

CARTER COUNTY, MISSOURI

PUBLIC HEALTH EMERGENCY OPERATIONS PLAN

JULY 2024



CARTER COUNTY
HEALTH CENTER

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Base Plan

Introductory Material

Promulgation Document & Signatures

We are pleased to present the Carter County Health Center (CCHC) Emergency Operations Plan (EOP), which is a comprehensive framework designed to guide our response and coordination efforts during emergencies, ensuring the safety and well-being of our community.

The development of the CCHC EOP was prompted by the increasing need for a coordinated and efficient response to emergencies affecting public health within our county. It was developed in accordance with state and federal guidelines and regulations, leveraging the expertise and input of key stakeholders, including our dedicated staff, partner agencies, and community organizations.

CCHC EOP Objectives:

- Protect and preserve public health and safety during emergencies.
- Coordinate an effective response among all relevant stakeholders.
- Minimize the impact of emergencies on individuals, families, and the community.
- Ensure the efficient allocation and utilization of resources.
- Facilitate a seamless transition from emergency response to recovery and restoration of normal operations.

The CCHC EOP applies to all emergencies and incidents that pose a significant risk to public health and that require a coordinated response within Carter County. Emergencies and disasters that may impact the public's health include disease outbreaks, natural disasters, environmental hazards, and other public health emergencies.

The CCHC EOP is a comprehensive and flexible document that outlines our approach to emergency response. It incorporates key components such as incident management, roles and responsibilities, communication protocols, resource management, and recovery planning. By adhering to this plan, we ensure a consistent and coordinated response, regardless of the nature or scale of the emergency.

The successful implementation of the CCHC EOP relies on the collaboration and active participation of various stakeholders. This plan clearly defines the roles and responsibilities of county health department staff, partner agencies, community organizations, and volunteers. By working together, we enhance our ability to effectively respond, mitigate, and recover from emergencies.

The CCHC EOP will be activated in accordance with predetermined triggers and protocols, ensuring a prompt and efficient response. Our staff is well-trained and prepared to implement the plan, follow established procedures, and utilize available resources. Regular exercises, drills, and training sessions will enhance our readiness and validate the effectiveness of the plan.

To ensure widespread awareness and understanding of the CCHC EOP, we will communicate and distribute the plan through multiple channels. This includes sharing it with internal staff, partner agencies, relevant stakeholders, and the public. Copies of the plan will be available on our website, and physical copies can be obtained upon request.

We express our gratitude to all stakeholders for their support and commitment to emergency preparedness. CCHC remains dedicated to the safety and well-being of our community. Should you have any questions or require further information, please contact us at 573-323-4413.

Together, let us continue working towards a resilient and prepared community.



Michelle Walker, MPH, RN, BSN
Administrator

Approval & Implementation

The CCHC EOP, approved and implemented in July of 2024, is applicable to all emergencies and incidents that pose a threat to public health and require a coordinated response within the jurisdiction of CCHC. This includes but is not limited to disease outbreaks, natural disasters, environmental hazards, and public health emergencies.

This plan is a living document and should be modified to reflect lessons learned and current circumstances. The following individuals have delegated authority to make modifications to the plan:

1. Michelle Walker, MPH, RN, BSN: Administrator
2. Heaven Gordon, RN, BSN: Clinical Nurse Supervisor

These designated officials possess the necessary expertise and authority to make modifications promptly during emergency situations while ensuring compliance with applicable laws, regulations, and policies.

The CCHC EOP supersedes all previous versions, policies, and documents related to emergency response within CCHC. It is the authoritative and current plan to guide our preparedness, response, and recovery efforts.

We, the undersigned senior officials, hereby approve and implement the Emergency Operations Plan for Carter County Health Center, recognizing its importance in safeguarding the health and well-being of our community. This document will be reviewed annually and revised to reflect improvements identified in exercises, real life events, and changing guidance.

X K. Michelle Walker

Michelle Walker, MPH, RN, BSN
Administrator

Purpose, Scope, Situation Overview, and Assumptions

Purpose

The purpose of this emergency plan is to guide CCHC in effectively responding to and recovering from emergency incidents that surpass the organization's day-to-day capabilities. This plan aims to protect the lives and property of patients, residents, staff, and visitors during emergency events.

The CCHC EOP is an all-hazards plan that outlines policies and procedures for preparing for, responding to, and recovering from various hazards. It involves coordination with other healthcare organizations, public health agencies, and local emergency management. The plan covers areas such as plan maintenance, communications, resource and asset management, patient care, continuity of operations, staff management, evacuation, and contingency planning for utilities failure. Additionally, it includes supporting Annexes containing hazard-specific information, response checklists, and information based on the Missouri Public Health Risk Assessment Tool.

After-Action Reports (AARs) and Improvement Plans (IP) are developed post-emergencies and can inform future plan updates.

All response activities adhere to the National Incident Management System (NIMS) guidelines. The agency follows the Incident Command System (ICS) organizational structure during emergencies and exercises. During community-wide emergencies, the agency's incident command structure integrates with the county command structure. Staff members receive appropriate ICS training for their roles and responsibilities to ensure readiness in emergency situations.

Furthermore, regular drills and exercises are conducted to test and improve the plan's effectiveness. These exercises help identify gaps and areas for improvement, ensuring that the organization remains prepared for a variety of emergency scenarios. Feedback from these drills is incorporated into future updates of the emergency operations plan, fostering a culture of continuous improvement and resilience within the organization.

Scope

The CCHC EOP is designed to guide planning and response to a variety of hazards that could threaten the environment of CCHC, the safety of staff and visitors, or adversely impact the ability of CCHC to provide public health services to the community. The plan is also designed to meet state and federal planning requirements, though the ultimate responsibility for meeting those requirements rests with the facility.

Authority for activating the plan will rest with the CCHC Administrator. Activation of the plan will be conducted in conjunction with agency command staff as well as local emergency management and public health personnel, when appropriate.

This plan addresses public health emergencies in those areas for which CCHC is the lead entity or plays a supporting role, including:

- Infectious disease outbreaks
- Foodborne illness outbreaks
- Bioterrorism incidents
- Mass dispensing operations
- Local delivery of the Strategic National Stockpile of medical countermeasures
- Pandemic influenza
- Medical/health surge response
- Crisis and risk communication for public health
- Continuity of operations/continuity of government for public health
- Public health support of alternate care sites
- Public health support of hazardous materials incidents

The scope of public health emergencies can vary widely, in many dimensions:

- They may be short-term and of projectable, forecastable trajectory, such as a limited food contamination incident.
- They may be worldwide, without adequate treatment, and capable of overwhelming national government response capacities, as in a severe influenza pandemic.
- They may last months or years in the response phase, as in the pandemic influenza or weaponized anthrax attacks.
- They may involve uncertain or unknown emerging disease agents, in which information to guide response is initially inadequate and rapidly changing.
- They may be primarily based on a public health problem (such as communicable disease), or secondary to other hazards (such as cyber-attacks on infrastructure, earthquakes, or drought).

Situation Overview

Carter County, situated in the rural South-Central region of Missouri, is bordered by five neighboring counties: Reynolds to the north, Wayne and Butler to the east, Shannon to the west, and Ripley and Oregon to the south. Encompassing 509 square miles, the county features diverse terrain, including rough to hilly wooded land and open pastures.

As of the latest data from the United States Census Bureau (2022), Carter County has an estimated population of 5,268 residents. The county comprises three incorporated cities: Van Buren, the county seat, with a population of 747; Ellsinore with 416 residents; and Grandin with 226 residents. Additionally, the county includes several unincorporated towns and villages such as Fremont, Eastwood, and Hunter.

The demographic composition of Carter County reveals important insights. The median resident age is 45.6 years, with approximately 23.9% of the population under the age of 18 and 20.3% aged 65 and above. The primary language spoken in homes is English, representing 100% of the population. Moreover, 29.5% of the civilian non-institutionalized population experiences some form of disability, while 22% of the population lives below the poverty line.

Functional Needs Populations

Most disaster response systems and plans are designed for people who can walk, run, see, drive, read, hear, speak and quickly respond to alerts and instructions. This presents challenges for adults and children with disabilities and others with access and functional needs. These diverse populations may suffer severe and less forgiving consequences without essential support. Individuals with access and functional needs encompass, but are not limited to, those who have or are:

- Developmental or intellectual disabilities
- Blind/low vision
- Deaf/hard of hearing
- Mobility impairments
- Injuries
- Chronic conditions
- Infants and children
- Living in institutionalized settings
- Poor or homeless
- Limited English proficiency or are non-English speaking
- Transportation disadvantaged
- Psychiatric or mental health related conditions or illnesses
- Non-independent persons requiring a caregiver, supervisor, or service animal
- Out of hearing range of community alert sirens/systems
- Without access to television, telephones, or radio
- Visiting or temporarily residing in an impacted region
- Not familiar with available emergency response and recovery resources
- Geographically or culturally isolated
- Individuals or groups that lack trust in government
- Any individual requiring assistance during an emergency or disaster

Incident action planning must address the needs of individuals with disabilities or access and functional needs and will need to do so within the context of the specific public health emergency. For instance, not all people requiring prophylaxis would be mobile and able to come to a county Point of Dispensing (POD) location. Arrangements may need to be made to bring assistance directly to those in need. In addition to the primary response to a disaster,

there may be additional needs before, during, and after an incident in functional areas, including but not limited to:

- Maintaining independence
- Communication
- Transportation
- Supervision
- Medical Care

Processes for Functional Needs Population

Listed below are two processes to address the needs of individuals with disabilities and access and functional needs:

Process 1: Community Outreach and Assistance Network

Objective: To establish a community-driven network for identifying and assisting individuals with disabilities and access and functional needs during emergencies.

1. Collaborate with local organizations, senior centers, community groups, churches, and homeless service providers to identify individuals who may have disabilities or access and functional needs.
2. Utilize existing community networks to gather information about specific needs and challenges.
3. Develop relationships with service providers to communicate public health and resource information effectively.
4. Determine Points of Distribution (POD) sites with the help of community partners.

Process 2: Health and Medical Needs Assessment Using HHS emPOWER Data

Objective: To leverage accurate, up-to-date data to effectively meet the unique requirements of individuals with disabilities and access and functional needs, particularly during emergencies.

1. Utilize HHS emPOWER data to assess the health and medical needs of the population, including information on individuals who require dialysis treatment, ventilators, oxygen tanks, etc.
2. Request detailed de-identified data from the state health department Public Health Emergency Preparedness Program (PHEP) to obtain a comprehensive understanding of the community's health needs.
3. During a disaster, request an identified dataset to access specific information such as names, addresses, and types of durable medical equipment used, ensuring targeted support and care.
4. Regularly update and review this data, as it is refreshed monthly using Medicare/Medicaid billing information, to maintain the most accurate health information pre- and post-incident.

In a small, rural county health department setting, focusing on community collaboration, leveraging existing networks, and utilizing local volunteers can also help overcome resource limitations while ensuring that the needs of individuals with access and functional needs are addressed during emergencies.

Hazard Analysis Summary

The Federal Emergency Management Agency (FEMA) identifies possible hazards in the table below.

