**ANNEX 7:**

**Portsmouth city ContinuityOfOperations**

**& Recovery**



Portsmouth City and Scioto County Health Departments hereby adopt the Continuity of Operations and Recovery Annex and all its attachments and Implementing Instructions as evidenced by the signature of the Health Commissioners on the line below.

**Promulgation Document/Signature Page**

The Scioto County Health Department (PCHD/SCHD) Emergency Response Plan (ERP) replaces and supersedes all previous versions of the PCHD/SCHD ERP. This plan shall serve as the operational framework for responding to all emergencies, minor disasters, major disasters and catastrophic disasters that impact the public health and medical system in Scioto County. This plan may be implemented as a stand-alone plan or in concert with the Scioto County Emergency Operations Plan (Scioto County EOP) when necessary.

The plan is activated when it becomes necessary to assess incidents or to mobilize the resources identified herein in order to protect the public’s health. The ERPincorporates the National Incident Management System (NIMS) as the standard for incident management.

The plan assigns roles and responsibilities to PCHD/SCHD program areas and specific response teams housed within these programs for responding to emergencies and events. The base plan of the ERP is not intended as a standalone document, but rather establishes the base for more detailed planning by the staff of the PCHD/SCHD in partnership with internal and external subject matter experts and community stakeholders. The ERP Base Plan is intended to be used in conjunction with both the more detailed annexes and appendices included as part of this document or with the standalone plans held by the department. Additionally, the ERP is designed to work in conjunction with the Scioto County EOP.

The successful implementation of the plan is contingent upon a collaborative approach with a wide range of partner agencies and organizations that are responsible for crucial resources and tasks during incident operations. The plan recognizes the significant role partner agencies and organizations perform during incidents.

The Scioto County Health Department (PCHD/SCHD) Emergency Response Plan (ERP) establishes the base for coordination of PCHD/SCHD resources and response to provide public health and medical services during an emergency or disaster. The fundamental assumption is that a significant emergency or disaster may overwhelm the capability of our local government or the healthcare system to carry out operations necessary to save lives and protect public health. Consequently, PCHD/SCHD resources are used to provide public health and medical services assistance throughout the county.

All PCHD/SCHD program areas are directed to implement training efforts and exercise these plans in order to maintain the overall preparedness and response capabilities of the agency. PCHD/SCHD will maintain this plan, reviewing it and reauthorizing it at least annually; findings from its utilization in exercises or real incidents will inform updates.

This ERP was originally adopted on July 01, 2010. The current version is hereby adopted on the date indicated below, and all PCHD/SCHD program areas are directed to implement it. All previous versions of the PCHD/SCHD ERP are hereby rescinded.



 22 February 2022

 date



 22 February 2022

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**INTRODUCTION**

It is the responsibility of government to assist the public and private sector during an incident, as well as assisting in its recovery. Recovery from an incident is part of a continuum of emergency management functions.

The Health Department utilizes partnerships with business, community leadership, cultural and faith-based groups, emergency management, healthcare, social services, housing and sheltering, media, mental/behavioral health, Area Agency on Aging, education and childcare settings in developing a community Recovery Plan related to the continuation, restoration and recovery of public health, medical, and/or mental/behavioral health systems and services.

Continuity of Operations: Processes and procedures an organization has put in place to ensure that mission-critical business functions can continue during and after a disaster. In other words, how an agency intends to continue operating during an incident.

Recovery: Addresses the process after the incident has occurred. Short-term recovery involves the restoration of critical services to support life, health, and safety of the population. Long-term recovery is the community's effort to regain normal functions like commerce and employment. In most cases, recovery begins during the response phase of the event when damage is identified and assessed.



**Continuity of Operations**

The health and welfare of the Scioto County Public is dependent on this agency’s ability, to ensure that we can execute our essential missions, in the event of a threat to its normal continuity of operations. The Portsmouth City Health Department (PCHD/) perform essential functions and services that may be adversely impacted in the event of a natural or man-made disaster. In such events, this agency plans to continue/recover operations and maintain essential functions and services.

**PURPOSE, OBJECTIVES AND ASSUMPTIONS**

**Purpose:**

The purpose of this annex is to define the continued essential operations capabilities and recovery process developed to restore and maintain the Portsmouth City Health Department’s critical business functions. The annex will detail the procedures for responding to an emergency situation that affects the Health Department’s ability to provide services to the residents of Scioto County.

The Annex involves data management, communications and operations center movement and setup in response to an event requiring operations to be continued outside normal operation.

It will include recovery functions for restoring the PCHD to 100% of its total operational capacity. This annex functions as part of the Scioto County Emergency Management Agency (EMA) All-Hazards Recovery Plan.

**Laws, Statutes, Ordinances, Executive orders, andRegulations**

* Presidential Policy Directive 40 (PPD-40), National Continuity Policy
* 42 USC Chapter 6A Subchapter 26, part A § 300hh-1, Public health and medical preparedness and response functions
* Ohio Revised Code – 5502.21

### Scope

### This annex is limited to the health department’s perceived responsibilities and expectation of services and activities that will be essential during an incident. It briefly identifies the responsibilities of other response partners, as they relate to health department activities.

Scioto County is a rural, medically underserved county with limited resources for emergency preparedness and response activities. It is located in the foot hills of Appalachia and has a total area of 612.3 square miles, of which greater than 25% is forested land:

* Shawnee State National Forest,
* Wayne National Forest
* Brush Creek State Forest

 Portsmouth City Health Department is a small health department of approximately 35 leadership and staff members, serving a population of 75,314. The HD’s are located within 2.4 miles of its one (1) critical access hospital. Scioto County is a rural county situated in Appalachia and its population has the following characteristics that has weigh-in the decision of essential functions:

* 22.8% of its population is below the poverty level for Scioto County
* 35.1% in Portsmouth City;
* 84.9% has a high school diploma, or higher;
* 21.6% of its population below the age of eighteen (18);
* 18.6% is over the age of 65 years; and
* 18.1% of the adult (ages: 18 – 65 years) population has a disability.

Focusing on the restoration of the infrastructure and critical services to support life, health, and safety of the population, this annex also identifies the responsibilities of the Portsmouth City Health Department in the recovery of the county from disasters that have impacted the public’s health within the county.

### Objectives of the Annex

### COOP, as described by the Smithsonian Institute, is an effort to assure continued essential agency functions across a wide range of potential emergencies. While overall objectives for COOP have been identified, the objectives can be revised, added to, and/or removed as needed throughout the COOP response. The COOP objectives include:

* Maintain essential services
* Facilitate timely recovery of business functions
* Minimize loss of life
* Minimize or prevent loss of data
* Minimize the critical decisions to be made in a time of crisis

These objectives will be reviewed with the COOP/Recovery Annex review.

**Situation and Assumptions**

**Situation**

The Health Department has conducted a Public Health Hazard Analysis and Risk Assessment that is based off of the Scioto County Emergency Management Agency’s Hazard Analysis and Risk Assessments. The Public Health Risk Assessment includes information on the impact's potential hazards within the county, as well as hazards created from within, may have on department operations.

| **Hazard** | **Potential Impact on PCHD/SCHD Operations** |
| --- | --- |
| Floods* PCHD is within the 500 -year floodplain
 | * Could interfere with staff’s ability to get to work.
* Could interfere with travel of sanitarian and nursing staff through the county.
* Could damage building, equipment, etc.
 |
| Fire | Types of Damage Related to Fires:Structural Damage: * Partial or complete destruction of the entire building.
* If deemed structurally sound and safe to enter, by the fire department, an assessment must be made on what can be restored versus what must be demolished and/or replaced.

Burn or Heat Damage:* Walls, floors, beams, and other objects within the building that suffer heat or fire damage will have structural concerns, and thus must be replaced, but in some cases the fire will have only damaged the surface.

