses, Ohio EMA will initiate a state-and-local coordination call with state and local response agencies. Local agencies will be identified by local EMA and invited to this call. Coordination between LHDs and ODH will be critical to ensuring an effective response from public health in this state-and-local coordination call. Upon notification of a state-and-local coordination call, the NCHD will prepare a list of completed and planned actions, Essential Elements of Information (EEI), to share with key POCs at ODH. ODH POCs will contact their

local counterparts to discuss key information and incident needs that must be reported throughout the incident. Both the NCHD and ODH will contribute to the establishment of these EEIs. The EEI's and other tactical information will be shared to response staff to ensure responders are well informed on the response operation. EEI must include:

- Summary of the incident
- Summary of current operations
- Response Lead
- Objectives to be completed by the agency
- Planned public information activities
- Other engaged agencies

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

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

Emergency Notification:

- Call the Health Department if a phone is available at 740-732-4958.
- After hours phone the Health Department on-call person at 740-732-4958.
- The Noble County EMA or Sheriff's Department will make the initial notification to the Health Department on-call person if they are notified of a public health emergency. A list of emergency contact phone numbers and addresses are maintained at the county EOC and the Sheriff's office. However, emergency notification may originate from any citizen directly to the Health Department.
- If phone lines are not functional, the alternate communication system will be activated and/or the law enforcement officers will make the notification as per their protocol, to the key personnel as determined by the EOC. Upon receiving the notification, notify the next person on the emergency call list per their protocol. The notification process will continue until all necessary staff is contacted. Reference: NCHD Annex B Information Sharing
- Within the Health Department, the established Chain of Command will be used for notifications.

After Hours Emergency Protocol

The Noble County Health Department has an after-hours emergency answering service system. This system gives the caller a prompt in the case of a public health emergency to leave a message in a specified mailbox. Any message left in this voice mailbox will cause the system to page the Nurse on call, who within the required time-frame calls in to retrieve the message and follow up. All calls received after normal working hours that are determined to be a public health emergency will be relayed to the Health Commissioner or Medical Director. The phone number of the

answering service system is the same as the health department and is available 24 hours a day at 740-732-4958.

- After receiving notification of the situation/emergency, the person receiving the call will make further notification to the next person on the emergency notification call list.
- The notification process continues until all necessary staff are notified.
- The senior most person on the call list will determine the need for notification to another department or agency and notification will be made accordingly.
- To notify the Health Department personnel the attached list of phone numbers will be used. Within the department the attached emergency flow chart will be used for notifications.
- Agencies to be contactd if necessary: Refer to Annex B-Contact List

Instructions for Answering Service

When to call the on-call duty registered nurse:

- 1.) Any reports of an animal bite.
- 2.) Any calls from the Ohio Department of Health or other government official with an urgent need.
- 3.) Any emergency, disaster, or health threat requiring Health Department response.
- 4.) Any Communicable Disease Report

Ask the caller to call back during regular hours for all other services, i.e.:

- 1.) Clinic appointments
- 2.) Cancellations
- 3.) Questions concerning the Health Department

Normal Office Hours: Monday 8:00 am to 6:00 pm, and Tuesday through Friday 8:00 am to 4:00pm

Registered Nurses and Home Telephone Numbers:

- 1.) Susan Haas [REDACTED]
- 2.) Angie Davis [REDACTED]
- 3.) Crystal Martin [REDACTED]
- 4.) Christina Merry [REDACTED]
- 5.) Emily Dudley [REDACTED]
- 6.) Penny Farnese [REDACTED]

Environmental Health Dir	Kirby Moore	[REDACTED]	
Nursing Director	Shari Rayner	[REDACTED]	
Health Commissioner	Shawn Ray	[REDACTED]	Cell [REDACTED]

Method of Personnel Identification:

All Health Department staff will have a visible, department issued, picture ID badge and will sign in and out with time and date when reporting to the EOC or the Department Operations Center (DOC).

Assembly Places:

Health Department Emergency Operations

Upon receiving the emergency notification, all the Health Department personnel will meet at the Noble County Health Department; 44069 Marietta Road, Caldwell, Ohio 43724 within one hour of notification and report to HC or Designee.

When the above location becomes inaccessible or needs to be abandoned, the Health Department will function from the Caldwell Community Center located at the Fairgrounds in Caldwell, Ohio 43724.