Natural Hazards	Technological Hazards	Human-Caused Hazards
Disease Outbreak	Airplane Crash	Civil Disturbance
Drought	Bridge/Roadway Collapse	Cyber Events
Earthquake	Dam/Levee Failure	Terrorist Acts
Epidemic/Pandemic	HazMat Release	Sabotage
Extreme Weather	Power Failure	School Violence
Flood	Radiological Release	
Landslide	Train Derailment	
Tornado	Transportation Accident	
Wildfire	Urban Conflagration	

Despite its tranquil setting, Carter County faces a diverse range of hazards that necessitate comprehensive emergency planning. These hazards have the potential to disrupt the area, cause damage, and jeopardize public safety. The [Missouri Public Health Risk Assessment Tool](#) (MOPHRAT) was completed in July of 2023 and identified Carter County’s most probable hazards on a scale of 1-5. The top six include:

- Winter Storms – Probability Score: 4
- Utility Interruption – Probability Score: 3
- Temperature Extremes – Probability Score 3
- Drought – Probability Score: 3
- Localized Infectious Disease – Probability Score: 3
- Flood – Probability Score: 3

Additionally, CCHC currently lacks internal capabilities to analyze air or food for biological contamination, as well as hazardous materials, or nuclear, biological, or chemical agents. This limitation necessitates collaboration with external resources for analytical support during emergencies. State and federal agencies will begin support activities within 72 hours, if capable.

Capability Assessment

CCHC employs a systematic process to assess its capabilities and limitations, ensuring preparedness and effective response to defined hazards. This process involves the evaluation of available resources, personnel, infrastructure, and partnerships within the jurisdiction.

Process

1. Resource Inventory:
 - a. Regularly review and update the inventory of medical supplies, equipment, and pharmaceuticals.
 - b. Evaluate the availability of trained medical personnel and staff, considering their roles during emergencies.
 - c. Identify and maintain a list of partner agencies, community organizations, and volunteers.
2. Functional Drills and Exercises:
 - a. Conduct regular functional exercises and drills to assess the responsiveness of various departments and teams.
 - b. Evaluate the performance of communication systems, medical countermeasure distribution, and other critical functions.
3. Collaboration with Partners:
 - a. Engage in discussions with local emergency management agencies, healthcare providers, and community partners.
 - b. Identify gaps and redundancies in resource allocation and response strategies through collaborative planning.
4. Risk Assessment:
 - a. Analyze historical data, hazard assessments, and threat analyses to understand potential risks.
 - b. Identify vulnerabilities that could impact CCHC's ability to respond effectively.

Assessment of Functional Areas

Objective: To evaluate the existing capabilities of CCHC to effectively respond to various public health emergencies.

Emergency Communication

1. Internal Communication:
 - a. CCHC possesses communication systems like email, internal messaging, and staff meetings.
 - b. Limited remote work capabilities may hinder communication during certain emergencies.

2. External Communication:
 - a. Regularly communicates with local emergency management agencies and partners using email and periodic meetings.
 - b. Utilizes social media, phone systems, and community bulletins for public communication.

Medical Countermeasures

1. Availability of Medications/Vaccines:
 - a. Maintains a basic stock of essential medications and vaccines.
 - b. Lack of resources for stockpiling large quantities of medical countermeasures.
2. Dispensing and Distribution:
 - a. Can organize Point of Dispensing (POD) sites in collaboration with local partners.
 - b. Limited personnel and resources may impact large-scale dispensing efficiency.

Mass Care

1. Shelter Operations:
 - a. Can identify and designate temporary shelters during emergencies.
 - b. Limited capacity for managing vulnerable populations with special needs.
2. Resource Allocation:
 - a. Collaboration with community organizations to provide essential resources.
 - b. Resource constraints may affect providing prolonged mass care.

Medical Services

1. Basic Medical Care:
 - a. Offers basic medical services, health assessments, and first aid during emergencies.
 - b. Limited medical staff may impact comprehensive medical care.
2. Medical Surge Capacity:
 - a. Can mobilize available medical personnel for surge capacity.
 - b. Inadequate resources for managing a large influx of patients.

Special Needs Populations

1. Needs Identification:
 - a. Collaborates with local organizations to identify and support individuals with special needs.
 - b. Limited comprehensive data on specific needs and their locations.
2. Assistance Deployment:
 - a. Can deploy community volunteers to assist individuals with disabilities and access needs.
 - b. May face challenges in reaching individuals in remote areas.

Resource Management

1. Resource Inventory:
 - a. Maintains an inventory of basic medical supplies and equipment.

- b. Limited resources for stockpiling extensive medical equipment.
2. Resource Coordination:
 - a. Collaborates with local partners for resource sharing during emergencies.
 - b. Potential gaps in coordination due to resource constraints.

CCHC demonstrates basic capabilities across various functional areas of public health emergency response. While the center has established communication channels, community partnerships, and basic medical services, limitations in resources, personnel, and remote work capabilities could impact response effectiveness. Addressing resource constraints and enhancing coordination with community partners would strengthen CCHC's ability to respond to public health emergencies more effectively. Regular training and collaboration with local agencies can help bridge these gaps and enhance overall readiness.

Planning Assumptions

The following set of assumptions governs the parameters by which this plan was developed.

- All incidents begin and end locally.
- Emergencies may occur at any time with little or no warning and may exceed the capabilities of local, state, federal, tribal governments, and the private sector in the affected areas.
- Emergencies will differ in type, size, scope, and duration.
- An emergency can result in casualties, fatalities, and displacement of people from their homes, as well as property loss, interruption of essential public services, damage to basic infrastructure, and significant harm to the environment.
- The greater the complexity, impact, and geographic scope of an emergency, the more multiagency coordination will be required.
- Mutual aid and other forms of assistance will be rendered when impacted jurisdictions exhaust or anticipate exhausting their resources.
- The facility is ultimately responsible for the safety of its patients and staff. External resources may or may not be available in emergency situations. CCHC must understand how they are incorporated into local, regional, and state plans and coordination efforts to participate in the resource request processes.
- If local government cannot respond, CCHC is expected to protect the health and welfare of its staff and patients onsite. The facility is ultimately responsible for the safety of its patients and staff, understanding that external resources may or may not be available in emergency situations. CCHC must be aware of how it is incorporated into local, regional, and state plans and coordination efforts to effectively participate in the resource request processes.
- No emergency plan can cover all possible contingencies; this plan should be used as a guide and a planning tool to prepare staff and the facility for the most likely hazards that could occur based on the [MOPHRAT](#).
- The plan must be implemented in a flexible manner to be successful.
- All staff will be familiar with the plan and their expected responsibilities.

- Staff will execute their responsibilities as outlined in this plan during the emergency event.
- Proper execution of the CCHC EOP will save lives and reduce damage from emergency events.

In addition, the following assumptions are unique to public health emergencies:

- A communicable disease outbreak such as an influenza pandemic may result in the rapid spread of infection with outbreaks across the globe. Communities around the state and country may be impacted simultaneously and Carter County may not be able to rely on timely or effective mutual aid resources due to similar impacts on neighboring jurisdictions.
- The duration of a public health emergency could last months or years for the active response phase (e.g., weaponized anthrax or pandemic influenza).
- The widespread nature of some public health emergencies (PHE) may eliminate mutual aid.
- Non-medical responses to PHE, such as isolation and quarantine, are outside the norm and routine expectations of modern society. Citizens may be required to stay in their homes for a significant period during a pandemic; thus, residents may need public information, education and tools so they are prepared to take responsibility for basic needs (food, water, prescription medications, over-the-counter medications, etc.).
- Decisions about non-pharmaceutical community containment measures will likely be made in an atmosphere of considerable scientific uncertainty. Containment measures must be adapted to the epidemiologic context of each phase of the emergency. It is likely that strategies aimed at reducing the spread of infection such as closing schools, community centers, and other public gathering points and canceling public events will likely be implemented during a public health emergency.
- Distribution of medical countermeasures to the entire population, either early in an incident (e.g., anthrax) or late (e.g., after a new vaccine is developed for pandemic influenza) may require significant mobilization of scarce and overextended resources.
- Unlike fires, floods, heat emergencies, and other natural disasters, infectious disease emergencies may involve changing response patterns, as case definitions, treatment options, and care protocols evolve. This can tax the patience and trust of the public, public officials, public information officers, and mutual aid partners.
- Public health emergencies may lack adequate situational awareness early in an outbreak.
- There will likely be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety and communications; thus, planning for continuity of operations is essential. Similarly, disruption or exhaustion of supply chains is likely.
- Risk communication will likely be critically important during all phases of planning and implementation of a pandemic or other communicable disease response.
- In a severe PHE such as pandemic influenza or COVID-19, the number of ill people requiring outpatient medical care and hospitalization may overwhelm the local health

care system. It can in no way be expected that a normal level of hospital care will be available.

- Hospitals and clinics may need to modify their operational structure to respond to high patient volumes and maintain functionality of critical systems.
- The health care system will likely need to respond to increased demands for service while the medical workforce experiences 25-35% absenteeism due to illness or caring for ill family members.
- Demand for inpatient beds and assisted ventilators could increase by tenfold or more and patients will need to be prioritized for services.
- There may be tremendous demand for urgent care services.
- Hospital infection control measures specific to management of large numbers of patients may need to be developed and implemented.
- The health system may need to develop and establish alternative care sites to relieve demand at hospitals.
- Emergency Medical Service responders may face extremely high call volumes and a 25-35% reduction in available staff.
- The number of fatalities may overwhelm the resources of the Medical Examiner's Office, morgues, and funeral homes.
- The demand for home care and social services may increase dramatically.

Concept of Operations

Incident Management

Incident management activities are divided into four phases: mitigation, preparedness, response, and recovery. These four phases are described below:

Mitigation Overview

Mitigation efforts are designed to alleviate the impact of hazards that a facility or organization is likely to encounter. These efforts aim to decrease long-term vulnerability and can involve the establishment of mitigation goals and objectives. Mitigation actions encompass various activities, including land use planning, structural projects, protection of natural systems, education, and preparedness and response initiatives. Prioritization of these actions is determined through cost-benefit analysis and their alignment with mitigation objectives. For more detailed information on the mitigation of specific hazards, please refer to the Hazard-Specific Annexes.

CCHC adopts a proactive approach to minimize potential incident impacts, employing both short- and long-term strategies to enhance overall preparedness. This systematic approach allows the health center to leverage its strengths while addressing limitations, ultimately reducing the effects of incidents on the local community. While CCHC does not "own" certain mitigation activities such as land use planning, structural projects, and natural system protections, it collaborates with partners to mitigate the impacts of potential hazards through these means. By working together with local government, community organizations, and other stakeholders, CCHC helps to ensure comprehensive and effective mitigation efforts.

Training and Education:

- Provide regular training sessions for staff to ensure familiarity with emergency protocols.
- Facilitate ongoing education on hazard-specific response strategies to address evolving threats.

Resource Allocation:

- Strategically allocate resources to areas identified as critical during emergencies.

Collaborative Planning:

- Foster partnerships with community organizations, local healthcare providers, and emergency response agencies.
- Participate in joint planning and coordination exercises to improve interagency communication and response.

Emergency Response Protocols:

- Develop and refine detailed emergency response protocols tailored to specific hazards.

Public Awareness:

- Engage in public awareness campaigns to educate the community about emergency preparedness and response.
- Share information on hazard-specific risks, protective measures, and available resources.

Mitigation Activities

Mitigation activities focus on minimizing the impact of hazards by adopting both structural and non-structural measures to eliminate or reduce exposure to risks for people, property, and the environment. CCHC's mitigation strategies include:

Structural Strategies:

- **Installing Backup Generators:** Ensure continuity of power supply during emergencies.
- **Installing Wind-Resistant Windows:** Enhance building resilience to high winds and severe weather.
- **Raising Electrical Panels:** Protect critical infrastructure from flood damage.

Non-Structural Strategies:

- **Immunization Programs:** Provide immunizations for childhood and adult diseases to reduce the likelihood of disease outbreaks during emergencies.
- **Disease Surveillance and Modeling:** Identify and prioritize diseases most likely to be present during disasters or emergencies, based on surveillance data and disease modeling.
- **Public Information and Education:** Prepare and disseminate public information and educational materials on disease transmission and control measures to empower the community in protecting their health.
- **Environmental Inspections:** Enforce environmental regulations and conduct regular inspections to prevent food and waterborne diseases.
- **Collaboration with Local Authorities:** Collaborate with county and city officials to develop and implement ordinances that protect public health during emergencies.
- **Vaccine Procurement and Distribution:** Identify sources for vaccines and establish a plan for efficient distribution during emergency vaccination campaigns.
- **Establishing First Aid Stations:** Work with local medical providers and emergency responders to develop plans for establishing First Aid Stations at incident scenes or other needed locations.
- **Resource Identification and Maintenance:** Identify and maintain up-to-date information on the locations of all county public water supply districts and their contact persons to ensure access to clean and safe drinking water during emergencies.