Soot or Smoke Damage:* Smoke may penetrate multiple layers into the substrate of surfaces.
* Smell of smoke often lingers after a fire, sometimes even after the initial cleaning.
 |
| Water Damage | * Water used to fight a fire/put the fire out can cause additional damage to equipment not damaged by the a itself.
* Plumbing-related flooding, as a result of frozen pipes, or breech in the plumbing lines/pipes, could cause loss of building use for a limited amount of time.
* Aftermath of water damage could result in:
	+ Mold/mildew growth, leading to respiratory issues.
	+ Microbial contamination from drains, sewage back-up, leading to multiple health issues.
 |
| Winter Storms* PCHD has a generator that all electrical outlets/devices are attached to.
 | * Winter storms could be cause for the health department to shut down temporarily.
* Could interfere with staff’s ability to get to work.
* Could interfere with travel of sanitarian and nursing staff through the county.
* Could potentially disrupt communications (phones, internet).
* Could interfere with staff’s ability to get to work.
* Could interfere with travel of sanitarian and nursing staff through the county.
 |
| Tornados and High Winds | * Could damage or destroy health department facilities and equipment.
* Could disrupt communications (phones, internet).
* Could interfere with staff’s ability to get to work.
* Could interfere with travel of sanitarian and nursing staff through the county.
 |
| ExternalHazardous Material (HAZMAT) Incidents-Transportation | Could contaminate health department facilities, incapacitate staff. |
| Internal Hazardous Material (HAZMAT) Incidents | Could close down the use of one room/space in the health department temporarily. |
| Civil Disturbance, Riots, Terrorism | Due to safety concerns for staff:* Could completely stop health department’s capability to conduct services for duration of riot.
* Could damage or destroy health department facilities and equipment.
* Could disrupt communications (phones, internet).
* Could interfere with staff’s ability to get to work.
* Could interfere with travel of sanitarian and nursing staff through the county.
 |
| Power Outages | Health Departments have a generator, power outages should not affect health department operations as long as generator is functioning properly and gas lines are not compromised.  |
| Earthquakes | * Could damage or destroy health department facilities and equipment.
* Could disrupt communications (phones, internet)
* Could disrupt utilities, such as gas lines, sewage disposal, water lines, electric lines, and/or generator function.
* Could interfere with staff’s ability to get to work
* Could interfere with travel of sanitarian and nursing staff through the county.
 |
| Pandemic  | * Could incapacitate a large percentage of staff, potentially up to 40% (or more) of staff at any one time for days, or weeks
* Could interrupt utilities as a result of large numbers of utility company's staff being ill.
 |

An incident has occurred, likely one of those hazards above, and has affected the HD’s ability to perform its day-to-day activities and/or its physical structure has been compromised.

**Assumptions**

The specific type of emergency and scale of that emergency can greatly affect how and what business resumption efforts will take place. The ultimate goal of this annex is to provide guidance to maintain operations for worst-case scenarios, but the plan should provide capabilities to offer as many services as possible given a wide range of possible emergency situations. The current information gathered on health department operations, personnel, resource requirements, and vital records that provide the basis for this annex may not reflect the absolute minimum capabilities that the health department can operate on. Further training and exercising of the annex will be required to determine what limits the health department has based on various emergency scenarios with varying levels of severity. Closure of the health department could occur due to lack of staff or because certain events could present an unacceptable level of risk to employees or other individuals.

This section identifies the assumptions made by the Portsmouth City Health Department Continuity of Operations and Recovery Annex.

1. An emergency or disaster has occurred
2. The type of disaster (fire, civil unrest, natural disaster, terrorist attack, chemical spill, biological event) and the impact of a disaster will vary significantly.
3. Resources are available.
4. Trained personnel exist to establish authority and to implement plans and procedures.
5. Circumstances of an emergency or disaster may affect the health department's ability to participate in local recovery efforts. Possible consequences of emergencies include prohibited access to facilities/equipment, disrupted power, ruptured gas lines, power outage, water damage, smoke damage, chemical damage, structural damage, communications loss, etc.
6. An Alternate site will be available to the Health Department at the time of need.

**CONCEPT OF OPERATIONS**

**Phase 1: Readiness and Preparedness**

PCHD participates in readiness and preparedness activities to ensure its personnel can continue essential functions in an all-hazard risk environment. PCHD ‘s readiness activities are divided into two (2) key areas:

* Organization readiness and preparedness
* Staff readiness and preparedness

Organization Readiness and Preparedness

PCHD preparedness incorporates key components. Two (2) major components of readiness are the Centers for Disease Control and Prevention’s (CDC) Health Alert Network and the Ohio Public Health Communication System (OPHCS).

CDC’s Health Alert Network (HAN) is CDC’s primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, tribal, and local public health practitioners; clinicians; and public health laboratories.

CDC’s HAN collaborates with federal, state, territorial, tribal, and city/county partners to develop protocols and stakeholder relationships that will ensure a robust interoperable platform for the rapid distribution of public health information

OPHCS is a secure web-based highly reliable, persistent messaging and alerting system that uses email, fax, phone, pagers and other messaging modalities to support 24/7/365 notification and alerting. This system is used by the Ohio Department of Health, Local Health Departments, Hospitals, and other public health partners. The system is used for distribution of health alerts, prevention guidelines, disease investigation efforts and preparedness planning. OPHCS is not available to the general public.

There are six (10) Emergency Preparedness “Go Bags” found in the PCHD storage building. These "Go Bags" are for use personal protection and the collection of potential biological specimens, such as anthrax spores ("white powder")

Inventory in each “Go Bag”:

* + - Toiletry kit
		- 1 Vest
		- 1 flashlight with batteries
		- handwarmers
		- 1 blanket
		- 1 specimen collection kit
		- 1 gown
		- 2 pairs gloves
		- 2 surgical masks

Staff Readiness and Preparedness

PCHD staff should also prepare for a continuity incident. PCHD staff should plan in advance what to do in an emergency and should develop a Family Support Plan to increase personal and family preparedness. To develop staff’s Family Support Plan, they are referred to use the templates available at [www.ready.gov](http://www.ready.gov). This site includes a “Get Ready Now” pamphlet, which explains the importance of planning and provides a template they, and their family, can use to develop a specific plan. The PCHD’s Emergency Response Coordinator can assistance in creating this plan.

PCHD conducts, or sponsors the following continuity readiness and preparedness activities:

* Continuity of Operations training – annually
* Continuity of Operations drill - annually
* Exercises at least once every three (3) years

**Phase 2: Activation and Relocation**

**Direction and Control**

The ultimate responsibility and authority for continuity of operations and recovery of the health department facility and the services it offers is that of the Board of Health, the Health Commissionerand the State’s public health authority. Recovery of the community that the health department serves is the joint responsibility of all local government and governmental agencies which serve the community.

**Activation and Implementation**

Typical Sequence of Activities:

* The Portsmouth City and Scioto County Health Department Emergency Response Plan should be activated prior to the activation of this Annex.
* The activation and implementation of the COOP/Recovery Annex should be considered during any incident that affects a wide spread area or when the physical structure of the health department is affected, including power outage, communications loss, etc. for a prolonged period of time.
* The activation and implementation of this Annex is determined by Portsmouth City Health Commissioner, or their designee, and may be considered during any incident that affects operations for longer than 24 hours.
* The determination of the need to relocate should be made.
* The determination of services to be increased and/or decreased should be made.
* The Portsmouth City Health Commissioner, or their designee, will notify the staff to inform them of an incident that requires the COOP and Recovery Annex to be activated.
* The Portsmouth City Health Commissioner, or their designee, will notify the Portsmouth City Board of Health and the City Council of the activation and brief them on the details of the incident, decision to relocate, expected increase and/or decrease of “normal” services and estimated timeline for return to normal services.
* The Portsmouth City Health Commissioner, or their designee, will discuss/notify other pertinent response partners of the recovery activities to be taken, and ask for their assistance via the Scioto County Emergency Operations Center (EOC), if needed, and to educate the public.
* Documentation and a description of the activation, notifications, changes in services, recovery strategies implemented, and other pertinent information may be included on the Incident Command System (ICS) form 201.
* A Public Service Announcement should be made to inform the public of changes in services and any health recommendations.

