

**Belmont County Health Department
All Hazards Emergency Response Plan**



Public Health
Prevent. Promote. Protect.

**Belmont County Health Department
All Hazards Emergency Response Plan**

*68501 Bannock Road
St. Clairsville, OH 43950*

May 2015

For Official Use Only

**Hazard and Vulnerability Analysis
Capabilities Assessment
Strategic Plan
All Hazards Response Plan Review History**

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Executive Summary

Mission Statement

The mission of the Belmont County Health Department is to assure a healthful environment, prevent disease, and prolong life and wellbeing for the citizens of Belmont County.

The goals of the Belmont 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 public health information and training to first responders and the general public to enable them to better prepare for disasters and acts of terrorism.
3. Recruit and train a volunteer workforce to augment current public health staffing during times of disaster.

Introduction

The primary goal of this document is to outline the emergency response activities of the Belmont County Health Department. Upon approval by the Belmont County Board of Health, this plan will become the Standard Operating Guide (SOG) cited in Annex-H of the Belmont County Emergency Operations Plan (EOP) housed at the EMA Office. This plan shall be revised so as to maintain compliance with the Department of Homeland Security's National Incident Management System guidelines for preparing for, responding to and recovery from incidents.

Belmont County Health Department Capabilities:

- Immunizations (domestic and international)
- Public Health programs and clinical services
- Assessment of and recommendations on disease issues
- Participate in epidemiological activities
- Respond to biological events affecting the community well being
- Assess and make recommendations regarding sanitation issues
- Respond with public health resources to all hazards according to capability.

Inter-Jurisdictional Relationships: Local

For emergency management purposes, the territory of each city/township in Belmont County has been included in a mutual aid zone. These zones may be incorporated municipalities, incorporated municipalities with some adjacent unincorporated territory, or unincorporated territories.

Mutual Aid Regions

Each county in Ohio has a multi-agency coordination system (MACS) 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 Emergency Operations Center, manned by representatives from agencies throughout the county to coordinate activities and resources.

Ohio has been divided into eight planning regions by the Ohio Department of Health (ODH) for the purposes of planning and response. The Southeast Ohio planning region is made up of 11 counties. These 11 counties have signed a MOU to provide assistance during times of crisis. The Belmont County Health Department hosts the Regional Coordination Center and will activate the center to provide assistance in coordination of information across affected health departments.

Community Profile

Total population: 72,355 (2010 Census)

Households in the county 38,587

Population density: 100 people per square mile (38/km²).

Social Characteristics -	Estimate	Percent	U.S.	Margin of Error
Average household size	2.34	(X)	2.60	+/-0.04
Average family size	2.84	(X)	3.19	+/-0.07
Population 21 years and over	46,221			+/-116
Foreign born	474	0.8	12.4%	+/-151
Male, Now married, except separated (population 15 years and over)	14,123	57.8	52.3%	+/-562
Female, Now married, except separated	14,159	53.8	48.4%	+/-595
Speak a language other than English at home (population 5 years and over)	918	1.6	19.6%	+/-239
Household population	59,997			+/-442
Economic Characteristics -	Estimate	Percent	U.S.	Margin of Error
In labor force (population 16 years and over)	29,497	59.1	65.0%	+/-573
Median household income (in 2009 inflation-adjusted dollars)	40,727	(X)	51,425	+/-1,558
Median family income (in 2009 inflation- adjusted dollars)	50,357	(X)	62,363	+/-2,927
Families below poverty level	(X)	10.4	9.9%	+/-1.7
Individuals below poverty level	(X)	14.7	13.5%	+/-1.7
Housing Characteristics -	Estimate	Percent	U.S.	Margin of Error
Total housing units	28,064			+/-209
Occupied housing units	25,166	89.7	88.2%	+/-517
Owner-occupied housing units	18,794	74.7	66.9%	+/-473
Renter-occupied housing units	6,372	25.3	33.1%	+/-478
Vacant housing units	2,898	10.3	11.8%	+/-412