Preparedness Activities

Preparedness activities are essential in developing the response capabilities required to effectively address emergencies. These activities encompass the development of emergency operations plans and procedures, training personnel in response protocols, and conducting exercises to ensure the readiness of staff in implementing response measures when needed. CCHC's preparedness strategies include:

Training and Education:

- **Disaster and Emergency Training:** Coordinate and arrange disaster and emergency training and education for staff and other relevant stakeholders to enhance their preparedness and response capabilities.
- **Staff Education and Training:** Provide CCHC staff with adequate education and training in emergency/disaster response, as well as ongoing continuing education in public health theory and practices.
- **First Responder Immunizations:** Provide yearly and as-needed clinics to ensure that city/county first responders and emergency managers are appropriately immunized and to assess and maintain their immunization status.
- **Public Education in Preparedness and Response:** Collaborate with emergency responders to educate the public on preparedness before and response during emergencies/disasters.

Collaboration and Coordination:

- **Active Involvement in Local Emergency Management Planning:** Have an active representative from CCHC involved in local emergency management planning to ensure coordination and alignment with broader community response efforts.
- **Support to Carter County Emergency Operation Center (EOC):** Assist and support the Carter County EOC in its planning, response, exercises, and revisions of disaster plans and procedures. The EOC is located at the Carter County Sheriff's Office.
- **Active Participation in Carter County Emergency Operations Center (EOC):** Actively engage with the Carter County EOC to foster collaboration and alignment with broader emergency response efforts.
- **Coordination with Other Agencies and Organizations:** Solicit and encourage participation from other agencies and organizations in emergency management planning to ensure a coordinated and comprehensive approach to preparedness.
- **Collaboration with American Red Cross:** Collaborate with the American Red Cross to ensure public health safety in emergency shelters.

Resource Management:

- **Resource Identification and Securement:** Identify and secure essential resources required for effective emergency response, such as medical supplies, personal protective equipment (PPE), and communication tools.
- **Tetanus and Immune Globulin Supply:** Establish methods for maintaining appropriate levels of tetanus and immune globulin to respond to the initial days of emergency/disaster situations.
- **Data Collection and Reporting:** Develop methods for collecting and reporting data related to disaster communicable diseases, foodborne illnesses, and vital records, particularly in the event of a power outage.
- **Mass Vaccination and Prophylactic Clinics:** Identify possible sites across the county to utilize as mass vaccination or mass prophylactic clinics during emergencies or public health crises.

Operational Procedures:

- **Emergency/Disaster Operating Procedures:** Develop, exercise, and regularly update the Carter County Health Center's Emergency/Disaster Operating Procedures to ensure a systematic and efficient response to emergencies.
- **Public Service Announcements:** Create public service announcements and educational packets on protecting public health in areas such as food preparation and storage, safe water consumption, prevention of food and waterborne illnesses, general sanitation, and alternate methods of sewage disposal.

Response Activities

Response includes those actions that are taken when a disruption or emergency occurs. It encompasses the activities that address the short-term, direct effects of an incident. Response activities in the healthcare/public health setting can include activating emergency plans, triaging and treating patients who have been affected by an incident, and ensuring the continuity of normal public health services to maintain community health and safety during the emergency. CCHC's response strategies include:

- **Initiate Health and Medical Annex:** Upon request by Carter County EOC, activate the health and medical annex of the county plan to coordinate and facilitate healthcare response efforts.
- **Coordinate Local and State Public Health Department Activities:** Through the Carter County EOC, collaborate with local and state public health departments to address sanitation, inspections, immunizations, procurement of supplies, identification of resources, and other relevant activities.
- **Coordinate Medical and Health Activities:** Within the Carter County EOC structure, coordinate and implement necessary medical and health activities in response to the incident.

- Collaborate with American Red Cross: Establish and maintain contact with the American Red Cross District Relief Office/Service Center to assist with service, relief, and referral efforts in the community.
- Engage Public Shelters and Mobile Food Accommodations: Establish contact and collaborate with public shelters and mobile food accommodations to institute public health measures and ensure the safety and well-being of individuals seeking refuge.
- Provide Public Information: Through the public information officer, disseminate personal and environmental health information and precautions relevant to the situation to keep the public informed and promote health and safety.
- Support Other Agencies: As the event allows for diminished roles of CCHC staff, provide support to other agencies as requested or needed to bolster overall response efforts.
- Handle Increased Phone Calls: Establish a system to handle increased phone calls from the public during the incident and develop question and answer sheets for specific problems being addressed.
- Monitoring and Surveillance of Communicable Disease: Continue monitoring and surveillance of communicable diseases to promptly detect and address any potential outbreaks or health risks during the recovery period.
- Continuation of Immunization Clinics: Sustain immunization clinics to ensure that vaccinations and preventive measures remain available and accessible to the community during the recovery process.

Recovery Activities

Recovery focuses on restoring operations to a normal or improved state of affairs by both short-term and long-term efforts. It occurs after the immediate stabilization of the incident in a continuum until long-term recovery is achieved. Examples of recovery activities include: the restoration of interrupted utility services, non-vital functions, replacement of damaged equipment, facility repairs, organized return of patients into the facility, and reconstitution of patient records and other vital information systems.

Another key consideration in the recovery and response phases of an incident is the tracking of staff hours, expenses, and damages incurred because of the emergency. Detailed records will need to be maintained throughout an emergency to document expenses and damages for possible reimbursement or to properly file insurance claims. CCHC's recovery strategies include:

- Continuation of Response Activities: Continue response activities as needed and requested by the Carter County Incident Command, the Missouri Department of Health, the public, and other governmental agencies to ensure a seamless transition from response to recovery efforts.
- Compilation of Health Reports and Vital Records: Compile personal health reports, including individual medical records and health histories, as well as environmental health reports and vital records (birth and death records) as required by state and local laws to maintain accurate and comprehensive records for recovery purposes.

- **Inspections and Assurance of Food and Water Integrity:** Continue inspections to assure the integrity of food and water source and supply networks to safeguard public health during both the response and recovery phases. This includes issuing boil water notices, conducting food inspections in emergency shelters, and ensuring that all food and water supplies meet safety standards to protect the health of the affected community.
- **Monitoring of Operational Deactivation Phases:** Continue monitoring of various phases of operational deactivation, including refuse removal and disposal (particularly in rural areas), environmental damage mitigation, and ensuring the community returns to pre-disaster levels with regards to personal and environmental health.
- **Monitoring and Surveillance of Communicable Disease:** Continue monitoring and surveillance of communicable diseases to promptly detect and address any potential outbreaks or health risks during the recovery period.
- **Continuation of Immunization Clinics:** Sustain immunization clinics to ensure that vaccinations and preventive measures remain available and accessible to the community during the recovery process.

Public Health Emergencies

Declaring a Public Health Emergency

Step 1: Initial Assessment and Trigger Identification

- A. Determine if the current situation exceeds your health department's ability to maintain the public's health:
 - If yes, proceed to B.
 - If no, address the current situation within your health department's regular capacity.
- B. Recommended Method of Assessment:
 - Local Monitoring:
 - Continuously monitor local health data, trends, and any unusual patterns.
 - Collaborate with community clinics, hospitals, and healthcare providers to gather information.
 - Collaborative Assessment:
 - Consult with local health partners, Carter County EOC, and community leaders to assess potential threats.
 - Identify specific triggers such as disease outbreaks, natural disasters, or emerging health risks.

Step 2: Decision-Making and Activation

- A. Incident Evaluation:

- Assemble the Emergency Response Team, consisting of the CCHC Administrator, Assistant Administrator, Carter County Emergency Manager, Carter County Sheriff, Missouri Highland Representative, and Carter County Commissioner.
 - Evaluate the incident's severity, potential impact, and alignment with established trigger criteria.
- B. Local Authority Approval:
- The CCHC Administrator reviews the assessment and recommendation from the Emergency Response Team.
 - If the criteria are met, the CCHC Administrator approves the declaration of a public health emergency.
- C. Administrative Process for Declaration:
- File the formal public health emergency declaration with the county clerk.
 - Inform the Board of Health in advance if required by local laws.
- D. Formal Declaration:
- Issue a formal public health emergency declaration statement that outlines the nature of the emergency and the response measures to be implemented.
 - An [example template](#) is located in the Support Agency Annex to help expedite the process.

Step 3: Communication and Response Activation

- A. Internal Communication:
- Disseminate the emergency declaration to all health center staff through established communication channels.
 - Activate the Internal Communication Plan to ensure swift dissemination of relevant information.
- B. Community Notification:
- Utilize local media, community meetings, and social media platforms to inform the public about the emergency and recommended actions.
- C. Response Plan Activation:
- Activate the EOP, aligning response efforts with the nature of the emergency.
 - Deploy response teams and allocate resources based on the plan's guidelines.

Step 4: Continuous Monitoring and Reassessment

- A. Situational Monitoring:
- Continuously monitor the evolving situation, tracking progress and adapting response strategies as needed.
- B. Ongoing Communication:
- Maintain transparent communication with the community, providing regular updates on the emergency and response efforts.
- C. Response Evaluation:

- Periodically assess the effectiveness of response actions and resource allocation.
 - Adjust strategies based on feedback and new developments.
- D. Declaration Termination:
- When the emergency subsides and conditions improve, the CCHC Administrator reviews the situation.
 - If conditions allow, formally terminate the public health emergency declaration and communicate the decision to the community.
 - Note that the declaration will sunset and either must be reauthorized or let expire.

Plan Activation

This emergency plan will be activated in response to internal or external threats to the facility, which may include incidents such as fire, bomb threats, loss of power, or other utilities, endangering the well-being of patients, staff, and the facility itself. External threats refer to incidents that may not directly affect the facility but have the potential to overwhelm CCHC's resources or put the facility on high alert.

Persons Responsible for Plan Activation

Once a threat has been confirmed, the employee obtaining the information must notify the CCHC Administrator immediately. If the employee cannot contact the Administrator, they must immediately contact the CCHC Assistant Administrator directly. The Administrator will then assemble the Emergency Response Team, assess the situation, and initiate the plan if necessary.

The following staffed positions have the authority to activate the Emergency Operations Plan:

Position Responsible for Emergency Operations Plan Activation

Position/Title	Contact Number
Primary: CCHC Administrator	573-718-1819
Backup 1: CCHC Assistant Administrator	573-351-9200
Backup 2: Carter County Emergency Manager	870-275-5053

Alerting Staff (On and Off Duty)

To notify staff that the CCHC EOP has been activated, they will be contacted through their mobile phones using voice calls, text messages, or instant messaging apps.

Email can also be used to send detailed information, updates, and instructions to staff members. It is important to ensure that staff have access to their emails during emergencies. Please refer [here](#) for more information on activating and deploying staff. Two-way radios or walkie-talkies can also be used for real-time communication within a limited range. The individual responsible for contacting staff will be the CCHC Assistant Administrator.

Alerting Response Partners

CCHC works closely with several external partners including Carter County Emergency Management, Missouri Highlands Healthcare, Van Buren Fire & EMS, and SEMA (Missouri State Emergency Management Agency), among other support agencies located in the [Support Agency Annex](#). The CCHC Administrator will be the individual responsible for contacting these external agencies to notify them that the CCHC EOP has been activated.