**Responsibilities**

In its initial phases, COOP and Recovery for large disasters in Scioto County is coordinated by the staff of the EOC and focusing on providing essential services, such as mass care, emergency medical services, debris removal, and utilities restoration. As short-term recovery transitions to long-term recovery, the EOC will transition to a more re-vitalizing, restore to normal focus.

Health DepartmentRecovery Responsibilities

* Damage assessment
* Reassemble work units
* Life, safety and health protective measures for impacted citizens
* Assist other agencies in securing food, water, clothing, shelter, fuels and transportation
* Recovery of vital records (birth/death certificates. bank statements, licenses, contracts, accounting documents, payroll records, etc.)
* Access to funds for recovery
* Assistance from state/federal agencies may require completion of documents or coordination of assistance with Local, State and Federal Agencies
* Debris Clearance
* Repair or replacement of damaged & hazardous facilities
* Provide organization, supervision and coordination of emergency health and environmental health services
* Provide assistance in the coordination of Emergency Medical Services and Mental Health Services.
* Establish health and medical priorities and controls for emergency services including distribution of auxiliary health and medical supplies, distribution of equipment and assignment of health and medical personnel.
* Provide emergency public information utilizing the Joint Information Center
* Provide first aid care and treatment of minor injuries and emergency health care within the range allowed by available resources and staff skills.
* Implementation of mass immunization programs, as the need requires.
* Coordinate countywide surveillance of potential problems related to public water supplies; sewage disposal system failures; solid waste accumulation and disposal; food storage; preparation and serving areas (i.e., shelters, food kitchens, etc.) disease carrying animals and insects.
* Implementation of board-based social distancing policies, if indicated (See Appendix 2: Community Containment)
* Begin record keeping of disaster expenses

Health Department COOP Responsibilities

* Assess damages
* Assess capabilities to conduct normal business
* Assess needs to return to normal business
* Establish Communication with the Scioto County EOC
* Re-establish interrupted utility service
* Conduct short term repairs needed to support normal operations
* Begin recovery of Vital and Important Records needed to conduct normal business
* Begin reconstruction and long-term repairs with available funds
* Provide essential health department services (See details [below](#bookmark=id.1opuj5n))
* Record keeping for potential reimbursement
* Re-establish normal services

Other Considerations

In the event of a pandemic, special infection control measures must be taken to prevent the spread of disease among staff and from visitors. Strategies to minimize illness among staff and visitors include:

* Restrict workplace entry of people with disease symptoms
* Practice good personal hygiene and workplace cleaning habits
* Increase social distancing (enable telecommuting, avoid face-to-face contact)
* Manage staff who become ill at work
* Provide Personal Protective Equipment (PPE) for staff when they have to work in close quarters with each other or with the public

See Appendix 3A: Pandemic Response for more details on infection control measures for widespread disease.

### Sites of Assembly/Relocation

Primary Site

Upon receiving notifications of an emergency, Health Department Personnel will assemble at:

Portsmouth City Health Department

605 Washington St.

Portsmouth, OH 45662

If the main Health Department location becomes inaccessible, an alternate assembly place will be selected from the below table and will be dependent on any damage these sites may have sustained. Implementing instruction (II): COOP/Recovery: Temporary Site Considerations and II: COOP/Recovery: Notification of Relocation may be utilized for this process.

Alternate Sites

|  |  |
| --- | --- |
|  | distance |
| Scioto County Emergency Operations Center729 6th St. Portsmouth, OH 45662 | 0.1 miles |
| Scioto County Health Department612 6th St.Portsmouth, OH 45662 | 0.1 miles |
| Lawrence County Health Department 2122 S 8th St, Ironton, OH 45638 | 29 miles |
| Jackson County Health Department200 Main St, Jackson, OH 45640 | 37 miles |
| Pike County Health Department116 S Market St, Waverly, OH 45690 | 29 miles |

Other Sites Considered

|  |
| --- |
| **Locations for Assembly/Relocation** |
| Shawnee State University |
| Local Churches |
| Valley Local Highschool |
| Scioto County Welcome Center |
| Southern Ohio Medical Center |

Telework. Under special circumstances, some staff may be able to operate from home. The decision to allow teleworking will be done on a case-by-case basis and will be determine at the time of the COOP incident. Issues that will need to be considered include:

* Dependability of the individual to do a “work-day” at home.
* Dependable documentation of work at home
* Access to reliable internet in the employee’s home area of the county.
* Individual’s work ethics
* Loss of the health department’s internal server.
* Ability to perform assigned activities, such as; vaccine administration, water testing, septic inspections, food service inspections, animal control and nuisance calls, etc.
* Need to reliably communicate with other staff.
* Need to reliably communicate with the public to answer questions and provide education.

Essential Services

During emergency situations, an agency’s operational capacity for administrative functions or public services may be limited. It is important to pre-determine what services are absolutely essential to maintain core healthcare services. An initial post-incident Community Health Assessment, followed by re-evaluation/continued monitoring may be necessary to adjust the essential services to meet the public health, medical health, and mental/behavioral health needs of the community. See Community Recovery Strategies section later in this document.

Pre-determined public health essential services identified include:

| **EF Priority Number** | **EF Description**  | **Staff Needed** | **Staff Available** | **Recovery Time Objective** |
| --- | --- | --- | --- | --- |
| EF-1 | **Infectious Disease Surveillance and investigation:** Class A reportable diseases are a major public health concern. Per Ohio Revised Code, they are to be reported immediately. The PCHD ensures that a staff member is available to receive these reports 24/7. Prioritization and intensity of disease investigation is a judgement call based on several factors; including, categorization on Ohio’s Reportable Infectious Disease List, communicability of the disease, virulence of the disease, rarity of the disease, current events and/or outbreaks and sensitive occupations. | 1 | 5 | 24 hours (1 day) |
| EF-2 | **Animal Bite Complaints**: Ohio Revised Code requires the notification of animal bites to the health department. Due to risk of rabies and infectious disease, all complaints are reviewed and followed up on by a member of the environmental staff. | 2 | 5 | 24 hours (1 day) |
| EF-3 | **Immunizations**:Immunizations that are necessary and related to the incident per order of the medical directors will be given priority during an event. | 2 | 6 | 24 hours (1 day) |
| EF-4 | **Birth and Death Certification Registration and issuance**: Birth and death records and burial permits. | 2 | 3 | 24 hours (1 day) |
| EF-5 | **Public Health Service Announcements:** Public information during an event is essential to educate and calm the citizens of Scioto County. | 1 | 2 | 24 hours (1 day) |

Hospitals in the Southeast Central Ohio (SCO) region have pre-determined their own essential services through evaluation of services available during “normal” business and services that would be detrimental to an individual’s well-being should these services not be available. Hospital essential services have been reviewed by the local preparedness healthcare coalition.