The tertiary site for the Health Department is the SE Regional Extension Office located at 17614 Wolf Run Road, Caldwell, Ohio 43724.

Caldwell Elementary will also serve as an assembly place in the event of an emergency situation

Medical Countermeasure Distribution

In a situation where mass prophylaxis and vaccines must be distributed quickly the location will be Caldwell Elementary School. For distribution of less than 1000 persons, vaccinations will be delivered at the Noble County Health Department. Greater than 1000 persons will be conducted at Caldwell Elementary. Refer to Annex H.

Noble County Emergency Operations Center

The Noble County Emergency Operations Center is located at 48535 Coldwater Creek Road. If the County Emergency Operations Center is inaccessible alternate operations will be established at the Noble County Health Department.

Emergency Funding

In response to emergencies, governments at all levels can make funds available to responding agencies. There are two primary mechanisms by which the funds could be quickly received:

1. Funds are provided as an increase to an existing funding line. In this case, funds would be moved to the NCHD through an existing grant with responsibilities related to the incident to which they are responding. Moving funds in this manner will require an acceptance process, signature from the Health Commissioner/ designee or fiscal officer and documentation with the Noble County Auditor.
2. Funds are provided as separate funding provision, through an application process. In this case, the NCHD will apply for funds as a new grant. In an emergency, there may be an abbreviated process and elements of a standard application may be suspended. These emergency grants may require short execution periods.

In both instances the BOH allows the NCHD to pursue funding or enter into contracts during an emergency without prior approval. All funding actions taken will be submitted to the BOH at the next regularly scheduled board meeting.

For Funding received for an emergency response the Health Commissioner/Designee or Fiscal Officer will determine which expenditure lines to allocate funds to. Standard internal record keeping protocols will be utilized for tracking fund allocations. These allocations will be provided to the Noble County Auditor and approved by the BOH at the next regularly scheduled board meeting.

During an emergency response the NCHD standard expenditure restrictions are waived, allowing the Health Commissioner/ designee or fiscal officer to apply funds as needed to address “an imminent or critical public health incident.” Contracting, purchasing of items, allocation of resources and hiring of staff shall all be conducted and approved at the discretion of the Health Commissioner or his/her designee.

Purchases:

Noble County Board of Health authorized the Health Commissioner to sanction emergency purchase of supplies and equipment. In the absence of the Health Commissioner, the Medical Director is authorized to approve the purchase of emergency supplies and equipment.

The Health Commissioner is authorized by the Noble County Board of Health to reassign the authority to other persons within the health department if needed to sign emergency purchases of equipment and supplies.

The Board of Health has agreed that the senior Health Department person at the disaster scene can sign minor emergency purchases up to \$200 (two-hundred) dollars.

Potential Hazards:

Public Health -Infectious Disease Outbreak- May be handled with local resources, however local resources are minimal, so an emergency declaration may need to be made very quickly in order to start the Strategic National Stockpile request process (see request algorithm) and contain the outbreak.

Other Hazardous include Chemical Spills, Fires, Floods and Winter Storms refer to the County EOP for further information.

Flood Plains:

The flood plains of Noble County included in the bottom two-thirds of the county, are located along Duck Creek and its east, west and middle associated tributaries. In the Sarahsville region or the north end of the county, tributaries of Wills Creek are included in the flood plain. Another area of the flood plain includes the headwater areas of Seneca Lake. The Noble County flood plain does not exceed 100 yards from any creek. FEMA has developed flood plain maps for the county. Erica Rossiter of EMA is the flood plain administrator for Noble County.

Transportation Routes

See County EOP. The major interstate route is I-77. Major routes that run throughout Noble County are State Routes 821, 78, 285, 147, 146 and 513.

Training and Exercises:

Staff Training:

The Health Department Emergency Response Plan is part of the new employee orientation-training program. New staff shall review the plan for content and specific duties in an emergency, and then sign that they have read and understood the information contained therein.

The health department has adopted NIMS as the operating structure for all responses; therefore all staff will be compliant with the NIMS requirements. New employees will be required to become NIMS compliant.

The Disaster Preparedness staff is responsible for the Health Department Emergency Response Training Program. Professional staff will take full advantage of the training resources available from County and State Emergency Management Agencies, and the Ohio Department of Health. Every staff member will be required to review the Plan annually and sign to that effect. The Health Department Disaster Preparedness staff will maintain a record.