**Belmont County Health Department
All Hazards Emergency Response Plan**

Executive Summary

ACS Demographic Estimates	Estimate	Percent	U.S.	Margin of Error
Total population	72,355			*****
Male	30,019	48.8	49.3%	+/-112
Female	31,442	51.2	50.7%	+/-112
Median age (years)	41.3	(X)	36.5	+/-0.4
Under 5 years	3,372	5.5	6.9%	+/-59
18 years and over	48,292	78.6	75.4%	+/-40
65 years and over	10,060	16.4	12.6%	+/-59
One race	60,620	98.6	97.8%	+/-139
White	59,466	96.8	74.5%	+/-98
Black or African American	472	0.8	12.4%	+/-115
American Indian and Alaska Native	36	0.1	0.8%	+/-43
Asian	359	0.6	4.4%	+/-59
Native Hawaiian and Other Pacific Islander	15	0.0	0.1%	+/-27
Some other race	272	0.4	5.6%	+/-93
Hispanic or Latino (of any race)	378	0.6	15.1%	*****

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1

Belmont County Health Department Staff

Health Commissioner	1	BCMH Nurse	1
Dir Nursing	1	Administrator	1
Dir Environmental Health	1	Health Educator	1
Fiscal Officer	1		
Book Keeper	1		
Registered Sanitarian	2		
Emergency Preparedness	.5		

Primary Public Health Agencies

Belmont County Health Department

Support Agencies

Southeast Region Local Health Departments
 Southeast Regional Coordination Center
 East Ohio Regional Hospital
 Barnesville Hospital
 Belmont Community Hospital
 Belmont County Fire &EMS
 Belmont County EMA
 Belmont County Engineer
 Belmont County Sheriff
 Belmont County 911
 Ohio State Highway Patrol
 Ohio Department of Transportation

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Community Preparedness

Community Preparedness is the ability of communities to prepare for, withstand, and recover: in both short and long terms: from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith based partners, state, local, and territorial, public health's role in community preparedness is to do the following:¹

- Support the development of public health, medical and mental/behavioral health systems that support recovery
- Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents
- Promote awareness of and access to medical and mental/behavioral health resources that help protect the community's health and address the functional needs (i.e., communication, medical care, independence, supervision, transportation) of at-risk individuals
- Engage public and private organizations in preparedness activities that represent the functional needs of ***at-risk individuals*** as well as the cultural and socio-economic, demographic components of the community
- Identify those populations that may be at higher risk for adverse health outcomes
- Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities (e.g., improvised nuclear device or hurricane)

NOTE: The Department of Health and Human Services (DHHS) has developed the following definition of ***at-risk individuals***:²

“Before, during, and after an incident, members of at-risk populations may have additional needs in one or more of the following functional areas: **communication, medical care, maintaining independence, supervision, and transportation**. In addition to those individuals specifically recognized as at-risk in the Pandemic and All-Hazards Preparedness Act (i.e., children, senior citizens, and pregnant women), individuals who may need additional response assistance include **those with disabilities, who live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, and those with pharmacological dependency**.”

¹ Center for Disease Control and Prevention (CDC), *Public Health Preparedness Capabilities*, March 2011, Pg. 16 WWW.cdc.gov/phpr/capabilities

² Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response: *Public Health Workbook To Define, Locate, and Reach Special, Vulnerable, and At-Risk Populations in an Emergency*, accessed October 25, 2012 at http://www.bt.cdc.gov/workbook/pdf/ph_workbookFINAL.pdf

Healthcare Coalition

BCHD has ongoing partnerships with multiple agencies throughout the community (*See Table 1 Below*). These relationships help to maintain knowledge and camaraderie on a day-to-day basis and facilitate working partnerships during emergency operations. Although there is not a formal healthcare coalition, by definition, collaboration happens on a continuous basis.