Pre-determined public health support functions identified include:

| **SF Priority Number** | **SF Description**  | **Staff Needed** | **Staff Available** | **Recovery Time Objective** |
| --- | --- | --- | --- | --- |
| SF-1 | **Human Resource Management:**Staff will need to be organized and efficiently utilized in order to provide mission essential functions.  | 1 | 2 | One day (24 hours)  |
| SF-2 | **Facility damage assessment and setup/establish an alternate site and DOC**:Work with partners to assess facility in order to determine if building can be occupied and if staff can report to the work location. If facility cannot be occupied, need to move to appointed alternate site**.**  | 1 | 2 | Four (4) Hours |
| SF-3 | **Procuring Resources**:Public Health Liaison and Operations Chief will work with the incident commander and local EMA to procure any needed resources that PCHD does not have at their disposal.  | 1 | 2 | Twelve (12) to Twenty-four (24) Hours |
| SF-4 | **Security**:In order to maintain mission essential functions, the health commissioner and safety officer will need to maintain a secure building in order for staff to safely provide essential services. | 1 | 2 | Four (4) Hours |
| SF-5 | **Public Affairs**:Communication between the public and partner agencies will be necessary to ensure understanding of the situation and what essential functions are being provided during the event. | 1 | 2 | One day (24 hours) |

**Assignment of Responsibilities**

Essential Personnel

Essential Leadership and (Core) Staff and Chain of Succession include:

All staff members are considered essential. Core staff is aware of their positions and how they will be managed in the event of a disaster. Strategies for minimizing the possibility that staff become ill: e.g., working from home even in early stages of a pandemic, or other social distancing measures, are being considered. If working from home, staff will need to address any computer connection/technological issues. However, vital statistic functions would have to be performed onsite or at a site designated by Ohio Department of Health (ODH), Bureau of Vital Statistics. Other public health services also require onsite availability for the public.

All Leadership and staff have been cross-trained to perform other jobs/activities within the health department and can function in any position within their division. The “Essential Functions” identified, previously mentioned, have been assigned to the following division and they are responsible for ensuring the completion of related tasks, even though many of the tasks are actually completed by multiple divisions.

Essential Skills required to maintain services:

* Current Ohio Registered Nurse (RN) license and updated nursing duties.
* Vital Statistics skills and office skills (organizational skills and ability to access vital information (plans) and operate equipment).
* Current Ohio Registered Sanitarian license or “Sanitarian-In-Training” applicant with the Ohio Board of Sanitarians.

Back-ups for staff, outside of the health department, include:

Scioto County Medical Reserve Corps, PHEP Region 7 Public Health Nurses, Portsmouth Fire Department, and Shawnee State University nursing students would be utilized to back up public health nurses. Staff from other health departments within PHEP Region 7 could be utilized for non-medical services as well. See Appendix 8: Volunteer Management. Additional backup personnel for core staff could be requested from other health department jurisdictions through use of Regional MOUs. Possible additional staff available beyond the SCO region would include:

* Disaster Medical Assistance Teams (DMATs)
* HHS US Public Health Service (CCRF)

Back-ups for staff will receive just in time training on the skills needed to fulfill their job duties.

Essential Equipment, Resources, & Supplies

| **EF/SF Priority Number** | **Equipment/Resource****Description** | **Function** | **Location****(If Applicable)** |
| --- | --- | --- | --- |
| EF-1 | ODRS (Ohio Disease Reporting System)- Web application  | Disease reporting  | Network |
| EF-1 | Computer | Case investigation | Infection disease nurse’s office |
| EF-1 | Telephone | Case investigation | Infectious disease nurse’s office |
| EF-1 | Fax Machine | Sending/Receiving Reports | Work room |
| EF-1 | PPE (Masks, gloves, gowns) | Responder protection | PCHD Storage Building/Scioto EMA |
| EF-2 | Fax machine  | Sending/Receiving reports  | Work room |
| EF-2 | Computer | Animal bite reporting  | EH Division Offices |
| EF-2 | Telephone | Animal bite investigation  | EH Division Offices |
| EF-2 | HDIS (Health District Information System)  | Report storage | Network  |
| EF-2 | Refrigerator  | Animal specimen storage  | Environmental Health Offices |
| EF-2 | Shipping supplies | Animal specimen shipment  | Environmental health office |
| EF-3 | IMPACT SIIS | Record recording/ordering  | Network |
| EF-3 | Printer | Record documentation  | Clinic Room |
| EF-3 | Data Loggers | Temperature monitoring  | Clinic Room |
| EF-3 | Computer | Ordering vaccine, entering patient vaccine records | Nursing Division  |
| EF-3 | Refrigerators  | Vaccine storage | Clinic room  |
| EF-3 | Immunization/vaccine supplies | Vaccinations  | Clinic room |
| EF-3 | Generator  | Power | Outside back of building  |
| EF-3 | Vaccines | Disease prevention  | Clinic Room |
| EF-4 | Birth and Death Certificate Paper | Vital Stats | Clerical area |
| EF-4 | Computer | Entering and receiving birth and death records  | Clerical area |
| EF-4 | Printer | Printing records | Clerical Area |
| EF-4 | IPHIS/EDRS | Birth/death registration  | Network |
| EF-5 | Telephone | Communication | PIO’s office |
| EF-5 | Cell phone | Communication  | PIO’s office |
| EF-5 | Computer | Press Release | PIO’s office |
| EF-5 | Plotter paper  | Public Service Announcement banner | Work room |
| SF-1 | Office supplies  | Personnel files  | Supply room |
| SF-1 | Computer | Payroll/fiscal  | Fiscal office  |
| SF-2 | Miscellaneous office supplies  | Damage assessment  | Supply room  |
| SF-3 | MARCS Radio | Communication | Equipment room |
| SF-3 | Computer | Communications  | Work room |
| SF-3 | IMATS (Inventory Management and Tracking System | Inventory | Network |
| SF-4 | Building alarm system | Security | PCHD |
| SF-4 | Telephone | Notification of alarm | Health Commissioners Office  |
| SF-4 | Security camera  | Security  | Server room  |
| SF-4 | Security/Safety Vest  | Safety visibility  | Portsmouth City Storage Building |
| SF-5 | Computer | Emails and press releases | PIO’s office |
| SF-5 | Telephone  | Communication | PIO’s office |
| SF-5 | Cell phone | Communication | PIO |
| SF-5  | MARCs | Communications  | Equipment room |

Emergency supply requests that cannot be requisitioned through usual sources will be obtained via requests to the Scioto County EMA office.

Critical staff numbers and skills required to maintain essential services:

* 50% absentee rate would severely impact essential services. It is likely that business functions would stop if more than 50% of staff were absent. The decision to close the health department when absentee rates threaten safe business continuity would be made by the Health Commissioner(s).

To accommodate a decreased work force, the following actions have been completed and will continue to occur when new staff is acquired.

* Clerical staff have crossed trained and are able to complete all clerical tasks in all divisions;
* Nursing staff have crossed trained in all the services offered by the nursing division; and
* Environmental health staff have cross trained within their division and have at least two (1) back-ups per service offered.
* Steps to minimize risk to staff include:
* Regular training updates;
* Proper emergency equipment;
* Standard emergency procedures;
* Proper personal protection equipment (PPE);
* Vaccinations or antivirals when available; and
* Critical Incident Stress Management (CISM).

**Vital Records**

A vital records table was created to identify what records are essential for health department operations, whether they exist in electronic or hardcopy format, how or if they are backed up, and how the information would be restored in a continuity of operations situation.

| **EF/SF Priority Number** | **Essential Record, File, or Database** | **Format**  | **Storage Location** | **Backup Location** |
| --- | --- | --- | --- | --- |
| EF-1 | Infectious Disease reports/labs | Paper/ electronic | Ohio Disease Reporting System (ODRS) | Infectious Disease nurse office |
| EF-1 | Emergency Response Plan | Paper/ electronic  | HD | One per every floor |
| EF-2 | Animal bite reports | Paper/ electronic | Nuisance Complaint Officer Office | Environmental File Room |
| EF-3 | Immunization Records | Paper/ electronic | Impact SIIS | HD HIPAA File Room |
| EF-4 | Birth Certificates | Paper/ electronic | Internet access | ODH Server |
| EF-4 | Death Certificates | Paper/ electronic  | Internet access | ODH Server |
| EF-5 | Pre-Templated Public Health Service Announcements | Electronic | Health Department server | ERC computer  |
| SF-1 | Employee Records | Paper | Health Administrator/HR Office | Fiscal Office |
| SF-1 | Accounting system  | Paper/ electronic  | Fiscal Office | Courthouse |
| SF-2 | FEAA (Facility Emergency Action Annex) | Paper/ Electronic  | Health Commissioner’s office | HD Server  |
| SF-3 | Resource Management Annex (annex 6) | Paper/ Electronic | ERC’s office | HD server  |
| SF-4 | FEAA (Facility Emergency Action Annex) | Paper/ Electronic  | ERC’s office | HD server |
| SF-5 | HAN (Health Alert Network) | Paper/ Electronic  | ERC’s office | HD server  |
| SF-5 | Pre-Templated Public Health Service Announcements | Paper/ electronic  | HD Server | PIO office |

All vital records on the server should be backed up on a daily basis and all vital records on individual staff computers should be backed up at least on a weekly basis or dependent on when new information is added to the records. Reasonable efforts should be made to convert hardcopy-only documents into an electronic format that can be backed up. Backup devices include external hard drives, tape drives, Universal Serial Bus (USB) jump drives, floppy disk or Compact Disc (CD) writeable drives, and backups to the server. All backup devices are stored in a safe place off site or kept in a fireproof safe on site.