CCHC has established a 24/7 contact system to ensure continuous communication with response partners. The primary communication channels include phone calls, where direct lines to key response partners are maintained and tested regularly, text messaging for rapid alerts to ensure immediate attention, and email alerts that provide detailed information and updates for comprehensive context and instructions. Secondary communication channels include radio communications, utilizing dedicated emergency response frequencies for critical updates when phone and internet services are disrupted, and social media and website updates, using official CCHC social media accounts and the website to disseminate public information and receive feedback.

Upon identification of a public health emergency, the Incident Commander activates the emergency communication protocol. A brief initial alert is sent to all response partners via phone call and text message to notify them of the emergency, followed by detailed emails providing information about the nature of the emergency, initial response actions, and any required coordination. The Communications Team and on-call personnel monitor all communication channels around the clock to ensure alerts are received and acknowledged. Redundancy is built into the system by employing multiple communication methods to ensure contact is maintained even if one method fails.

All response partners must confirm receipt of the alert via a designated confirmation method, such as a return phone call or confirmation email. Periodic updates are sent to response partners to keep them informed about the ongoing situation and any changes in response strategy. All communications are logged, including the time, date, and content of the messages sent and received, along with confirmation of receipt. Post-incident, the communication logs are reviewed to assess the effectiveness of the protocol and identify areas for improvement.

Levels of Activation

Level 1 - Routine Operations: Under routine operations, CCHC operates under standard procedures, conducting day-to-day public health activities and programs.

Level 2 - Enhanced Operations: At Level 2, CCHC initiates enhanced operations to address potential threats or incidents with the potential to escalate. This level involves heightened monitoring and coordination, allowing CCHC to respond promptly to emerging situations.

Level 3 - Limited Emergency Response: Level 3 activation indicates a public health emergency with an impact beyond routine capabilities. It necessitates a more focused response, involving additional resources and coordination among relevant departments.

Level 4 - Full-Scale Emergency Response: At Level 4, a significant PHE has been declared, demanding a full-scale response from all relevant personnel and partners. All emergency response functions are activated, and the Incident Command System (ICS) structure is established to facilitate efficient coordination.

Triggers and Circumstances

Trigger 1 - Internal Assessment: Internal assessments may reveal unusual health trends, reports of infectious disease outbreaks, or other public health incidents that warrant immediate attention.

Trigger 2 - External Notification: External notifications from credible sources, such as the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), or state health authorities, may indicate potential threats or emergencies requiring CCHC's response.

Trigger 3 - Proclamation or Declaration: Official proclamations or declarations from local, state, or federal authorities, recognizing a public health emergency, will automatically initiate CCHC's response at the appropriate activation level.

Trigger 4 - Local Resources Exhausted: Exhaustion of local resources and capabilities to manage the situation effectively may trigger the need for enhanced support and assistance from outside agencies.

Trigger 5 - Stakeholder Requests: Requests for assistance or collaboration from partner agencies or stakeholders can also prompt CCHC's activation of emergency operations.

By adhering to the activation levels and trigger system outlined in this EOP, CCHC ensures a swift and coordinated response to any PHE that arises. Our commitment to maintaining a high level of preparedness and readiness will contribute to the health and safety of our community.

Implementation Guidance

Considerations for *when* to activate public health emergency operations:

- A public health emergency is large in size and complex in scope. Such events are likely to exceed the capacity of existing resources and/or the capabilities of the agency.
- A novel response may require multiple new tasks or partnerships. Err on the side of activating early to handle new tasks or partnerships that may emerge.
- An event occurs that requires public health support functions, large-scale information sharing, or response coordination. Consider activating for planned events and environmental disasters with potential for public health implications.

- Resource, cost, technological, legal, and logistical constraints need to be overcome. Resource needs change throughout an event and may entail moderate to large resources.
- An incident requires high levels of interagency partnership. Even if a response is small, interagency coordination may require EOP activation.

Considerations for *when to refrain* from activating public health emergency operations:

- The cost of activating is higher than any potential resource needs for the event.
- Leadership has minimum experience with PHE operations, and staff have minimum PHE training. Lack of prior activation experience or training could lead to interagency distrust and chain-of-command disruption.
- Leadership prioritizes maintaining routine public health functions over response needs.

Considerations for *how* to make the decision to activate public health emergency operations:

- Respect staff knowledge and involve staff with past emergency experience in leadership discussions.
- Ensure strong leadership, even using leaders outside the regular hierarchy.
- Provide support to address the social functioning of the EOP.
- Resource common operating picture functions to increase shared understanding.
- Encourage staff flexibility within the EOP.
- Conduct just-in-time training to minimize disruptions caused by less-experienced staff.
- Continuously monitor and evaluate response functions to ensure and prove utility.

Organization and Assignment of Responsibilities

In the event of an emergency, it is crucial to have clear and organized information about the lead role agency(ies) and specific responsibilities assigned to the health department. This section aims to provide a comprehensive overview of the responsibilities for various emergency response areas and the designated lead agencies. Additionally, it includes references to the page numbers where more detailed information can be found within the CCHC EOP.

Emergency Response Documentation

Mass Fatality Management

Lead Role Agency(ies): Carter County Medical Examiner & Coroner, Carter County Health Center

Health Center Responsibilities:

- Collaborate with lead agencies to establish a mass fatality management plan and morgue operations.
- Assist in the identification and handling of deceased individuals with a focus on dignity and cultural sensitivity.
- Support the communication with families.
- Provide public health guidance on infectious disease management related to mass fatalities.

Mass Care

Lead Role Agency(ies): American Red Cross, Carter County Health Center

Health Center Responsibilities:

- Work with the American Red Cross and other community organizations to establish and support mass care facilities.
- Offer basic first aid services at mass care shelters.
- Conduct health assessments to monitor and address potential health concerns among shelter residents.
- Monitor for communicable diseases within mass care shelters to prevent outbreaks.
- Implement control measures as necessary to protect the health of shelter residents.
- Perform environmental health assessments to ensure that shelter facilities meet safety and sanitation standards.
- Address any environmental health issues that arise within the shelters.
- Collaborate with partners to ensure that the special needs of vulnerable populations are met, including those with medical conditions and accessibility concerns.

Mass Prophylaxis

Lead Role Agency(ies): Carter County Health Center, Missouri Highlands Healthcare

Health Center Responsibilities:

- Collaborate with lead agencies and healthcare providers to develop and implement mass prophylaxis plans for distributing medications or vaccines during public health emergencies.
- Establish points of dispensing (PODs) and vaccination clinics in coordination with healthcare partners to efficiently distribute prophylactic medications.
- Provide public health guidance on the appropriate use of medications and vaccines, including dosage, contraindications, and potential side effects.
- Monitor medication and vaccine inventory, ensuring an adequate supply for the affected population.
- Conduct training for staff involved in the administration of prophylactic measures.
- Coordinate with partners to communicate and educate the public about the importance of mass prophylaxis and the availability of medications or vaccines.

Medical Countermeasures

Lead Role Agency(ies): Missouri Department of Health & Senior Services, Carter County Health Center

Health Center Responsibilities:

- Collaborate with lead agencies and partners to identify medical countermeasure needs based on the nature of the emergency.
- Assist in establishing points of dispensing (PODs) and vaccination clinics for the efficient distribution of medical countermeasures.
- Provide medical expertise and guidance on the appropriate use of countermeasures.
- Coordinate with healthcare providers to ensure proper administration and documentation of medical countermeasures.

Mental/Behavioral Health

Lead Role Agency(ies): Missouri Highlands Healthcare, Carter County Health Center

Health Center Responsibilities:

- Collaborate with lead agencies to assess the mental and behavioral health needs of affected individuals and responders.
- Provide mental health support services, counseling, and resources to address psychological trauma.
- Coordinate with behavioral health providers and community organizations to ensure a continuum of care.
- Offer crisis intervention and psychosocial support to those impacted by the emergency.

Non-Pharmaceutical Interventions

Lead Role Agency(ies): Carter County Health Center, Carter County Emergency Management Team

Health Center Responsibilities:

- Assist in the development and implementation of non-pharmaceutical interventions, including isolation, quarantine, and social distancing measures.
- Provide guidance on legal authority and public health orders related to these interventions.
- Collaborate with partners to communicate and educate the public on the importance and adherence to these measures.

Responder Safety and Health

Lead Role Agency(ies): Local Health Department, Emergency Management Agency

Health Center Responsibilities:

- Develop and implement responder safety protocols and guidelines.
- Provide training and resources on personal protective equipment (PPE) and infection control for responders.
- Establish mechanisms for monitoring and addressing responder health and well-being during the emergency.

Volunteer Management

Lead Role Agency(ies): Volunteer Coordination Organization, Local Health Department

Health Center Responsibilities:

- Collaborate with lead agencies and volunteer coordination organizations to recruit, train, and deploy volunteers during the emergency.
- Assist in establishing volunteer reception centers and providing orientation to volunteers.
- Provide health and safety training for volunteers specific to their assigned roles.
- Coordinate with partners to recognize and appreciate the contributions of volunteers.

Assignment of Responsibilities

Specific staff are assigned primary responsibility for the functions previously listed in regard to a local public health emergency. Others are assigned a support responsibility to assist those assigned primary responsibilities. It is the responsibility of primary and secondary assigned staff to understand their roles and responsibility in the event of a local public health emergency.

Direction, Control, and Coordination

CCHC will oversee and manage emergency operations through the Emergency Operations Center (EOC). This center is located at the Carter County Sheriff's Office, situated within the Court House on Main Street in Van Buren, MO. An alternative site is available if the primary location is inaccessible or inoperable at the Community Fire Station in Ellsinore, MO.

The EOC will follow the Incident Command System (ICS) organizational structure. Positions within the EOC will be appointed as needed, depending on the size and scope of the incident. The Incident Commander will assume overall responsibility for all event actions, unless other positions are appointed following ICS principles.

Incident Command System

The ICS is a standardized management framework that facilitates the effective and coordinated response to emergencies and public health crises. It provides a flexible and scalable structure, allowing organizations and agencies to work collaboratively, regardless of their size or jurisdiction. The ICS is based on proven management principles and helps ensure a smooth chain of command, clear communication channels, and efficient allocation of resources during the incident response.

ICS Organizational Structure

Incident Command Post (ICP):

- The ICP is the central command center where incident management decisions are made.
- The Incident Commander (IC) oversees all response activities and has overall authority and responsibility for managing the incident.

Sections:

- ICS is organized into functional sections, each with specific responsibilities.
- Common sections include:
 - Operations Section: Responsible for tactical response and direct management of resources in the field.
 - Planning Section: Collects and analyzes information, develops action plans, and projects incident development.
 - Logistics Section: Manages resources, facilities, and support needs for the incident.
 - Finance/Administration Section: Handles financial matters, procurement, and personnel issues.

Branches:

- Branches are established when functional areas within a Section need to be further divided based on geographical, functional, or operational needs.
- Branch Directors report to their respective Section Chiefs and manage resources within their designated branches.

Units:

- Units are specialized teams that may be activated to address specific needs during the incident.
- Examples include Medical Unit, Mass Care Unit, Food Unit, etc.