Table 1: Community Collaboration

Community Partner	Association
Business	Retail Pharmacies: Collaborate with SE Pharmacy Assoc on Preparedness planning and community awareness Special Nutrition Providers Dialysis Centers: updated and made contact 1-2013
Community Leadership	Elected Officials: Collaborate with County Commissioners Law Enforcement: Background checks Fire: Coroner
Cultural And Faith Based Groups	Ministerial Association: Provide regular satellite wellness clinics
Emergency Management	Administrator, Community Health Coordinator and Regional/Local Planners are members of the LEPC
Healthcare	Hospitals: Active on local and regional healthcare coalitions Information Sharing: Belmont County 911
Social Services	Children’s services: WIC: Salvation Army: BCMh Program: present in WCHD Family and Children First: Belmont Co. Free Clinic
Housing and Sheltering	Department of Jobs and Family Services Belmont Morgan Community Action Program
Media	The BCHD HC maintains a regular partnership with local media with the posting of health department news and events in the local print news and radio and TV stations and providing live interviews
Mental/Behavioral Health	The BCHD works in collaboration with Belmont Community Hospital which provide mental/behavioral health, drug and alcohol rehab services through Belmont County.
Education	Ongoing Memoranda of Understanding (MOU) for use of facilities during mass medical countermeasure dispensing. Managed closed PODs at schools during H1N1 School Nurses: Provide current health information and status, provide head checks for students
Funeral Directors	Daily contact through Vital Statistics, Death Certificates, Burial Permits Fatality management planning

Community Recovery

The first priority for the health department during and following a disaster is the resumption of public health services. See *Annex A1: Continuity of Operations/Business Resumption Plan* of the Belmont County All Hazards Emergency Response for a full explanation of these procedures.

Following the restoration of health department services, available staff may be assigned to assist outside agencies as available, with the understanding that they will return to duty at the health department as needed ensure continuous essential functions. Some field operations that will be provided as part of community recovery include:

- Assist affected populations with recovery needs through the provision of technical advice or field services regarding health and safety issues.
- Coordinate with the Ohio Department of Mental Health to provide mental health information and referral for counseling of victims.
- Coordinate post event Critical Incident Stress Management (CISM) activities for in-house staff.

Health Department staff will document and report activities undertaken during the emergency including time keeping, resource allocation and any other pertinent information. They will participate in post event evaluation activities and modify plans and protocols accordingly.

Definitions

Special, Vulnerable, and At-Risk Populations

For the purposes of the Belmont County Health Department All Hazards Emergency Response Plan, at-risk populations will be identified in the following five broad descriptive categories, as defined below:

- Economic Disadvantaged
- Language and Literacy challenged
- Medical Issues and Disability (physical, mental, cognitive, or sensory)
- Isolation (cultural, geographic, or social)
- Age

Elements to be considered for each group:

- Those with health vulnerabilities such as poor health status
- Limited access to neighborhood health resources (e.g., disabled, elderly, pregnant women and infants, individuals with other acute medical conditions, individuals with chronic diseases, underinsured persons, persons without health insurance)
- Reduced ability to hear, speak, understand or remember
- Reduced ability to move or walk independently or respond quickly to directions during an emergency
- Populations with health vulnerabilities that may be caused or exacerbated by chemical, biological, or radiological exposure

Economic Disadvantage

Economic disadvantage does not necessarily impair the ability of an individual to receive information, but it can significantly affect his/her ability to follow a public health directive if the individual does not have the resources or means to do what is being asked (e.g., stockpile food, stay home from work and lose a day's pay, evacuate and leave their home, or go to a point of dispensing).

Language and Literacy

This category includes people who have a limited ability to read, speak, write or understand English, have low literacy skills, or who cannot read at all (in English or in their native language).

It is important to consider language and literacy when you develop public health messages. To ensure that everyone can understand the information and follow public health directives, information must be culturally and linguistically appropriate and accessible to everyone.