Fiscal-related documents are maintained at the health department and backed-up at the county courthouse on a weekly basis. The fiscal agent is responsible for the backing up of those critical records.

**Communications**

### Employee Notification

Employees will be contacted directly in the event of an emergency situation through the Staff Call-Down List. Employees will be given instructions on where and when to report for work and to receive status on the situation. See Annex 2: Interoperative Communications and II: Comm: Incident Notification Staff Call Down.

Communication Methods

Cell phones, county radios, and MARCS radio systems could be utilized until landlines could be reestablished. MARCS radio equipment assistance could be provided through a communications company located within the region, or utilizing regional MOUs. Other MARCS technical assistance could be requested through the State Health Department. Contact information for MARCS radio technical assistance is listed in the Health Alert Network (HAN) Directory.

Landline assistance would be provided through local phone company service and/or local contracted phone service company. Contact information for landline phone technical assistance is listed in the Health Alert Network (HAN) Directory.

A high-speed internet connection would need to be established. The health departments contracted IT company would be contacted to determine the feasibility of establishing or reestablishing a T1 line for either the primary or alternate site. If the T1 line is not a viable option, then cable internet or Digital Subscriber Line (DSL) options would be considered.

### Internal Communications

Communications to the board of health on the status of the health department recovery will be handled by the Incident Commander or Portsmouth City Health Commissioner.

### External Communications Media

External communications are addressed in the Crisis Communication plan. Any and all press inquiries must be directed to Public Information Officer identified in the crisis communication plan. **UNDER NO CIRCUMSTANCES ARE HEALTH DEPARTMENT EMPLOYEES OR VOLUNTEERS TO PROVIDE INFORMATION TO ANY MEDIA REPRESENTATIVE.** Recovery Status updates will be communicated at pre-announced intervals.

### External Communications – Local Partners

Employees who are designated to communicate with our local partners or stakeholders will be provided with a statement or list of statements regarding the recovery effort. These statements will come through our Public Information Officer. It is important that **EVERYONE** tell the same story. Updates will be provided at regular intervals as recovery efforts are ongoing.

### Problem Management

If a problem is encountered that cannot be resolved by health department personnel, that will result in a delay in the recovery of any critical functions, a special meeting of the board of health, health commissioner and team leaders will be held to determine a course of action to resolve the issue.

Information Technology (IT)

Having a computer network with a server is necessary to run essential health department software applications. PCHD would contact our primary contact for assistance in reestablishing, at least, a basic computer network for health department operations. Contact information for IT support is listed in the Health Alert Network (HAN) Directory.

State health department IT staff may also be contacted for assistance with configuring the local network. The health department server is backed up daily and stored at an off-site location. Backup sources would have to be utilized to reestablish any lost information. Any specialized software will have to be downloaded, obtained through regional MOUs, or requested from the Ohio Department of Health or respective vendors of that software.

**Security**

The security of staff, vital statistics records (birth and death certificates), client medical records, and medical countermeasures (vaccine, antivirals, etc.) are provided for in the health department’s current location. The security measures include:

* All doors, other than the main entrance/exit are locked at all times. The doors allow those inside to exit, but require a key to enter.
* Monitored alarms are located on each exterior door.
* Doors between public and non-public spaces can be locked to limit passage of unauthorized individuals.
* Rooms with vital statistics documents and medical records are locked.
* Rooms storing vaccine and/or antivirals can be locked.
* Vaccine storage refrigerators are monitored constantly for loss of appropriate temperature.

When selecting an alternate assembly/working site, security will be an important consideration. The situation at that time will determine how “secure” the location will need to be. If the alternate assembly site is used because the current location has been damaged as a result of a weather incident, then security will include locked spaces for vital/confidential records & locked outer doors. If the alternate assembly site is damaged/unusable as a result of criminal actions, then exterior alarms and/or surveillance cameras, locked vaccine/medical countermeasures, separate and lockable space separating public and non-public areas, etc. may be more appropriate.

**Phase 3: Continuity Operations.**

Upon activation of Annex 7: Continuity of Operations and Recovery, PCHD will continue to operate at its primary operating facility until ordered to cease operations by the Portsmouth City Board of Health, or its representative, using a telephone call, or in-person notification. At that time, essential functions will transfer to the continuity facility. PCHD must ensure that the continuity plan can become operational within the minimal acceptable period for Essential Function disruption, but in all cases within 24 hours of plan activation. The advance (Leadership) team will arrive at the continuity facility first to prepare the site for the arrival of the remaining available staff. Upon arrival at the continuity facility, the Leadership team will:

* Ensure infrastructure systems, such as power and HVAC are functional
* Ensure computer and internet connectivity and security available to provide patient information privacy
* Prepare check-in paperwork and determine workspace assignments
* Field telephone inquiries from staff

As remaining staff arrive at the continuity facility, each Supervisor will in-process the staff to ensure accountability. As in-processing procedures are conducted, and will consist of the following steps:

* Sign-in to daily roster with time-in and time-out when leaving;
* Receive any special instructions;
* Receive a timesheet; and
* Receive a workspace assignment.

Upon arrival at the continuity facility, PCHD staff will:

* Retrieve pre-positioned information and activate specialized systems or equipment;
* Begin/Continue PCHD essential functions;
* Prepare and disseminate instructions and reports, as required;
* Comply with any additional continuity reporting requirements; and
* Notify family members, next of kin, and emergency contacts of preferred contact methods and information.

A significant requirement of Leadership staff is to account for all PCHD staff. PCHD will use the following processes to account for all staff:

* Use of a call down telephone trees, or an alert and notification system (OPHCS),

During continuity operations, PCHD may need to acquire necessary personnel, equipment, and supplies on an emergency basis to sustain operations for up to 30 days or until normal operations can be resumed. The Director of Administration and Fiscal (Fiscal Officer) maintains the authority for emergency acquisition. Instructions for these actions are found later in [this document](#bookmark=id.1egqt2p).

**Phase 4: Demobilization and Reconstitution**

**Demobilization**

Given the important services that health departments provide, responding resources should be demobilized as soon as they are no longer needed for emergency response. The process for returning them to their day-to-day function should be expedited. Some elements of the health department emergency response may be demobilized while other elements are still operational. Individual agencies in the response manage their own demobilization actions, but they should inform the EOC of their status so that situational awareness can be maintained across the County.

Some examples of issues that should be addressed by the health department’s Department Operations Center (DOC) include the following:

* Decision to demobilize;
* Communication of demobilization to partners;
* Rehabilitation and return of resources; and
* Document collection and preservation.

See Implementing Instruction (II): MCM: Activation and Demobilization Process Checklist located on the Server H://A “Emergency Response Plan folder”.