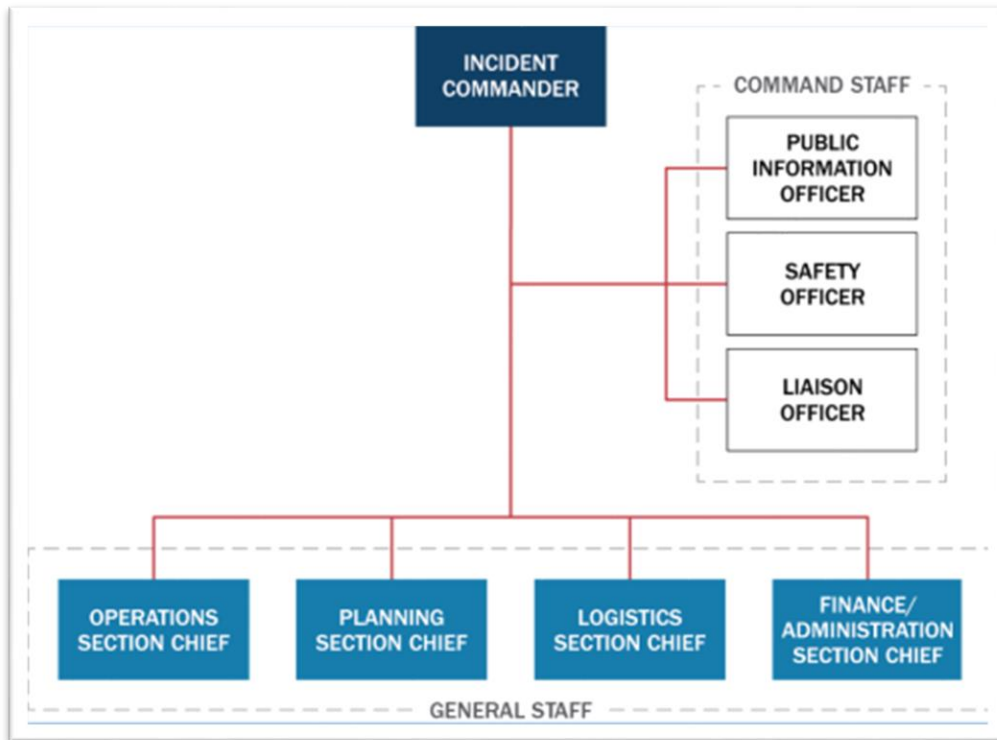


Chart Reference: https://www.fema.gov/sites/default/files/documents/fema_nims-basic-guidance-public-information-officers_12-2020.pdf

Staff Responsibilities within ICS

Incident Commander (IC):

- The IC has overall authority and is responsible for directing the entire response effort.
- Sets strategic objectives, establishes incident priorities, and makes critical decisions.
- Interfaces with external stakeholders and keeps them informed of the situation.

Command Staff:

- Command Staff report directly to the IC. These positions include:
 - Public Information Officer (PIO)
 - Safety Officer
 - Disasters can create considerable stress for those providing medical care. The Safety Officer will coordinate the provision of mental health support including incident stress debriefings for staff.
 - Liaison Officer.

- The Command Staff and Chiefs develop the Incident Action Plan (IAP) jointly.

Operations Chief:

- Responsible for the management and coordination of all tactical operations.
- Implements the Incident Action Plan (IAP) to achieve incident objectives.
- Deploys and allocates resources based on priorities and needs.
- Delegates assignments based on communication with the EOC. Staff will be assigned as needed and provided with a job action sheet outlining their job responsibilities and other relevant logistics information.

Planning Chief:

- Collects and evaluates situation information, develops forecasts, and maintains situational awareness.
- Prepares the IAP in collaboration with other sections, ensuring it aligns with the incident objectives.
- Tracks the status of resources and provides documentation support.

Logistics Chief:

- Responsible for providing necessary facilities, services, and support to the incident.
- Manages resource ordering, procurement, and distribution.
- Ensures the well-being and safety of personnel in the field.
- Supports the coordination of logistics for food, water, and essential supplies at mass care facilities.
- In some circumstances, CCHC staff may need food, housing, and/or transportation to be able to support response activities. Staff should coordinate with the Logistics Chief to secure these resources.

Finance/Administration Chief:

- Handles financial matters, tracks costs, and processes payment for resources and personnel.
- Manages personnel timekeeping and documentation of resources used during the incident.
- Supports resource ordering and reimbursement processes.

Branch Directors:

- Report to their respective Section Chiefs and manage resources and operations within their branches.
- Coordinate with other branches and sections to ensure seamless incident response.

Specialized Unit Leaders:

- Lead and manage specialized units within their designated functional areas.
- Examples include Medical Unit Leader, Mass Care Unit Leader, and Food Unit Leader.

The ICS structure is scalable and can be expanded or contracted as needed, depending on the complexity and size of the incident. Effective communication and clear roles and responsibilities within the ICS are crucial to maintain a well-coordinated and efficient response during public health emergencies.

Orders of Succession

Orders of succession ensure leadership is maintained throughout the facility during an event when key personnel are unavailable. Succession will follow facility policies for the key facility personnel and leadership.

Command and Control	Primary
Carter County Health Center Representative	Administrator
Incident Commander	Administrator
Public Information Officer	Administrator
Safety Officer	Clinical Nurse Supervisor
Liaison	Clinical Nurse Supervisor
Operations Section Chief	Administrator
Planning Section Chief	Clinical Nurse Supervisor
Logistics Section Chief	Assistant Administrator
Finance/Administration Section Chief	Assistant Administrator

Emergency Delegation of Authority

Delegations of authority specify who is authorized to make decisions or act on behalf of facility leadership and personnel if the normal point of contact is away or unavailable during an emergency. Delegation of authority planning involves the following:

- Identifying which authorities can and should be delegated
- Describing the circumstances under which the delegation would be exercised and including when it would become effective and terminate
- Identifying limitations of the delegation
- Documenting to whom authority should be delegated
- Ensuring designees are trained to perform the emergency duties

Position Responsible for CCHC EOP Activation:

Primary: CCHC Administrator

Backup 1: CCHC Assistant Administrator

Backup 2: Carter County Emergency Manager

Information Collection, Analysis, and Dissemination

Information is vital to making good decisions during a crisis. The needed information must be collected in a timely manner, analyzed and disseminated to “need to know” parties to enable them to determine their most appropriate course of action during the incident.

Information is collected and disseminated by various systems which may include:

- Healthcare coalitions through EMResource and WebEOC
- Local/regional dispatch centers
- Local emergency operations centers
- State public health Emergency Response Center/State Emergency Operations Center

EMResource provides the capability for hospital, healthcare coalition, and medical resources to provide statewide situational awareness on hospital capabilities, operational status, and deployment status for deployable resources.

Essential elements of information contain situational awareness information that is critical to the initial and ongoing response and recovery operations. Please refer to the [ESF-8 section](#) of this document. The elements listed below may not apply to every event, may not be all-inclusive, and should be modified as needed and adjusted per operational period. CCHC should be prepared to share this information during a disaster or emergency event with relevant partners:

- Facility operating status
- Facility structural integrity
- Status of evacuations/shelter in-place operations
- Status of critical medical services (e.g., trauma, critical care)
- Critical service/infrastructure status (e.g., electric, water, sanitation, heating, ventilation, and air conditioning)
- Bed or patient status
- Equipment/supplies/medications/vaccine status or needs
- Staffing status
- Emergency Medical Services (EMS) status
- Epidemiological, surveillance or lab data (e.g., test results, case counts, deaths)
- Point of Dispensing (POD)/mass vaccination sites data (e.g., throughput, open/set-up status, etc.)
- Other

Risk Communications Plan

The purpose of this risk communication plan is to ensure effective communication with the public during a public health crisis or emergency. This plan outlines the processes for developing, approving, and disseminating accurate and timely messages to the community, addressing misinformation, and coordinating with partners and media.

Develop Accurate and Timely Messages:

- The CCHC Communications Team (Administrator, Assistant Administrator, Public Information Officer, and key health experts) will develop messages.
- Gather information from reliable sources such as the CDC, WHO, and local health authorities.
- Review draft messages for accuracy, clarity, and relevance before dissemination.

Reach the Entire Community, Including High-Risk Subpopulations:

- Utilize multiple communication channels including social media, local radio, television, community bulletins, and the CCHC website.
- Partner with community organizations and leaders to reach high-risk subpopulations such as the elderly, non-English speakers, and those with disabilities.

Address Misconceptions:

- Monitor social media and other platforms for misinformation.
- Quickly issue corrections and factual information through all communication channels.
- Engage community leaders and influencers to help dispel myths and provide accurate information.

Expedite Message Approval:

- The Administrator will have pre-delegated authority to approve emergency messages.
- In the Administrator's absence, a designated senior staff member will take on this role.
- Use pre-approved message templates to speed up the process.

Plan for Communication Technology Disruptions:

- Establish a network of community bulletin boards in strategic locations.
- Use local radio stations to broadcast important information.
- Employ door-to-door communication by volunteers if necessary.

Manage and Respond to Inquiries:

- Set up a dedicated hotline and email address for public inquiries.
- Train staff and volunteers to provide consistent and accurate information.
- Use social media platforms to respond to common questions and concerns.

Coordinate Communications and Message Development:

- Regularly update and share information with local government, healthcare providers, and community organizations via email.
- If needed, hold daily briefings with key partners to ensure consistent messaging.
- Develop a joint information center (JIC) if needed.

Maintain a Media Contact List:

- A current list of local media contacts is provided below, with a comprehensive media contact and stakeholder list included in the CCHC Communications Plan.
- The Communications Team will review and update the media contact list at least annually to check accuracy and will ensure contact information is available in both electronic and hard copy formats.

Media Contact Information

Newspapers:

The Current Local | www.currentlocal.com | (573) 323-4515 Mike Grassham (Van Buren) news@currentlocal.com

The Current River Observer | taylor@thecurrentriverobserver.com | (573) 561-0125 | Taylor Pettit | (Van Buren)

Ozark Magazine seth@ozarkmagazine.com

<https://ozarkmagazine.com/>

Grandin Online newspaper

[News | The Prospect-News \(theprospectnews.com\)](#)

Facebook Pages:

[Ellsinore News and Events | Facebook](#)

[Van Buren News and Events | Facebook](#)

Radio:

KJEZ	95.5 FM	Poplar Bluff	MRR License LLC	Classic rock	z95thebone@riverradio.net
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KDMC-FM	88.7 FM	Van Buren	Board of Regents, Southeast Missouri State University	Public radio	krcuradio@gmail.com
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KKLR-FM	94.5 FM	Poplar Bluff	MRR License LLC	Country	CLEAR94@RIVERRADIO.NET
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Cable TV:

- KFVS12 news@kfvs12.com
- KY3 news@ky3.com

Logistics

Resources and Supplies

Resources and Asset Management at CCHC: During emergency plan activation, CCHC conducts a thorough evaluation of food, water, pharmaceuticals, and medical and non-medical supplies to assess their quantities and locations. This evaluation helps determine the facility's capacity to sustain itself before requiring re-supply. It establishes a par value and aids in projecting sustainability before deciding on service termination or evacuation if necessary supplies cannot reach the facility.

Supply Acquisition at CCHC: In an emergency, CCHC's initial response relies on utilizing local resources. As the need for replenishment arises, resources will be requested from [Web EOC](#).

If CCHC faces challenges in acquiring sufficient resources through outside vendors and previous arrangements, the Logistics Chief will promptly communicate this need to partner organizations. These partner organizations may include other healthcare facilities, with whom mutual aid agreements are in place, or regional/state medical supply caches available through local emergency management agencies.

Resource Sharing with Other Healthcare Organizations: If the healthcare organizations sharing resources are within Region G, a [Resource Accounting Record](#) form (HICS Form 257) should be used to document borrowed or loaned products. The borrowed equipment should be returned after use, and any consumable supplies utilized should be invoiced and paid by the borrowing organization. Any unused consumables must also be returned.

For items shared or borrowed from outside Region G, the request should be coordinated through CCHC. The final location of the supplies, as well as the quantity and type of items transported, should be meticulously documented. Before disbursement of supplies or equipment, the need must be demonstrated to exceed the capacity of the local jurisdiction.

Monitoring Quantities of Resources and Assets: The Logistics Chief is responsible for monitoring quantities of assets and resources during emergency plan activation. A [Resource Accounting Record](#) form (HICS Form 257) should be used when resources and assets are tracked during an emergency.