Medical Issues and Disability (physical, mental, cognitive, or sensory)

According to the Americans with Disabilities Act, a person has a disability if he or she (1) has a physical or mental impairment that substantially limits a major life activity, (2) has a record of such impairment or (3) is regarded as having such impairment. The most easily recognized people in this category are those who are blind, deaf, and hard of hearing, as well as those with health conditions that limit mobility or make them dependent on electricity. As much as 14% of the population has hearing, vision, or mobility limitations.

People with mental disabilities are thought by many health and emergency planners to be the most challenging at-risk population in widespread emergencies because people who cannot understand and follow directions could jeopardize others in addition to themselves. Mental disability is a population category that will require priority attention in some emergencies.

Isolation (cultural, geographic, or social)

People can be isolated if they live in rural areas or in the middle of a densely populated urban core. There are many ways in which people might be considered isolated, including:

Rural populations include ranchers, farmers, and people who live in sparsely populated communities. Rural areas can have special communication challenges, such as dependence on satellite television, which does not always provide local channels or news. Additionally, radio stations have moved to a canned commercial feed in many communities and might not be useful for dispensing local information in an emergency.

In urban areas people can be isolated because of language, lack of education, cultural practices, chronic health problems, fear, lack of transportation or access to public transit systems, unemployment, and other factors. Even if they have access to mass media, they might not have the means to respond to emergency directives.

Temporary residents can be a major population for many communities, but there are big differences in the types of temporary residents: people living on a military base, students, tourists, or seasonal farm workers, for example.

Undocumented immigrants are foreign-born persons who reside in the United States and have not yet achieved legal residency. Therefore these individuals might consciously avoid interaction with social and public agencies.

Single parents and caregivers face challenges because they have no one to share their responsibilities to care for those who are dependent on them. This increased responsibility can impair their ability to plan for emergencies or carry out public health directives, and it can be emotionally overwhelming.

Religious and cultural practices may reduce the likelihood of certain groups receiving emergency communications. For example, mass media communications would be ineffective for reaching Amish and Mennonite communities which usually do not have televisions or radios.

Age Although many elderly people are competent and able to access health care or provide for themselves in an emergency, chronic health problems, limited mobility, blindness, deafness, social isolation, fear, and reduced income put older adults at an increased risk during an emergency.

Infants and children under the age of 18 can also be at-risk, particularly if they are separated from their parents or guardians. They could be at school, in daycare, or at a hospital or other institution places where parents expect them to be cared for during the crisis. There are also increasing numbers of children who are home alone after school. Separation of family members can cause its own havoc in a crisis.



Public Health
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**Belmont County Health Department
Basic Plan**

Review History

Date	Reviewed By	Comments
July 2015	Hall & Sproul	Initial Plan

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Purpose

This Plan outlines actions to be taken by the Belmont County Department in response to or support of other agencies during a disaster. It includes mutual aid agreements entered into with private sector and/or volunteer organizations.

The Health Department's goal is to prevent disease, reduce the vulnerability of county residents to the effects of a disaster, respond effectively and efficiently and provide for recovery in the aftermath of a disaster. The Belmont County Health Department, herein after referred to as the BCHD has many legal and moral responsibilities included in their routine duties. Among these is the responsibility of all staff to respond to and/or assist in a wide spectrum of emergency scenarios ranging from an extremely limited geographically isolated situation in the community, to a county or region-wide problem.

Situation and Assumptions

Situation

Belmont County is exposed to many hazards that have the potential to cause damage and casualties and disrupt the community. Possible natural hazards include floods, tornados, winter storms, earthquakes, fires, drought, and disease outbreak. Man-made disaster situations could develop from the numerous manufacturing and chemical plants situated along the Ohio River, such as a hazardous materials accident, accidental chemical release, or a transportation accident. The threat of intentional acts of terrorism must also be considered.

Assumptions

It is likely that outside assistance would be available during most major disaster situations. The county Emergency Operations Plan (EOP) will facilitate the coordination of this assistance. However, it is critical that the Belmont County Health Department is prepared to carry out disaster response and short-term operations on an independent basis until outside assistance is available. All agencies involved in response activities will operate under the Incident Command System (ICS) as per National Incident Management System (NIMS) standards.