**Reconstitution**

Reconstitution is restoring the agency’s ability to carry out all aspects of normal operations, the restoration of the capabilities that existed prior to the emergency. Reconstitution may not be an exact replacement of lost facilities, equipment, or restorations of processes. The goal of reconstitution is to reestablish the capability in the most efficient manner. This may mean a change in geographic location, business practice, or the type of technology used to meet the requirement.

The process of restoring normal operations, to either primary or alternate facilities following a large-scale disaster would require a comprehensive approach among various state and local government and private agencies. Core health department staff operating under the incident command system would be required to provide an orderly and systematic approach to determine what services will be offered, order the necessary equipment to run those operations, and assign staff to specific functions.

 Communications and information technology pose the biggest challenge and are the most important step in reestablishing the infrastructure necessary for health department operations.

See Implementing Instruction (II): COOPRecovery: TemporarySiteSelection PCHD 2022 and square footage requirements, IT/communications requirements, and staff considerations for new HD site.

As the immediate incident resolves and the community begins to recover, the health department will move to a more “recovery phase” focus and eventually return to “normal” operations. “Reconstitution” may be over a few days to a few months.

**Devolution**

The Free Dictionary defines devolution as:

1. A passing down or descent through successive stages of time or a process.
2. Transference, as of rights or qualities, to a successor.
3. Delegation of authority or duties to a subordinate or substitute.
4. A transfer of powers from a central government to local units.

The size and extent of the incident, as well as the available staff, will determine the need for and rate of devolution. The health and well-being of the community as a whole should be the focus of services provided. The Health Commissioner, acting as the designated representative of the Board of Health, will determine what services will be limited, or expanded as well as when to limit or expand them.

PCHD is prepared to transfer all of their essential and support functions and responsibilities to its personnel that has been relocated, or to other local health departments in the southeast central region; should emergency incidents render leadership and a majority of staff unavailable to support the execution of the health department’s essential functions. If deployment of staff is not feasible due to the unavailability of staff, and/or leadership, temporary leadership of PCHD will devolve to any LHD in southeast central Ohio not involved with the incident.

Local health departments in Southeast Central Ohio have an MOU in place that indicates they are willing to provide support/services to other health departments in the region during an emergency situation.

**HUMAN RESOURCE MANAGEMENT**

**Staffing Issues**

* Staffing will be provided by Portsmouth City Health Department Personnel.
* Management of the Portsmouth City and Scioto County Health Department Emergency Response Plan (ERP) will be undertaken by the core leadership staff.

### Injury to Employee

If an employee is injured on the job as a result of a declared emergency or during the recovery process, the first step is to seek medical attention for the injured employee as quickly as possible. Every employee should be made familiar with the emergency numbers in the local area for contacting police, fire or ambulance services. From most locations we can dial 911.

Once medical attention has been provided for the injured employee, it is important to notify management as soon as reasonably possible so that appropriate family notifications and paperwork can be completed. Initial information to be provided is as follows:

* Employee Name
* Location at time of injury
* Nature of injury (if known)
* Time injury occurred
* Brief description of circumstances under which injury occurred

### Employee Fatalities

In the event that an emergency situation results in the death of one or more employees, it is imperative that the information be communicated to management as quickly as is reasonably possible. This is to ensure that communication can be made to family members as quickly and compassionately as possible under the circumstances. A phone call to the Board of Health members should be made as soon as possible. Initial information to be provided is as follows:

* Employee Name
* Location at time of death
* Time death occurred
* Brief description of circumstances under which death occurred
* Where deceased has been taken (if known)

### Temporary Staff/Volunteers

If the support of additional staff during the recovery effort is required, contact the Scioto County EOC. Every effort will be made to provide any additional help needed to support the recovery effort.

### Family Issues

The health department realizes that to respond to the community’s needs in a disaster situation, the health department must recognize the hardships placed on the families of its personnel. To be able to perform their best at a time when it is needed most, employees need to have a level of comfort that their family members are safe and the employee’s absence during the recovery effort will not place undue hardship on them.

The level of support to personnel will clearly be defined by the nature of the disaster itself. In the case of a natural disaster where the employee’s family may be at risk, it may allow for time to relocate family members or allow the family to accompany the employee to the recovery site until further arrangements can be made.

Family issues should be brought to the attention of the supervisor as soon as feasible.

## Administrative Support During Recovery Efforts

During the recovery effort administrative volunteers may be deployed to support the recovery efforts as available or required. The primary team will be located at the main health department site. Additional volunteers may be sent to off-site locations to provide support such as answering phones, locating supplies, etc.

The primary responsibilities of the administrative staff are as follows:

1. Answering phones
2. Making pages/text messages as requested to communicate to staff
3. Making travel arrangements for staff
4. Providing food at site locations
5. Distributing pre-approved information as requested
6. Making copies
7. Keeping track of the locations of employees
8. Setting up conferences with local partners

### Food and Travel

It is the department’s Incident Commander (Likely the Portsmouth City Health Commissioner or their representative) and Logistics/Fiscal Chief’s responsibility to determine their staff’s food and transportation needs during an emergency situation and to communicate them to supervisors. Consolidating the requests for these services during an emergency will help ensure the quickest possible response while eliminating redundancy.

The Logistics/Fiscal Chief is responsible for ordering food for the sites and facilitating transportation, particularly where normal methods of transportation are unavailable.

* Identify the number of meals needed, the times needed and the locations in which they are to be delivered as well as any special dietary requirements.

Any required travel arrangements throughout the COOP and recovery efforts will be made by individual personnel and approved by their supervisor.

**COMMUNITY RECOVERY**

**Recovery Management**

The objectives and the functions are to:

1. Make a preliminary assessment of the damage.
2. Notify Portsmouth City Health Commissioner and Board of Health on current status, impact to health department and plan of action.
3. Work with EOC if disaster is declared.
4. Initiate the plan during the emergency situation.
5. Organize and control the Internal Command Centers as a central point of control of the recovery efforts.
6. Organize and provide support to the recovery effort.
7. Retrieve offsite records and recovery information from offsite storage.
8. Report to the alternate site identified in their procedures.
9. Execute the business recovery procedures.
10. Communicate the status of the recovery to the EOC as needed.
11. Establish shifts for recovery team members to support the recovery effort 24/7, if necessary.
12. Establish liaison with alternate site personnel if needed.
13. Support efforts to return to normal operations.
14. Reestablish support operations affected by the disaster.
15. Identify replacement equipment/software needed for recovery effort and to return to normal operations.

**Community Recovery Management Responsibilities**

The health department will assist with the recovery of local Healthcare Coalition partners, if possible. Assistance may be in the form of:

* Public health education/preparedness/response support;
* Training resources/support;
* Public communication/outreach support;
* Information sharing with the Scioto-Lawrence HCC;
* Continued public health/medical needs assessments;
* Provision of health/medical equipment/supplies;
* Providing public health & medical information/education;
* Expediting facility inspections (supporting facility operations); and
* Partnering in coordinated response with healthcare partners/agencies.

**Emergency Medical/Healthcare Services**

PCHD may assist, in any way possible, with the recovery of local emergency medical and healthcare services to full functionality. The health department may be able to assist with replenishing depleted medical materials and other medical resources. The health department may also provide first aide care and treatment to minor injuries and emergency healthcare (e.g., at risk infants, emergent nutrition needs, etc.) within the range allowed by available resources and staff.

**Mortuary Services**

PCHD may assist the county coroner and funeral homes with implementing procedures for the handling of bodies and burials following mass fatality events within the county. See Appendix 5: Fatality Management for additional details

**Mental Health Services**

PCHD may arrange for Critical Incident Stress Debriefing (CISD) and other counseling services for individuals affected by the incident and recovery workers OR for public health staff and other community representatives. PCHD has a written MOU with the Tri-County Mental Health and a verbal agreement with the local Red Cross to provide mental health services during emergencies within the county. In the event that local mental health services are overwhelmed, the Health Department Incident Commander or Liaison to the EMA/EOC may contact the Regional Coordination Center or Regional Public Health Preparedness Coordinator to request mental health services from the Regional Critical Incident Stress Management (CISM) team. The health department may also be able to obtain mental health professionals through the Medical Reserve Corps. See Appendix 4: Mental Health for First Responders for additional details.