Resource Sustainability: Establishing the sustainability of resources is crucial to determining if services can be rendered during a disaster, based on the facility's assessment of their hazard vulnerabilities. Resource inventory is currently maintained to provide for approximately 7 Days. If this cannot be sustained through current inventory, agreements are in place with suppliers and vendors for the remaining days. If supplies cannot be obtained, policies and procedures are in place in the event the facility may need to evacuate or temporarily close. Further resources can be requested from SEMA through [Web EOC](#).

Staff and Volunteer Assignments

Assignment of Staff

Following a disaster, unit supervisors should account for their staff and any onsite patients. Staff assignments and deployment locations, as well as patient locations, will be tracked during the emergency plan activation to ensure safety and accountability.

When the emergency plan is activated, facility personnel may be asked to report to a different supervisor and support activities that are outside their regular duties. The designated reporting location for reassignment of available staff and volunteers is the Labor Pool, which will be situated at the Emergency Operations Center (EOC).

Volunteer Management

Volunteers may be needed during a large-scale disaster. Volunteers that are utilized in a professional capacity must be credentialed, or have their licensure verified, prior to commencing medical duties. The volunteers must be accompanied by like facility staff for a period of time to ensure they are competent. Volunteers may also be obtained from the state medical volunteer registry, Show Me Response. Hospitals may access staff through the Missouri Hospital Mutual Aid Agreement.

Training and Exercising

Training Program

A training program has been created to ensure adequate training of staff and others, on the emergency plan and its associated components. Training on the Emergency Plan will be provided to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. In addition, emergency preparedness training will be provided at least annually. Documentation of this training will be kept and staff will be able to demonstrate knowledge of these emergency procedures, as appropriate to their role in the plan. The [Staff Training Annex](#) contains information specific to this exercise program.

Exercise Program

CCHC will test its plan and operational readiness at least twice per year, utilizing high hazard scenarios per the MOPHRAT. CCHC will participate in a community full scale exercise at least annually, if such exercise opportunity is accessible. If not accessible, CCHC will conduct an internal functional exercise. Also, CCHC will conduct one additional exercise of any type at least annually. The [Staff Training Annex](#) contains information specific to this exercise program.

After-Action Report and Improvement Plan

Following any plan activation or exercise of the EOP, CCHC will prepare an After-Action Report and Improvement Plan (AAR/IP). The AAR is designed to identify best practices, resource gaps, lessons learned, and opportunities for improvement when responding to real-world incidents. If warranted, an Improvement Plan will be developed to identify concrete, actionable steps that are intended to resolve capability gaps and shortcomings identified in the AAR. The After-Action Report should be used to determine:

- What went right?
- What can be improved?
- What lessons were learned?
- Can operations be improved in future incidents?
- Should the plan be changed?

Based on the outcome of the After-Action Report, the Improvement Plan (IP) should be developed to include the following items:

- Corrections to plans and/or procedures
- A timeline for completing the corrective action (date when item will be corrected)
- The person/agency responsible for that particular corrective action

All exercises and real events will be documented using the [HSEEP AAR/IP Template](#). This report shall be completed within 60 days of the exercise or real event. The Emergency Planner will be responsible for coordinating the exercises, after action reporting, and improvement planning. The AAR/IP will be incorporated into the emergency plan as soon as it is feasible. Future exercises should be planned and conducted to reflect anticipated hazards, incorporating gaps and improvement action items identified during previous exercises and real events.

Authorities and References

Authorities

Federal Authorities:

- Stafford Act (42 U.S.C. § 5121 et seq.): Provides the legal basis for federal disaster response and recovery efforts, including support to state and local agencies during emergencies.
- Public Health Service Act (42 U.S.C. § 201 et seq.): Establishes the legal framework for public health emergency preparedness and response at the federal level.

State Authorities (Missouri):

- Missouri Revised Statutes, Chapter 44: Addresses emergency management and coordination within the state of Missouri.
- Missouri Department of Health and Senior Services (DHSS) regulations: Outlines the responsibilities of local health agencies during public health emergencies.

Local Authorities (Carter County):

- Carter County Public Health Emergency Operations Plan: Establishes the framework for coordinated emergency response and recovery efforts at the local level.
- Carter County Health Center Ordinances: Provides guidance on public health regulations within the county.

References

FEMA Resources:

- "Developing and Maintaining Emergency Operations Plans" (FEMA, 2021): Served as a primary guide for structuring and developing the Carter County Health Center EOP.

Missouri State Resources:

- Missouri Emergency Management Agency (SEMA) Guidelines: Informed the local context and planning strategies of the Carter County EOP.
- Missouri Department of Health and Senior Services (DHSS) Public Health Emergency Preparedness and Response Guidelines: Guided public health-specific planning considerations.

Academic and Professional Sources:

- "Principles of Public Health Emergency Preparedness and Response" (Johns Hopkins University, 2018): Provided foundational principles for public health emergency planning.

Additional Resources

- 3.1 FEMA "Developing and Maintaining Emergency Operations Plans":

- https://www.fema.gov/sites/default/files/documents/fema_cpg-101-v3-developing-maintaining-eops.pdf
- 3.2 Missouri Department of Health and Senior Services (DHSS):
 - <https://health.mo.gov/emergencies/>
- 3.3 Carter County Emergency Management:
 - <https://www.cartercountymosheriff.org/page.php?id=14>

Organization and Assignment of Responsibilities

Fire

Purpose: The Fire Department Emergency Response Annex outlines the roles and responsibilities of Van Buren Fire & Rescue in effectively responding to fires, hazardous materials incidents, and other emergencies within the jurisdiction.

Responsibilities:

- **Fire Suppression:** The fire department will respond to and suppress fires in structures, wildland areas, vehicles, and other locations. They will implement firefighting tactics to minimize property damage and protect lives.
- **Hazardous Materials Response:** The fire department will handle hazardous materials incidents, including containment, mitigation, and decontamination, to prevent further exposure and environmental damage.
- **Search and Rescue:** The fire department will perform search and rescue operations to locate and extricate individuals trapped in hazardous situations, such as collapsed structures or vehicle accidents.
- **Technical Rescue:** The fire department may perform technical rescue operations, such as rope rescues, water rescues, and confined space rescues, to safely extricate individuals from challenging environments.
- **Evacuation Support:** The fire department may assist with evacuation efforts, providing assistance to vulnerable populations and ensuring the safe movement of residents to designated shelters.
- **Emergency Medical Services:** The fire department may provide emergency medical services, including first aid and basic life support, until EMS units arrive on scene.
- **Public Safety Education:** The fire department will engage in community outreach and education to raise public awareness about fire safety, prevention, and emergency preparedness.
- **Incident Command:** The fire department will establish and operate an incident command structure to manage emergency scenes, allocate resources, and coordinate response efforts.
- **Communication:** The fire department will maintain communication with emergency management, law enforcement, EMS, and other response agencies to ensure coordination of efforts and efficient resource allocation.
- **Resource Management:** The fire department will manage firefighting equipment, apparatus, and personnel to ensure effective response and operational readiness.

- **Equipment Maintenance:** The fire department will ensure that firefighting equipment, vehicles, and tools are regularly inspected and maintained to ensure operational reliability.
- **Mutual Aid:** The fire department will collaborate with neighboring jurisdictions and response partners to provide mutual aid assistance during large-scale incidents or when additional resources are needed.
- **Operational Planning:** The fire department will develop operational plans for various types of emergencies, outlining response strategies, resource needs, and coordination with other agencies.

Law Enforcement

Purpose: The Law Enforcement Emergency Response Annex outlines the roles and responsibilities of the Carter County Sheriff's Office and relevant law enforcement agencies in maintaining public safety and order during emergencies.

Responsibilities:

- **Incident Command:** The Carter County Sheriff's Office will establish incident command for law enforcement activities during emergencies. They will coordinate with other agencies and manage response efforts.
- **Traffic Control:** Law enforcement will establish and enforce traffic control measures to ensure safe passage for emergency vehicles, manage evacuations, and prevent congestion.
- **Public Safety:** Law enforcement will provide security for incident scenes, shelters, critical facilities, and public events. They will ensure public safety and prevent unauthorized access.
- **Crowd Control:** In situations requiring crowd management, law enforcement will manage crowds to maintain public order, safety, and prevent the escalation of conflicts.
- **Search and Rescue:** Law enforcement may engage in search and rescue operations to locate missing persons, assist in evacuations, and respond to incidents where specialized skills are needed.
- **Emergency Communications:** The Carter County Sheriff's Office will maintain communication with incident command, other law enforcement agencies, fire departments, EMS, and emergency management for information sharing and coordination.
- **Specialized Units:** Law enforcement may deploy specialized units, such as K-9 units, SWAT teams, and crisis negotiators, to address unique situations during emergencies.
- **Evacuation Assistance:** Law enforcement will assist with the orderly evacuation of residents, providing direction, information, and support to vulnerable populations.
- **Crime Prevention:** The Carter County Sheriff's Office will continue crime prevention efforts during emergencies to deter criminal activities and maintain community security.
- **Mutual Aid:** Law enforcement agencies may provide mutual aid support to neighboring jurisdictions during large-scale incidents, sharing resources and personnel.
- **Resource Management:** The Carter County Sheriff's Office will manage law enforcement resources, equipment, and personnel to ensure effective response and operational readiness.
- **Coordination with Other Agencies:** Law enforcement will coordinate efforts with emergency management, fire departments, EMS, and other response partners to ensure a unified response.
- **Critical Infrastructure Protection:** Law enforcement will prioritize the protection of critical infrastructure, essential facilities, and government buildings during emergencies.

- **Public Information:** The Carter County Sheriff's Office may participate in public information efforts to provide accurate and timely information to the public and media during emergencies.
- **Crime Scene Preservation:** Law enforcement will preserve and secure incident scenes to ensure the integrity of investigations and evidence collection.
- **Operational Planning:** The Carter County Sheriff's Office will develop operational plans for various emergency scenarios, outlining law enforcement actions, roles, and resource needs.
- **Training and Preparedness:** Law enforcement personnel will undergo training in emergency response procedures, crisis intervention, and incident management to ensure effective and coordinated responses.

Emergency Medical

Purpose: The Emergency Medical Services (EMS) Annex outlines the roles and responsibilities of West Carter County Ambulance and relevant medical responders in providing medical care and support during emergencies.

Responsibilities:

- **Medical Triage and Treatment:** EMS will provide medical triage and treatment to individuals affected by the emergency, prioritizing care based on the severity of injuries and medical conditions.
- **Patient Transport:** EMS will transport patients to medical facilities for further treatment and care, ensuring safe and timely transport while coordinating with hospitals and receiving facilities.
- **Medical Resource Management:** EMS will manage medical resources, including ambulances, medical supplies, and personnel, to ensure efficient and effective medical response.
- **Mass Casualty Incident Response:** EMS will coordinate with other medical responders to establish mass casualty incident (MCI) response protocols, addressing the needs of a large number of patients simultaneously.
- **Specialized Medical Care:** EMS may provide specialized medical care, including advanced life support, pediatric care, and trauma care, to meet the unique needs of patients during emergencies.
- **Medical Communications:** EMS will maintain communication with incident command, hospitals, medical facilities, and other response partners to share patient information and coordinate medical resources.
- **Public Health Support:** EMS will support public health efforts, such as disease control and prevention measures, during public health emergencies or outbreaks.
- **Medical Evacuation:** EMS may participate in medical evacuations, assisting with the evacuation of patients from areas impacted by emergencies to appropriate medical facilities.
- **Emergency Medical Coordination:** EMS will collaborate with other medical providers, including hospitals, clinics, and medical professionals, to ensure a coordinated medical response.
- **Emergency Medical Training:** EMS personnel will undergo specialized training in emergency medical response, trauma care, disaster medicine, and incident management to enhance their capabilities during emergencies.
- **Resource Management:** EMS will manage medical resources and equipment, ensuring they are adequately stocked, maintained, and ready for deployment.
- **Coordination with Hospitals:** EMS will coordinate patient transportation and hospital capacity information with medical facilities to facilitate patient care and management.