Concept of Operations

It is the duty of the Local Health Department (LHD) to sustain the health of Belmont County residents and to assist the Belmont County Emergency Management Agency (EMA) in implementation of the County EOP. The Health Commissioner or administrator will activate the Health Department All Hazards Emergency Response Plan and fill ICS positions as needed. The LHD will implement procedures outlined in this Plan. When an emergency exceeds the local response capability, the LHD will request assistance from the Ohio Department of Health at their 24 hour Emergency Phone number (1-614-722-7221) via the public health representative at the local EOC (when activated) or through the Public Health Desk at the State EOC when local EOC is not activated.

The LHD will activate and utilize the Regional Coordination Center (RCC) to coordinate communications among response partners. The Health Department may request the Health Alert Network (HAN) be activated using the Ohio Public Health Communications System (OPHCS). Local government officials make requests for Federal assistance by coordinating through the local Emergency Operations Center (EOC). The Federal Government will provide assistance when deemed necessary. One such asset is the Strategic National Stockpile (SNS), which must be requested through the local EOC. Please refer to Annex H: Strategic National Stockpile.

Assignment of Responsibilities:

Belmont County Health Department

Incident Commander: Health Commissioner/ Administrator or Designee

The Health Commissioner is the **Primary** Incident Commander for the Belmont County Health Department and may delegate authority as necessary. In this capacity the Health Commissioner or their representative will:

- Establish lines of communication, determine place of assembly, make staff assignments and method of personal identification
- Have essential maps available if applicable (epidemiological data collection).
- Communicate with other county department heads.
- Communicate directly with the EMA Director.
- Direct the actions of all health department personnel.
- Sanction the release of public health information.
- Maintain a supply of emergency/disaster literature for public distribution.
- Authorize emergency purchase of supplies and equipment.
- Communicate through the County EOC to the State EOC, and the Ohio Department of Health DOC.

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

- Ensure all medical and nursing personnel are properly identified.
- Direct set up of all public health facilities.
- Coordinate the distribution of medical countermeasure dispensing.
- Aid Environmental Health as needed.

****If the incident is Environmental in nature the Director of Environmental Health may perform in the Operations Section Chief Capacity****

Environmental Branch Director: The Director of Environmental Health will act as the Health Department's Environmental Branch Director. In this capacity he/she will:

- Serve as the Health Department's representative at the Health Department Operations Center (DOC) or in the county EOC as determined by the Health Commissioner.
- Coordinate environmental staff in the field, at emergency stations, shelters, and headquarters.
- Communicate with the 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, (Belmont County Health Department and/or alternate sites).
- Assist Regional/local Epidemiologist with investigations

Environmental Health Branch:

The Environmental Health Branch 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 Environmental Health Director.

Logistics Section:

The Bookkeeper is currently assigned as the Logistics Chief. Employees in the Fiscal department may share Logistics and Finance duties as directed by the Incident Commander.

- Acquire facilities, transportation, communications, supplies, equipment maintenance and fueling, food and medical services for incident personnel
- Manage all incident logistics
- Provide logistical input to the Incident Action Plan (IAP)
- Brief Logistics Staff as needed
- Identify anticipated and known incident service and support requirements
- Request additional resources as needed
- Ensure and oversee the development of the Communications, Medical, and Traffic Plans as required
- Oversee demobilization of the Logistics Section and associated resources

Planning Section:

Responsible for the collection, evaluation, and dissemination of information related to the incident, and for the preparation and documentation of Incident Action Plans (IAP). This section also develops and maintains situation reports that reflect the status of resources assigned to the incident. This section includes the Situation, Resources, Documentation, and Demobilization Units, as well as Technical Specialists as staffing allows.