**Damage Assessment**

PCHD may coordinate with the local EMA, the Red Cross, and the Ohio Environmental Protection Agency (OEPA) in assessing the damage of private septic systems, water well systems, and manufactured home parks within the county. If public water and/or sewer systems are affected within the county, PCHD may assist with assessing damage upon request from the municipality.

**Decontamination of Affected Structures and Land**

PCHD may oversee decontamination to ensure inhabitability of homes and buildings. PCHD may provide direct guidance for the biological decontamination of buildings. For chemical or radiological decontamination, the PCHD may coordinate with local HAZMAT groups and the Ohio Environmental Protection Agency to ensure the structures are safe for people to inhabit.

**Monitor Public Health Concerns**

The PCHD may be responsible for the coordination of countywide surveillance of potential problems related to private water supplies, private sewage disposal system failures, solid waste accumulation and disposal, as well as: monitoring food storage, preparation and serving areas for shelters, food kitchens, etc. and vector control. The PCHD may assist with surveillance of public water and sewage disposal systems upon request from the municipality. Surveillance for disease outbreaks that may be directly or indirectly related to the incident will also be conducted by the health department and the regional epidemiologist.

**Notifications to the Public**

Public notifications are made as described in the PCHD and SCHD ERP’s incident specific annexes, Annex 3: Public Information and Warning in the PCHD and SCHD ERP, and related implementing instructions**.**

**Reconstruction**

During the recovery phase of an emergency situation, PCHD must use available funds to begin the process of repairing any structural damage to the health department and replacing any damaged equipment required for the health department to operate at full capacity.

**Document and Critique Incident Recovery**

Documentation and critiquing are essential to capture what actions were taken and resources were used/expended (including finances), evaluate what can be done to improve operational readiness, highlight strengths and initiatives, and identify training and equipment shortfalls. This information will be collected and placed in an After-Action Report, along with an Improvement Plan with corrective actions to be implemented to mitigate damages from future incidents. This documentation becomes the legal record for the incident.

ICS forms attached to the Portsmouth City and Scioto County Health Department Emergency Response Plan may be used for financial and resource tracking for emergency situations.

**Community Recovery Strategies**

The recovery effort for Portsmouth City government in large disasters will be coordinated from the Emergency Operations Center (EOC). The Office of Emergency Management (EMA) manager will be the Applicant Agent for Portsmouth City Government to apply for and coordinate receipt of state and federal recovery funds.

**Post-Incident Community Assessment & Monitoring**

Following any type of disaster, public health must be prepared to respond to and meet the needs of the affected public. The Community Assessment for Public Health Emergency Response (CASPER) enables public health practitioners and emergency management officials to determine rapidly the health status and basic needs of the affected community.

During a disaster, the Health Commissioner or Administrator may decide to initiate a CASPER when:

* The effect of the disaster on the population is unknown,
* The health status and basic needs of the affected population are unknown, or
* The response and recovery efforts need to be evaluated.

The primary goals of CASPER are to obtain information rapidly about the needs of an affected community and to monitor changes of needs during the recovery period. In the disaster setting, the main objectives of CASPER are to:

* determine the critical health needs and assess the impact of the disaster,
* characterize the population residing in the affected area,
* produce household-based information and estimates for decision-makers, and
* evaluate the effectiveness of relief efforts through conducting a follow-up CASPER.

A CASPER can be conducted any time that the public health needs of a community are not well known, whether during a disaster response or within a non-emergency setting. Information will be shared with stakeholders as determined by the Incident Commander.

Epidemiologic activities can also be used to identify health problems, establish priorities for decision-makers, evaluate the effectiveness of response activities, and follow-up monitoring. One epidemiologic strategy is the Rapid Needs Assessment (RNA).

Appendix D & E of the CASPER Toolkit may be utilized to conduct a community assessment and follow-up monitoring of public health, medical, and mental/behavioral health system needs after an incident. See hyper link in reference section of this document for these appendices.

Following a disaster, rapid and effective action is needed to save lives, protect health and stabilize the situation, to avoid making the emergency worse. Each county’s environmental health staff should conduct a rapid initial qualitative assessment to collect information needed to begin an appropriate and timely response. The purpose of the assessment is to:

* Decide whether local capacity (i.e., county resources) is adequate or external assistance/resources are required;
* Identify/recognize potential threats and hazards;
* Assess health risks;
* Determine priorities and recommend actions;
* Develop objectives, determine priorities and intervention strategies;
* Perform intervention strategies, if possible, and identify necessary resources to address the situation.

First-hand information may be gathered in the field, using the following techniques:

* On-site visual observations of the affected area;
* Interviews with key individuals, community leaders, groups of disaster-affected people, or household members;
* Expert measurements and testing and sampling activities (e.g., water quality testing).

Environmental health staff could participate in the assessment with specialists in related professions (e.g., engineering, emergency management, community health promotion) from other departments such as public works, environmental services, human services or other organizations. All of the findings will be reported to the City and or County’s Public Health Leadership Team as soon as possible.

**General Health Department Recovery Strategies**

* Business functions will be recovered in priority sequence.
* Communications concerning the recovery status will be coordinated through the EOC so that those executing the recovery will not be interrupted repeatedly for status.
* Acquisition of equipment and supplies needed for the recovery effort will be coordinated through the EOC. Purchases will be handled in-house
* Coordination of travel arrangements, food and accommodations for individuals supporting the recovery effort.
* Personnel from other agencies may be called in to support the recovery efforts.

**Budget and Acquisitions**

The PCHD Fiscal Officer and Health Commissioner(s), or their representative, will manage all finance issues during a declared disaster. This is to include travel, meals, equipment or any other type of expense related to the COOP/Recovery effort. The budget and acquisitions are managed in the same manner throughout the incident response and during a COOP incident. See PCHD and SCHD ERP, “Administration, Finance, and Logistics” section for details.

It is imperative that all expenses can be tracked for reimbursement purposes. The procedures for submitting expense during the continuity of operations/recovery effort will be managed in the same manner as the response effort. See the “Administration, Finance, and Logistics” section of the Portsmouth City and or Scioto County Health Department’s Emergency Response Plan – Base Plan

 All disaster related expenses should be referred to the supervisor and then given to Fiscal Officer. Every effort will be made to reimburse the employee for out-of-pocket expenses as expeditiously as possible.

**COST RECOVERY**

The Fiscal Chief is responsible for starting this process and establishing a “cost recovery” file on the PCHD server to collect documentation. Documentation of response activities and resources used and requested are essential to request reimbursement from incident funding sources, when available, during the recovery period of an incident.