Conduct Drills and Exercises

The Health Department will participate in as many countywide, regional, and state emergency response exercises as is practical. In addition, the Health Department will participate in the Local Emergency Planning Committee (LEPC) and hospital exercises.

Resource Management:

Integrate The Health Department plan into the County Emergency Response Plan:

The functions and responsibilities that are described and assigned in the county plan are included in the Health Department plan and necessary standard operating guides are developed to address applicable issues.

The Health Department provides the following assistance to local hospitals and agencies during disasters:

- Provide personnel support from the department or through mutual aid agreements with hospitals and other agencies. (IC).
- Coordinate logistic and administrative support from other agencies (Logistics and Planning).
- Copy of signed mutual aid agreements is enclosed in this plan.

Plan Maintenance:

Conduct Annual Update of the Plan:

The Emergency Preparedness Coordinator is responsible for reviewing comments, updating, revising and ensuring that the Noble County Health Department Emergency Response Plan is made available to the public. The ERP shall be revised as needed to maintain NIMS (National Incident Management System) compliance. The ERP and all supporting Annex's will include a Review History table to track changes incorporated into document between scheduled reviews.

Distribution: Every NCHD department will have access to a copy of this plan, 1 hard copy in the Environmental Health Office, and a PDF copy shall be maintained on the internal company sharepoint website under the shared documents link. The NCHD ERP is available to the public in PDF format on the Noble County Health Department Website. This page includes an email link to the Preparedness coordinator for public comment on the plan. Public comments are reviewed by the Coordinator and Preparedness staff for possible inclusion or revision of the plan. Plans are saved to NCHD server, folders are labeled according to year.

Additional plans and supporting documents

The following is a list of Standard Operating Guides, Preparedness Plans and Resources materials, which can be found in hard copy in the Environmental Office on the 1st level of the Health Department or on electronic media.

Continuity of Operations Plan (Business Recovery Plan) is intended to help preserve and restore essential functions of the Noble County Health Department, if its headquarters is subject to a crisis, an actual or threatened loss of administrative capacity or loss of workforce.

Crisis Communications Plan; This plan addresses media relations and communications issues.

Strategic National Stockpile Plan; Plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible.

Vaccine Emergency Management Plan; A plan to ensure cold chain management of vaccine inventories.

Mass Vaccination Plan; This document will outline the plan to establish and operate emergency medication and/or vaccine distribution points for the population of Noble County if directed by the Noble County Board of Health

The Point of Dispensing Operations Manual supports this plan with the “How to” Information.

Pandemic Flu; Provides the framework for the Noble County Health Department to identify, respond to, and control influenza pandemic.

Community Containment; Plans, best practices and forms for containing the spreading of infectious disease.

NCHD Building Emergency Plan; Procedures for dealing with emergencies within the building, such as fire or a medical emergency.

Response Information; Files containing templates, checklists, CDC Facts sheets on CBRNE, Weather events and other disasters. Incident Command forms, Field response manuals, volunteer management plans, and much more.

Training and Exercise Plan outlines the training activities to be performed over a three year period.

Review:

The planning shall address revisions to the ERP Basic Plan, as well as revision or development of any other ERP components, Annex’s or attachments. NCHD will utilize the management team to operate as the collaborative planning team to include the following staff:

- Health Commissioner
- Director of Nursing
- Director of Environmental Health

- Regional Epidemiologists
- Management Leaders
- Subject Matter Experts (SME’s) from both within NCHD and without
- Representative for access and functional needs
- Revisions will be will determined on an annual revision schedule and by identifying gaps and lessons learned through exercise and real-word events, or by the direction of the Health Commissioner. Applicable findings from AAR/IPs must be reviewed and addressed during review of each plan component.
- The collaborative planning team will identify the needs for improvement and update the plan component(s). Once the planning team has prepared the plan revisions, the components will be submitted to stakeholders for review prior to being submitted for approval. Any feedback will be incorporated and then the updated document will be presented for approval.
- Once these elements are identified, revised processes are developed for improvement or replacement. In order to maintain transparency and record of collaboration, the NCHD will record planning and collaborating meetings by designating a scribe to record meeting minutes to sustain a record of recommendations from collaborative ERP meetings. These meeting minutes will be saved in electronic format on the health department server:
- NCHD11: Public Health\Emergency Response Plans – NCHD\Revision Minutes”
- Established plan, annex, attachment and appendix review schedules are included in ERP Annex I TEP (Table 1 pg56). The planning team will establish a key activities schedule for the plan they are managing to meet the thresholds identified below.