- **Medical Incident Command:** EMS may establish medical incident command for medical response efforts, coordinating with incident command and other agencies as necessary.
- **Mass Casualty Incident Plans:** EMS will develop and maintain plans for responding to mass casualty incidents, outlining roles, responsibilities, and resource allocation.
- **Patient Tracking:** EMS will implement patient tracking systems to monitor the location, status, and care of patients during transport and treatment.
- **Medical Rehabilitation:** EMS will provide medical rehabilitation services to responders and support staff during prolonged incidents to prevent fatigue and ensure their well-being.
- **Public Information:** EMS may contribute to public information efforts, providing information on medical services and resources available during emergencies.
- **Training and Preparedness:** EMS personnel will engage in regular training exercises and drills to maintain proficiency in medical response procedures and enhance their readiness.

Emergency Management

Purpose: The Emergency Management Lead Agency Annex outlines the roles and responsibilities of the Carter County Emergency Management Agency (EMA) in overseeing and coordinating emergency response and recovery efforts during various incidents and disasters.

Responsibilities:

- **Incident Coordination and Management:** The Carter County EMA is responsible for coordinating and managing the overall response to incidents and disasters within the county. This includes establishing an Incident Command System (ICS) structure and ensuring effective coordination among all responding agencies.
- **Emergency Operations Center (EOC) Activation:** The EMA will activate the EOC (Emergency Operations Center) as needed to support incident response and coordination. The EOC serves as the central location for information exchange, resource allocation, and decision-making during emergencies.
- **Resource Management:** The EMA will assess and manage the allocation of resources, including personnel, equipment, and supplies, to support response and recovery efforts. This may involve requesting additional resources from state and federal agencies.
- **Situation Assessment and Reporting:** The EMA will continuously monitor the situation, gather information from various sources, and provide accurate and timely updates to incident command, public safety agencies, and the public. The role of the Carter County Emergency Manager includes creating a Situation Report, Incident Action Plan, and Recovery/Demobilization Plan to ensure a structured and effective response and recovery process.
- **Emergency Public Information:** The EMA will be responsible for coordinating public information and communication strategies during emergencies. This includes disseminating accurate and reliable information to the public through various channels.
- **Support to Incident Command:** The EMA will provide support to incident command by coordinating logistical and administrative functions, ensuring the availability of necessary facilities, equipment, and supplies.
- **Coordination with Jurisdictional Partners:** The EMA will establish and maintain effective communication and collaboration with local, state, and federal agencies, as well as non-governmental organizations, to ensure a unified and coordinated response.
- **Communication:** The EMA will maintain constant communication with incident command, public safety agencies, local government officials, and other relevant partners. This communication aims to facilitate information sharing, resource coordination, and decision-making throughout the response and recovery phases.
- **Documentation and Reporting:** The EMA will maintain comprehensive documentation of incident response activities, decisions, and resource allocations. After the incident, the EMA will provide an After-Action Report (AAR) to evaluate the effectiveness of the response and identify lessons learned for continuous improvement.

- **Activation of Emergency Operations Center:** The EMA will activate the EOC based on the severity and complexity of the incident. The decision to activate the EOC will consider factors such as resource needs, threat level, and potential impact on the community.

Hospital

Purpose: The Hospital Emergency Response Annex outlines the roles and responsibilities of the local hospital and/or healthcare facilities in effectively managing medical care and resources during emergencies and disasters.

Responsibilities:

- **Patient Care and Triage:** Missouri Highlands Healthcare will provide medical care to patients affected by the incident and establish a triage system to prioritize treatment based on the severity of injuries or illnesses.
- **Resource Management:** The hospital will manage and allocate medical resources, including staff, medical supplies, equipment, and medication, to ensure adequate patient care and response capabilities.
- **Emergency Department Operations:** The hospital's emergency department will be activated to provide immediate medical attention to patients. The hospital will establish surge capacity plans to accommodate a higher volume of patients during major incidents.
- **Communication with Public Health Agencies:** The hospital will communicate and coordinate with CCHC to share health-related information and receive guidance on disease control and prevention measures.
- **Patient Evacuation and Transfer:** If necessary, the hospital will work with emergency medical services (EMS) to evacuate or transfer patients to other medical facilities to manage patient load and ensure appropriate care.
- **Infection Control Measures:** The hospital will implement infection control measures to prevent the spread of diseases and maintain a safe healthcare environment for patients and staff.
- **Family and Patient Communication:** The hospital will establish communication protocols to provide families with information about the status and location of patients and to facilitate communication between patients and their loved ones.
- **Communication:** The hospital will maintain open communication with local emergency management, EMS, public safety agencies, and other healthcare facilities to support patient care coordination and resource allocation.
- **Activation of Incident Command:** The hospital will activate an incident command structure to manage the hospital's response to emergencies. The Incident Commander will oversee and coordinate all response activities within the hospital.
- **Security and Access Control:** The hospital will implement security measures to control access to the facility, safeguard patients, and protect medical equipment and supplies.
- **Documentation and Reporting:** The hospital will maintain detailed records of patient care, resource allocation, and response activities. Documentation will include patient records, treatment plans, and incident response decisions.

- **Activation of Surge Capacity:** In the event of a mass casualty incident, the hospital will activate its surge capacity plan to expand patient care capabilities and accommodate a higher volume of patients.

Public Health

Purpose: The Public Health Emergency Response Annex outlines the roles and responsibilities of the Carter County Health Center (CCHC) and its partners in addressing public health concerns and providing essential public health services during emergencies.

Responsibilities:

- **Disease Surveillance and Control:** CCHC will monitor and assess the spread of diseases and health threats, implementing control measures to mitigate their impact on the community's health. CCHC will conduct epidemiological investigations to identify the source and transmission patterns of diseases during outbreaks.
- **Health Information Dissemination:** CCHC will provide accurate and timely health information to the public, ensuring that residents are informed about health risks, protective measures, and available resources.
- **Public Health Assessments:** CCHC will conduct health assessments to identify immediate and long-term health needs of the affected population, assisting in resource allocation and response planning.
- **Vector Control:** CCHC will manage vector-borne disease risks by contracting out for vector control measures, such as mosquito abatement, to prevent disease transmission.
- **Immunization and Prophylaxis:** CCHC will provide immunizations and prophylactic treatments to prevent the spread of vaccine-preventable diseases during emergencies. CCHC will dispense medical countermeasures, such as medications and vaccines, as part of disease prevention and control strategies.
- **Public Health Resource Management:** CCHC will track and manage public health resources, including medical supplies, medications, and personnel to support public health response efforts.
- **Environmental Health:** CCHC will assess and manage environmental health hazards, such as contaminated water or air, to prevent public health risks.
- **Mental and Behavioral Health Support:** CCHC will provide mental and behavioral health support to affected individuals and responders to address emotional well-being during and after emergencies.
- **Community Health Assessments:** CCHC will conduct assessments to understand the health needs and vulnerabilities of the community, guiding response and recovery efforts.
- **Health Alert and Notification System:** CCHC will activate and utilize health alert and notification systems to communicate health alerts, advisories, and guidance to the public and partners.
- **Public Health Partnerships:** CCHC will collaborate with local, state, and federal agencies, as well as community organizations to enhance public health response and recovery efforts.

- **Medical Surge Planning:** CCHC will coordinate with local medical partners to ensure the health system's capacity to handle an increased demand for medical services during emergencies.
- **Health and Safety Guidance:** CCHC will provide health and safety guidance to residents, responders, and agencies to minimize health risks during emergencies.
- **Training and Exercises:** CCHC personnel will engage in training and exercises to maintain their skills and readiness in public health emergency response.
- **Public Health Messaging:** CCHC will collaborate with public information officers to deliver consistent public health messaging to the community.

Medical Sheltering

In recent years, CCHC has adapted its approach to medical sheltering during emergencies to ensure the most efficient and effective care for displaced individuals. CCHC does not routinely provide medical care and has shifted away from establishing separate medical shelters. Instead, the following strategies will be employed:

1. **Integration into General Shelters:**

Individuals with low-level medical needs will remain in general shelters alongside caregivers. CCHC staff will support these shelters by coordinating with local healthcare providers and ensuring basic health assessments and preventive services are available.

CCHC will collaborate with local healthcare providers to offer health assessments, preventive services, and health education within general shelters.

2. **Coordination with State and External Agencies:**

For individuals with significant medical needs, CCHC will work with the state to determine appropriate responses, such as the deployment of Disaster Medical Assistance Teams (DMAT) or relocation to facilities outside the impacted area. CCHC will assist in the coordination and logistics of these efforts.

The decision to deploy DMAT or relocate individuals will be made in consultation with state emergency management and public health authorities, ensuring that those with significant medical needs receive the necessary care.

3. **Limited Medical Care Provision:**

While CCHC staff do not typically provide direct medical care, they will play a supportive role in medical sheltering operations. This includes facilitating access to medical services, coordinating with healthcare providers, and ensuring the availability of necessary medical supplies and equipment.

CCHC will ensure that staff receive appropriate training to assist in emergency medical operations and will establish partnerships with local healthcare providers to support medical sheltering efforts.

Others as Needed

Purpose: The Other Agencies Support Annex defines the roles and responsibilities of various local, state, and federal agencies that are not covered by specific annexes but provide essential support and resources during emergency response and recovery efforts.

Responsibilities:

- **Resource Sharing:** Other agencies will collaborate to share resources, personnel, and equipment based on their capabilities to support response and recovery operations.
- **Logistical Support:** Other agencies will provide logistical support, such as transportation, communication equipment, and facilities, as needed by the primary response and recovery agencies.
- **Technical Expertise:** Other agencies will contribute technical expertise and specialized knowledge to address specific challenges, such as hazardous materials handling or search and rescue operations.
- **Support Services:** Other agencies may provide services such as legal support, financial assistance, or information technology expertise to enhance response and recovery efforts.
- **Information Sharing:** Other agencies will exchange information and data that is relevant to the incident to facilitate informed decision-making.
- **Volunteer Coordination:** Other agencies may assist in coordinating and managing volunteers from the community to support response and recovery activities.
- **Coordination of External Resources:** Other agencies may facilitate the deployment of external resources, such as mutual aid or federal assistance, to supplement local response efforts.
- **Specialized Equipment and Teams:** Other agencies with specialized equipment and trained teams, such as urban search and rescue or hazardous materials response, may be deployed to support incident-specific needs.
- **Communication Support:** Other agencies may provide additional communication capabilities to ensure effective coordination among response partners.
- **Resource Mobilization:** Other agencies will identify and mobilize resources, personnel, and assets as requested by the Incident Commander or primary response agencies.
- **Coordination with Unified Command:** Other agencies will coordinate their efforts through the established Unified Command structure to ensure a unified and coordinated response.
- **Situational Awareness:** Other agencies will contribute to situational awareness by providing relevant information, data, and assessments to the Incident Command.
- **Public Information Support:** Other agencies may assist with public information efforts by providing subject matter experts or additional communication channels to reach the public.

- **Supporting Local Initiatives:** Other agencies will align their support with the priorities and initiatives of the local jurisdiction and incident management team.
- **Resource Management:** Other agencies will manage their resources efficiently, including tracking availability and utilization, to ensure effective support.
- **Multi-Agency Coordination:** Other agencies will participate in multi-agency coordination meetings and coordination centers to facilitate communication and resource sharing.
- **Training and Exercises:** Other agency personnel will participate in training and exercises to enhance their understanding of emergency management roles and responsibilities.
- **Resource Coordination:** Other agencies will coordinate their resources with the needs and requirements of primary response agencies to optimize resource allocation.
- **Liaison Officers:** Other agencies may assign liaison officers to facilitate communication and coordination between their agency and the Incident Command.