Finance and Administration section:

- Manage all financial aspects of the incident
- Provide financial and cost analysis information as requested
- Ensure compensation and claims functions are being addressed relative to the incident
- Gather pertinent information from briefings with responsible agencies
- Develop an operating plan for the Finance/Administration Section and fill Section supply and support needs
- Brief agency Administrative personnel on all incident-related financial issues that need follow-up
- Ensure that personnel time records are completed accurately
- Ensure that all obligation documents initiated at the incident are properly prepared and completed
- Provide IAP input

Support Agencies' Responsibilities

Emergency Management/Commissioners/Local CEOs

- Implementation of County EOP
- Activate the county EOC
- Ensure that all local disaster declarations are completed.
- Provide ESF-2, ESF-5, & ESF-7 to the EOC
- Provide for direction and control at the EOC
- Provide support staff in the EOC as needed.
- Provide notification to local emergency response and support agencies
- Coordinate requests, allocation, and tracking of all local resources.
- Coordinate with other local jurisdictions and State EOC for the procurement of resources not available in the county, including SNS.
- Manage volunteer resources utilized for government functions.
- Document cost for all activities, supplies and requested resources including those provided by mutual-aid to facilitate the recovery process.
- Coordinate recovery functions with State EMA, Ohio SNS and FEMA.

Belmont County Public Information Officer

- Establish the Joint Information Center in close proximity of the Emergency Operations Center.
- Coordinate public information between local and agency PIOs and Regional, State, and Federal Joint Information Centers.
- Ensure that all public information releases are reviewed by the EOC Executive Committee and the IC prior to release.
- Provide for media area in or near the Joint Information Center to allow for direct media contact.
- Provide for controlled media visit to on-scene locations to facilitate interviews with on-scene command staff.
- Documentation of costs for all related activities, supplies, and requested resources, including resources provided by mutual-aid for Public Information operations.

Belmont County Sheriff's Office/Local Law Enforcement Agencies

- Provide ESF-13 Coordinator to the EOC
- Assist in the identification of and assessing the security of local facilities to be utilized as POD and Clinic sites.
- Provide for the security of SNS supplies and personnel during transportation, at POD, Clinics and medical treatment sites.
- Provide for traffic control and devices at Clinic and POD sites.
- Provide for final approval of all volunteers that could be in direct contact with SNS supplies.
- Provide for just in time training, if utilizing volunteers for -traffic control or other ESF- 13 functions.
- Documentation cost for all related activities, supplies, and requested resources, including resources provided by mutual-aid to facilitate the disaster recovery process ó ESF-13

Belmont County Engineer/Public Works Providers

- Provide ESF-1 Coordinator to the EOC

- Assist in the identification and designation of access routes for POD, medical treatment, and Clinic sites.
- Provide for the emergency detour routes to POD, medical treatment, and Clinic sites, as needed.
- Provide transportation resources as needed
- Provide traffic control assistance as needed.
- 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

Belmont County Hospitals:

- Provide support to ESF-8 at the EOC
- Provide assistance in identifying local needs and inventory of supplies
- Coordinate information exchange with local physicians' offices
- Assist in the identification of the need for SNS supplies
- Manage materials assigned to the hospital as a medical treatment site
- 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)

- Coordinate with ESF-8 personnel in the EOC to help identify local needs and inventory of supplies.
- Manage material assigned to their facility as a medical treatment site.
- 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 local agencies and Private Non-Profit organizations

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

Preservation of Records:

The Health Commissioner and Administrator have ultimate responsibility for maintenance and preservation of records and are assisted by the Registrar, the Director of Nursing, the Fiscal Office and the Director of Environmental Health:

Belmont County Health Department Chain Of Command:

The chain of command within the Health Department and the responsibilities of each division are outlined in [Annex A: Command and Control](#).