Items	Cycle
Plan	Annual
Annex	Annual
Attachment	Annual
Appendix	Annual, or as needed

The purpose of this review will be to consider adoption of proposed changes, i.e., revisions, additions or deletions that were identified during the year. If adopted, the changes will be incorporated, and the basic plan and its attachments will be reauthorized.

Proposed changes to plans in-between the review cycle shall be documented in the respective plans review history table and approved or rejected by the collaborative team. In the interim, the changes may be used for response if approved by the Health Commissioner or designee.

Blank

Glossary/ Acronyms:

Term	Meaning
AAR/IP	After Action Report/Improvement Plan
ASPR	Office of the Assistant Secretary for Preparedness and Response
EMA	Emergency Management Agency
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
HPP	Healthcare Preparedness Program
IMAC	Intrastate Mutual Aid Compacts
LHD	Local Health Department
MAA	Mutual Aid Agreement
MARCS	Multi-Agency Radio Communications System
MOU	Memoranda of Understanding
MPH	Master's in Public Health
MSN	Master's in Science – Nursing
NCHD	Noble County Health Department
OH	Ohio
OPHCS	Ohio Public Health Communications System
PHEP	Public Health Emergency Preparedness
POC	Point of Contact
SCO	Southeast Central Ohio
SEO	Southeast Ohio
Annex	Something added to a primary document, e.g., an additional plan, procedure or protocol, to expand the functionality of the primary document to which it is attached; it is distinguished from both an attachment and an appendix in that it can be developed independently of the primary document and, thus, is considered an expansion of the primary document and not merely a supplement or a complement. Included immediately after basic plan document and are designated by letter.
Appendix	Any complementary document, usually of an explanatory nature, added to a primary document but not necessarily essential to its completeness, and thus, distinguished from an attachment; inclusion of an appendix is not necessary for a primary document to be complete. Included immediately after the attachment to which they are added and designated by letter.
Attachment	A supplementary document that is necessarily attached to a primary document in order to address deficiencies; inclusion of an attachment is necessary for a primary document to be complete. Included immediately

Term	Meaning
	after the primary document they supplement and are designated by numbers.
Basic Plan	The main body of a plan; a basic plan is a primary document and may include attachments, appendices and annexes.
EMAC	An all hazards – all disciplines mutual aid compact that serves as the cornerstone of the nation’s mutual aid system.
IMAC	A mutual aid agreement through which all political subdivisions can request and receive assistance from any other political subdivision in the state
MAA	Agreements between agencies, organizations and jurisdictions that provide a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials and other associated services.
MOU	An agreement to be used by Federal, Tribal, state and local agencies to assist and define the relationship between and among agencies during a disaster.
Plan	A collection of related documents used to direct response or activities

ACCESS AND FUNCTIONAL NEEDS INDICATORS

JURISDICTION: Noble		
Category	Data Element	Value
General	Jurisdiction population	14,508
	Jurisdiction land area, in square miles	398.01
	Jurisdiction population per square mile	36.5
	Number of households	4,886
	Persons per household	2.97
Disability	Total estimated population with a disability	2,190
	Estimated percentage of population with a disability	18.10%
	Estimated persons with a hearing difficulty ^C	785
	Estimated persons with a vision difficulty ^{CST}	426
	Estimated persons with a cognitive difficulty ^{CMS}	827
	Estimated persons with an ambulatory difficulty ST	1,221
	Estimated persons with a self-care difficulty ^S	490
	Estimated persons with an independent living difficulty ^S	892
Communication	Estimated percent of persons aged 16+ lacking basic prose literacy skills	11.0%
	Ten languages with the largest number of speakers who speak English less than "very well," in descending order by number of such speakers	Number of Speakers
	Other Western Germanic	71
	German	50
	Spanish/ Spanish Creole	23
	Language 4 (4th-most speakers who speak English less than very well)	
	Language 5 (5th-most speakers who speak English less than very well)	
	Language 6 (6th-most speakers who speak English less than very well)	
	Language 7 (7th-most speakers who speak English less than very well)	
	Language 8 (8th-most speakers who speak English less than very well)	
	Language 9 (9th-most speakers who speak English less than very well)	
	Language 10 (10th-most speakers who speak English less than very well)	