* Post-incident, the Administration, Fiscal, and Preparedness Division will be the “cost recovery” lead. The director will assign PCHD staff to assist in the collection, organization, and submission of cost recovery reimbursement requests. All requests for reimbursement will be initiated from PCHD through and Scioto County Emergency Management Agency.
* Each funding source may require completion of specific forms to access available funds. To support preparation of these forms, the agency will scan invoices, timesheets and other applicable documents and save the copies in an incident cost-recovery file. At the conclusion of the incident, the reimbursable expenses will be compiled into a spreadsheet and saved into that same folder. If an emergency response is declared a State Disaster or a Federal Disaster, a portion of emergency response costs may be reimbursed through State funding or federal funding.
* Established funding sources for reimbursement may be available include the following:
* State Disaster Relief Program (SDRP) – Administered by the Ohio Emergency Management Agency (Ohio EMA), Disaster Recovery Branch. The SDRP is designed to provide financial assistance to local governments and eligible non-profit organizations impacted by disasters. Applicants must demonstrate the disaster has overwhelmed local resources and that other avenues of financial assistance have been exhausted prior to requesting assistance through the SDRP.
	+ The SDRP is implemented at the governor’s discretion, when federal assistance is not available. Local governments and eligible non-profit organizations must apply through a written letter of intent, to the program within 14 days of the program being made available. The supplemental assistance is cost shared between Ohio EMA and the applicant.
	+ Federal Emergency Management Agency (FEMA) Public Assistance (PA) Program – administered through a coordinated effort between the FEMA, Ohio EMA, and the applicants. While all entities must work together to meet the overall objective of quick, efficient, effective program delivery, each has a different role. FEMA's primary responsibilities are to determine the amount of funding, participate in educating the applicant on specific program issues and procedures, assist the applicant with the development of projects, and review the projects for compliance.
	+ Public Health response funds for federally designated public health emergencies following a public health emergency declaration by the Secretary of Health and Human Services. The funds would likely be administered through ODH.

Eligible costs/work that may be illegible for recovery cost reimbursement include:

* Labor costs – All labor hours (use of your own employees) should be documented.
* Depending on the funding source, only overtime/comp time may be reimbursed.
* Equipment costs – For FEMA dollars, reimbursement will be based on most current FEMA schedule of equipment rates.
* Requirements for other funding sources will be provided at the time the dollars are made available.
* Material costs – Costs of materials and supplies used for response/repair
* From stock or purchased for purposes of completed project.
* Rented equipment – Include invoices and proof of payment for any rented equipment.
* Mutual aid – If there is a written mutual aid agreement in effect between jurisdictions (political subdivisions) at the time of the disaster, then associated costs may be eligible.
* The receiving entity can claim these costs once they are billed by the providing entity and the receiving entity provides payment to them.

**PLAN DEVELOPMENT AND MAINTENANCE**

**Reference**:

See the “Plan Development and Maintenance” section of the Portsmouth City and or County Health Department Emergency Response Plan - Base Plan.

**IMPLEMENTING INSTRUCTIONS**

| TITLE | LOCATION |
| --- | --- |
| II: COOP/Recovery:  |
|  | Relocation Notification | Server H://A 🡪 Emergency Response Plan folder 🡪 COOP/Recovery folder 🡪 |
|  | Temporary Location Site Considerations | Server H://A 🡪 Emergency Response Plan folder 🡪 COOP/Recovery folder 🡪 |
|  | Generator User Manual | Server H://A 🡪 Emergency Response Plan folder 🡪 COOP/Recovery folder 🡪 |
|  | Basic Recovery Steps | Server H://A 🡪 Emergency Response Plan folder 🡪 COOP/Recovery folder 🡪 |
|  | RCC Personnel Management | Server H://A 🡪 Emergency Response Plan folder 🡪 COOP/Recovery folder 🡪 |

**REFERENCES**

| Title | Location |
| --- | --- |
| Portsmouth City and Scioto County Health Department Personnel Policies & Procedures | HR/Administrator Office |
| Scioto County Emergency Operations Plan | Most current plan is located at the Scioto County Emergency Management Office. |
| Scioto County All Hazards Recovery Plan | Scioto County Emergency Operations Plan, located at the Scioto County Emergency Management Office. |
| South Central Ohio Regional Public Health Emergency Response Plan, Annex 7: COOP & Recovery  | RPH SCO Region Dropbox folder 🡪 “SCO RPH ERP 2021 folder”  |
| FEMA (2017). Federal Continuity Directive 1 | [Federal Continuity Directive 1 - January 17, 2017 (gpo.gov)](https://www.gpo.gov/docs/default-source/accessibility-privacy-coop-files/January2017FCD1-2.pdf) |
| Homeland Security (2007). Directive 51/Homeland Security Presidential Directive 20: National Continuity Policy. | [HSPD-20.pdf (defense.gov)](https://policy.defense.gov/portals/11/Documents/hdasa/references/HSPD-20.pdf) |
| Homeland Security (2003). Presidential Directive 7 (HSPD 7), Critical Infrastructure Identification, Prioritization, and Protection (CIP). | [Homeland Security Presidential Directive 7 | CISA](https://www.cisa.gov/homeland-security-presidential-directive-7) |
| Homeland Security (2003). Presidential Directive 8 (HSPD 8), National Preparedness. | [Presidential Policy Directive 8: National Preparedness | Homeland Security (dhs.gov)](https://www.dhs.gov/presidential-policy-directive-8-national-preparedness) |
| FEMA (2018). Continuity Guidance Circular (CGC). | [Continuity Guidance Circular - February 2018 (fema.gov)](https://www.fema.gov/sites/default/files/2020-07/Continuity-Guidance-Circular_031218.pdf) |
| FEMA (2010). National Preparedness Directorate’s Comprehensive Preparedness Guide 101, Developing and Maintaining Emergency Operations Plans. | [Comprehensive Preparedness Guide 101 (fema.gov)](https://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf) |
| FEMA (2017). Pre-Disaster Recovery Planning for Local Governments. | [Pre-Disaster Recovery Planning Guide for Local Governments (fema.gov)](https://www.fema.gov/sites/default/files/2020-07/pre-disaster-recovery-planning-guide-local-governments.pdf) |
| CASPER Toolkit | <http://www.cdc.gov/nceh/hsb/disaster/casper/overview.htm> |

**SUMMARY OF CHANGES**

| Date of Change | Version | Change # | Summary of Change | Initials\* |
| --- | --- | --- | --- | --- |
| 111516 | 2016 | 1 | Used Resource specific items from ODH-provided “Ebola” appendix checklist for this review to ensure information included in Annex 7. | MD-ERC |
|  |  | 2 | Used Resource specific items from Center for Disease and Prevention (CDC)’s Operational Readiness Review (ORR) Tool for this review to ensure information included in Annex 7. | MD-ERC |
|  |  | 3 | Reviewed for spelling errors, acronym use and definition, active hyperlinks, and listing of implementing instructions. | MD-ERC |
|  |  | 4 | Reviewed for “People-First” language use. | MD-ERC |
|  |  | 5 | Added section on “Post-incident community assessment”, | MD-ERC |
|  |  | 6 | Added a section pertaining to “demobilization”,  | MD-ERC |
|  |  | 7 | Moved section on “pandemic” considerations  | MD-ERC |
|  |  | 8 | Deleted “Voiced-over Internet Phones” section from communications section. | MD-ERC |
|  |  | 9 | Added more information/detail in the “Reconstitution” section  | MD-ERC |
|  |  | 10 | Added information about hospitals’ succession of command  | MD-ERC |
|  |  | 11 | Added more resources for manpower (federal)  | MD-ERC |
|  |  | 12 | Move section on “devolution” & added the definition of devolution,  | MD-ERC |
|  |  | 13 | Added definition of “continuity of operations” on  | MD-ERC |
| 112117 | 2017 | 1 | Reformatted the “Summary of Changes” | MD-ERC |
|  |  | 2 | Acronym review & acronym definitions | MD-ERC |
|  |  | 3 | Changed footer to reflect format of other Annexes | MD-ERC |
| 101818 | 2017a | 1 | Added “Cost Recovery” section,  | MD-ERC |
|  |  | 2 | Added section that describes how HD may assist the healthcare Coalition during recovery phase (“Community Recovery” section | MD-ERC |
| 112018 | 2018 | 1 | Verified hyperlinks as active | MD-ERC |
| 111919 | 2019 | 1 | Reviewed, no changes made | MD-ERC |
| 061521 | 2020 | 1 | Reviewed, no changes made | MD-ERC |
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\* Key for “initials” in far-right column of the “Summary of Changes”

MD-ERC Portsmouth City and Scioto County Health Department PHEP Coordinator – Molly Dargavell, ERC