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

Belmont County Health Department Leadership Board of Health

President- Irene Louda

Vice President- Joel Braido

Health Commissioner ó George Cholak

Deputy Health Commissioner ó Rob Sproul

Communications

The following is a list of systems used by the BCHD

(For more information refer to Annex B-1: Tactical Communications)

Ohio Public Health Communications System (OPHCS)

The Belmont County Health Department is an active participant in the Ohio Public Health Communications System (OPHCS). The role of the (OPHCS) is to provide a communications network between the Centers for Disease Control and Prevention, the Ohio Department of Health, the local Health Department, and local hospitals.

Landline Telephone:

The daytime business number of the Belmont County Health Department is 740-695-1202. The 24-hour Phone number is 740-310-2407. A list of phone numbers of outside agencies that may need notification can be found in Annex B3 Crisis Communications Plan

Mass Communications:

During a Public Health Emergency, the office of the Health Commissioner will inform the public on actions to take according to existing conditions utilizing the Public Information Officer and spokesperson.

Radio Communications

The Belmont County Health Department has in place a Multi Agency Radio Communications System (MARCS) that consists of six portable radios and one base station. Health Department employees use these radios on a regular basis in order to maintain proficiency. BCHD operates normally on the Belmont Public Health Talkgroup.

Method of 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 DOC.

Assembly Places

Primary

Belmont County Health Department, 68501 Bannock Road, St. Clairsville, OH 43950: Department Operations Center (DOC)

Upon receiving the notification of an emergency, all Health Department personnel will meet at the Belmont County Health Department; 68501 Bannock Road, St. Clairsville, OH 43950.

Secondary

Belmont County WIC Office, 3854 Belmont Street, Bellaire, Ohio 43906

Belmont County Emergency Operations Center

The Belmont County Emergency Operations Center during assessment level activation is located at the EMA office in the Belmont County at 68334 Bannock Road St. Clairsville, OH 43950. If the County EOC is inaccessible alternate operations will be established at a site to be determined by the EMA Director and elected officials.

Emergency Public Health Information & Warning

There are a number of agencies that will supply information and literature to the general public during a public health emergency. The major source of this information is the Belmont County Health Department. See [Annex B: Communications](#)

Resources

A number of resources that may be needed during and after a disaster are listed within this plan. The BCHD resources list is located in Annex F: Resource Management.

Potential Hazards: Refer the Hazard Vulnerability Assessment

This document, in accordance with Public Health Emergency Preparedness (PHEP) Grant Standards, contains a public health Hazard Vulnerability Assessment that has been previously identified through the Belmont County Emergency Management Agency which includes the public health risks (consequences) to the local community, the identified hazard, primary and support agencies, responders and the associated risk and how each hazard impacts the local public health department's capabilities, resources and operations and an estimate of loss of life and infrastructure. The most dangerous hazard and most likely hazards based on historical analysis have been identified and included in this document.

Planning, Training & Exercise/Community Preparedness

Staff Training

The BCHD All Hazards Emergency Response Plan is part of the new employee orientation-training program. New staff shall review the plan for content and specific duties during an emergency, and sign that they have read and understand 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 within six months of employment. See [Annex I: Training and Exercise Plan](#)

Plan Development & Maintenance

The local Disaster Preparedness Coordinator is responsible to oversee the maintenance and operability of the Belmont County Health Department All Hazards Emergency Response Plan. One Annex per month will be submitted to the Section Chief for review beginning August 2012. Upon

review by the section chief, it will be reviewed by the Health Commissioner and subsequently to Board of Health for approval and signature. The entire EOP shall be reviewed annually or as needed to maintain operability.

Privacy Statement:

As stated in Appendix B Pages 43-45, Section 149.433 of the Ohio Revised Code,ö **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*;") some information contained in this plan is exempted from public disclosure by the Ohio Revised Code.

Authority and References

- The Department of Health and Human Services and Centers for Disease Control and Preventions -Public Health Emergency Preparedness program
- The Ohio Department of Health, Division of Prevention, Bureau of Public Health Preparedness
- The Public Health Emergency Preparedness
- Homeland Security Presidential Directive (HSPD)-5

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