Maintaining Health	Women of reproductive age (15 - 50)	2,351
	Estimated number of pregnant women	123
	Number of individuals who depend on electricity to maintain health	212
	Estimated number of individuals who have had at least one prescription in the last 30 days	8,280
	Percent of persons without health insurance, under 65 years	11.0%
Safety and Support	Total number of children (persons less than 18 years of age)	1,960
	Estimate of persons below the poverty level	1,641
	Estimate of the percent of population below the poverty level	13.7%
	Median household income	41,708
	Total number of facilities where people are incarcerated	2
	Average number of people who are incarcerated	2520
Transportation	Number of households with no vehicle available	272
	Percentage of households with no vehicle available	5.6%

Appendix A – Communicating with and about individuals with access and functional needs

Using People-First Language in Plans

People-first language is the practice of literally putting “people” ahead of their needs. When communicating in plans about a person/people with access and functional needs:

1. Begin with a word that affirms human dignity, e.g. person, individual, population, etc.;
2. Follow with a brief statement that respectfully captures the access and functional need (CMIST¹).
 - a. Current terms for selected access and functional needs are listed in the “**SAY THIS...**” column; they are contrasted with terms that are no longer recommended for use in plans.

SAY THIS...	NOT THAT...
Access and functional needs	Special needs
Access and functional need, Disability	Handicap
Accessible	Handicap accessible
Accessible parking/bathroom	Handicap parking/bathroom
Person who uses a wheelchair	Confined or restricted to a wheelchair, Wheelchair-bound
Disability placard	Handicap sticker
Person with a disability	Disabled person, The disabled
Person without a disability	Normal person, Healthy person
Individual who is deaf, Individuals with hearing loss	Deaf person, The deaf
Person with a visual impairment, People who are blind	Blind person, The blind
Person with a congenital disability	Person with a birth defect
Intellectual/Cognitive/Developmental disability ²	Mentally retarded, Mentally disabled
Person with an intellectual/cognitive/developmental disability ²	Mentally retarded person, Mentally disabled person

¹ CMIST: Communication, Maintaining Health, Independence, Support/Services/Self-Determination, and Transportation

² The developmental disability definition requires substantial functional limitations in three or more areas of major life activity. The intellectual disability definition requires significant limitations in one area of adaptive behavior. Definitions of cognitive disability vary but are generally broad and include difficulties with mental tasks or processing.

Person with an emotional or behavioral disability, Person with a mental health or a psychiatric disability	Mentally ill person, The mentally ill
Person who has a communication disorder, is unable/unwilling to speak, or uses a device to speak	Mute, Dumb
Person with limited English fluency/comprehension	Non(native)-English speaker
Person with limited/low literacy	Illiterate person, The illiterate
Person experiencing homelessness	Homeless person, The homeless
Person living in poverty	Poor person, The poor
Person with a drug addiction	Drug addict
Person who is incarcerated	Prisoner
Person with [DISEASE/CONDITION]	Afflicted by [DISEASE], Victim of [CONDITION], Adjective based on [DISEASE/CONDITION], e.g. Autistic
Person who is successful, productive	Has overcome his/her disability, is courageous

References

- *Access and Functional Needs: Guidance on Integrating People with Access and Functional Needs into Disaster Preparedness Planning for States and Local Governments.* U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. Last revised on July 31, 2014. Accessed on March 26, 2015. <http://www.phe.gov/Preparedness/planning/abc/Pages/afn-guidance.aspx>
- *Cognitive Disability.* National Center on Accessible Instructional Materials. Accessed on March 26, 2015. http://aim.cast.org/learn/disabilityspecific/cognitive#.VRQge_nF_Tq
- *Communicating with and about People with Disabilities.* Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities. Accessed March 26, 2015. http://www.cdc.gov/ncbddd/disabilityandhealth/pdf/disabilityposter_photos.pdf
- *Introduction to Intellectual Disabilities.* The Arc. Last revised March 1, 2011. Accessed on March 26, 2015. <http://www.thearc.org/what-we-do/resources/fact-sheets/introduction-to-intellectual-disabilities>
- *Moving Beyond "Special Needs:" A Function-Based Framework for Emergency Management and Planning.* Kailes, J.I. & Enders, A.

- Journal of Disability Policy Studies Vol. 17/No. 4/2007/Pp. 230–237.
<http://www.jik.com/KailesEndersbeyond.pdf>
- *What is People First Language?* The Arc. Accessed on March 26, 2015. <http://www.thearc.org/who-we-are/media-center/people-first-language>