Support Agency Annex

Support Agencies

Purpose: The Support Agency Annex outlines the roles and responsibilities of various support agencies and organizations that play a vital role in providing specialized resources, expertise, and services during emergency response and recovery efforts.

Agencies and Organizations: This section lists the various support agencies and organizations that are involved in providing assistance during emergencies. Examples of support agencies could include:

- Catholic Charities(NGOs)
- Queen Ann’s Club
- Convey of Hope
- Carter County Nutrition Center
- Carter County Community Center
- Missouri Highland Healthcare
- Ozark Border Electric
- SMTS Transport Services
- Missouri Department of Senior Services
- Missouri Department of Natural Resources
- Van Buren R-1 School District
- East Carter R-2 School District
- Missouri University Extension
- SEMA (Missouri State Emergency Management Agency)
- Howell/Oregon/Carter LEPC

Strategies and Responsibilities: The specific strategies and responsibilities the above support agencies are responsible for implementing during emergency response and recovery may include:

- **Resource Provision:** The available resources, equipment, personnel, and assets that the support agency is capable of providing to enhance response and recovery operations.
- **Expertise and Services:** The specialized expertise and services that the support agency can offer, such as medical services, counseling, language interpretation, technical assistance, etc.
- **Logistical Support:** Assistance with logistical support, including transportation, communication equipment, facilities, and supplies.
- **Volunteer Coordination:** Coordinating and managing volunteers, including recruitment, training, and deployment.
- **Public Information and Outreach:** Contribution to public information efforts by disseminating accurate information to the public and supporting community outreach initiatives.

- **Community Engagement:** Efforts to engage with the community, understand its needs, and tailor support accordingly.

Example Template for Formal Public Health Emergency Declaration

[Your Organization's Letterhead]

PUBLIC HEALTH EMERGENCY DECLARATION

Date: [MM/DD/YYYY]

To: [Local Government Officials, Health Department Staff, and the Community]

From: [Name], [Title], [Organization]

Subject: Declaration of Public Health Emergency Due to [Nature of Emergency]

Introduction: In accordance with [relevant state/local laws or regulations], and following a comprehensive assessment of the current situation, I, [Name], [Title] of [Organization], hereby declare a public health emergency in [County/City/Region] due to [specific nature of the emergency, e.g., an outbreak of disease, natural disaster, etc.].

Nature of the Emergency: On [date], [describe the emergency, including the type of hazard, its impact, and current status]. This situation poses a significant threat to the health and safety of our community.

Assessment and Findings: After consultation with local health partners, the Carter County Emergency Operations Center (EOC), and community leaders, and based on local monitoring and collaborative assessment, we have identified the following key factors necessitating this declaration:

- [List specific triggers and evidence supporting the emergency, such as disease outbreak data, natural disaster impact, etc.]

Response Measures to be Implemented: In response to this emergency, the following measures will be implemented immediately:

1. Activation of Emergency Operations Plans (EOP): All relevant emergency response plans and procedures will be activated to manage and mitigate the impact of the emergency.
2. Resource Allocation: Critical resources such as medical supplies, personal protective equipment (PPE), and personnel will be deployed as per the EOP guidelines.
3. Public Information and Education: Continuous updates and health advisories will be provided to the community through local media, social media platforms, and community meetings.
4. Coordination with Local Authorities: Ongoing coordination with the Carter County EOC, local government officials, and other relevant agencies will be maintained to ensure a unified response effort.

5. **Support for Healthcare Facilities:** Additional support will be provided to local healthcare facilities to ensure the continuity of care and services.

Administrative Process: This declaration has been filed with the county clerk and the Board of Health has been informed as required by local laws.

Duration and Termination: This public health emergency declaration will remain in effect until [specific end date or conditions for termination]. It may be reauthorized or allowed to expire based on ongoing assessments and local laws.

Conclusion: We urge all residents to follow the guidelines and recommendations provided to ensure their safety and well-being. Together, we can effectively manage this emergency and protect our community.

Signed:

[Name]

[Title]

[Organization]

Hazard-Specific Annexes

Infectious Disease Outbreaks & Biological Hazards

Purpose: This annex outlines the procedures and responsibilities of the Carter County Health Center (CCHC) during public health emergencies involving communicable disease outbreaks and biological hazards. It aims to prevent, detect, respond to, and mitigate the impact of such events to safeguard public health and safety.

I. Situational Overview:

Communicable disease outbreaks and biological hazards can have significant public health consequences, including rapid disease transmission, high morbidity and mortality rates, and potential disruptions to community functioning. CCHC is responsible for coordinating a swift and effective response to mitigate the impact of such incidents.

II. Concept of Operations:

1. Surveillance and Detection:

- Monitor local disease surveillance systems and early warning indicators.
- Collaborate with healthcare providers, laboratories, and other partners to identify and confirm outbreaks.
- Implement case investigation and contact tracing protocols.

2. Assessment and Risk Analysis:

- Assess the severity and scope of the outbreak to determine appropriate response measures.
- Collaborate with relevant agencies to assess potential exposure risks and vulnerable populations.

3. Notification and Reporting:

- Promptly notify state and federal health agencies of suspected or confirmed outbreaks as required.
- Provide timely and accurate information to the public, healthcare providers, and partners.

4. Response and Control Measures:

- Activate the Incident Command System (ICS) and establish a Public Health Incident Management Team (PHIMT).
- Implement isolation and quarantine measures as necessary to prevent disease spread.
- Coordinate with healthcare facilities to manage patient surge and ensure appropriate care.

5. Mass Vaccination and Medical Countermeasures:

- Coordinate mass vaccination and distribution of medical countermeasures if applicable.
- Establish points of dispensing (PODs) and ensure effective delivery of prophylactic interventions.

6. Community Engagement and Education:

- Provide accurate and timely information to the public through multiple communication channels.

- Collaborate with community leaders, schools, businesses, and other stakeholders to promote preventive measures.
7. Resource Management:
 - Assess and allocate resources, including personnel, medical supplies, and equipment.
 - Establish partnerships with medical facilities, pharmacies, and other agencies to enhance resource availability.
 8. Recovery and Aftercare:
 - Facilitate recovery efforts, including rehabilitation and psychological support for affected individuals.
 - Collaborate with community organizations to ensure ongoing care and support for survivors.

III. Responsibilities:

1. Carter County Health Center (CCHC):
 - Coordinate overall public health response and activate PHIMT.
 - Lead case investigation, contact tracing, and disease control efforts.
 - Monitor and assess the availability of medical countermeasures.
2. Healthcare Providers and Facilities:
 - Report suspected or confirmed cases to CCHC.
 - Collaborate with CCHC on patient management and infection control.
3. Emergency Management Agency (EMA):
 - Provide logistical support and resources for response operations.
4. Law Enforcement and Public Safety:
 - Assist in enforcing quarantine and isolation measures if required.
5. Local Government and Schools:
 - Implement community mitigation measures as directed by CCHC.

IV. Communication:

CCHC will maintain close communication with state health departments, federal agencies, healthcare partners, local government, and the public through various communication channels, including traditional media, social media, and public service announcements.

V. Training and Exercises:

Regular training and exercises will be conducted to ensure that CCHC staff and partners are familiar with their roles and responsibilities during communicable disease outbreaks and biological hazards.

VI. Plan Maintenance:

This annex will be reviewed and updated annually to reflect changes in personnel, resources, and response strategies.

Natural Disasters & Weather-Related Events

Purpose: This annex outlines the procedures and responsibilities of the Carter County Health Center (CCHC) during public health emergencies caused by natural disasters and weather-related events. It aims to effectively manage the health impacts of such incidents to protect the well-being of the community.

I. Situational Overview: Natural disasters and weather-related events, such as earthquakes, tornadoes, floods, and winter storms, can pose significant health risks to communities. CCHC is responsible for coordinating an efficient and coordinated response to mitigate the health effects of these emergencies.

II. Concept of Operations:

1. **Preparedness and Mitigation:**
 - Develop and update emergency plans specific to different natural disasters.
 - Identify vulnerable populations and develop strategies to ensure their safety.
 - Collaborate with local agencies to implement mitigation measures and disaster-resistant infrastructure.
2. **Alert and Warning Systems:**
 - Monitor weather forecasts and alerts from the National Weather Service and other reliable sources.
 - Disseminate timely alerts and warnings to the public through multiple communication channels.
3. **Evacuation and Sheltering:**
 - Collaborate with emergency management and community partners to establish evacuation plans.
 - Coordinate with shelters to ensure public health and safety standards are met.
4. **Resource Allocation and Medical Care:**
 - Assess and allocate medical resources, personnel, and supplies to respond to health needs.
 - Establish medical facilities in affected areas as needed to provide care.
5. **Community Outreach and Education:**
 - Provide information on disaster preparedness, evacuation routes, and safety measures to the public.
 - Collaborate with schools, community organizations, and local media for effective communication.
6. **Public Health Surveillance and Disease Control:**
 - Monitor for disease outbreaks resulting from disaster-related conditions.
 - Implement disease control measures to prevent the spread of communicable diseases.
7. **Environmental Health and Safety:**
 - Assess and address environmental hazards, such as contaminated water or air quality issues.
 - Ensure food safety and sanitation in shelters and affected areas.
8. **Psychological Support and Mental Health Services:**

- Collaborate with mental health professionals to provide psychological support to affected individuals.
- Coordinate counseling services and crisis intervention resources.

III. Responsibilities:

1. Carter County Health Center (CCHC):
 - Activate the Public Health Incident Management Team (PHIMT).
 - Coordinate public health response efforts and deploy resources.
 - Monitor disease surveillance systems and assess health risks.
2. Emergency Management Agency (EMA):
 - Provide logistical support, resource coordination, and assistance in evacuations.
 - Collaborate with CCHC on health and medical response operations.
3. Fire and Rescue Services:
 - Assist in search and rescue operations and provide medical support until EMS arrives.
4. Local Government and Utilities:
 - Coordinate response and recovery efforts and share information with CCHC.

IV. Communication: CCHC will maintain close communication with emergency management agencies, weather forecasters, local government, healthcare providers, and the public to ensure accurate and timely information dissemination.

V. Training and Exercises: Regular training and exercises will be conducted to ensure that CCHC staff and partners are familiar with their roles and responsibilities during natural disasters and weather-related events.

VI. Plan Maintenance: This annex will be reviewed and updated annually to reflect changes in personnel, resources, and response strategies.

Tornado

Purpose and Scope: The Tornado Hazard-Specific Procedure Annex outlines the actions and responsibilities of the Carter County Health Center (CCHC) during tornado-related emergencies. This annex ensures the effective coordination of response efforts to protect the safety and well-being of staff, patients, and the community.

Preparedness and Planning:

- CCHC will establish and maintain a tornado preparedness plan that includes education, drills, and awareness campaigns for staff and patients.
- Collaborate with local emergency management and meteorological authorities to receive timely tornado warnings and alerts.
- Identify tornado-safe areas within the facility and ensure they are well-marked and accessible.
- Maintain communication channels for tornado alerts and notifications to staff, patients, and visitors.

Response Actions:

- Upon receiving a tornado warning or alert, the CCHC Administrator or Incident Commander will activate the emergency response plan.
- Staff will immediately alert all personnel of the tornado warning and direct patients and visitors to move to designated tornado-safe areas.
- Security personnel will secure entrances and close doors to protect the interior from flying debris.
- Sheltered patients will remain in designated safe areas until the all-clear is given by local emergency management.

Recovery and Continuity:

- Following the tornado event, the Incident Commander will assess the facility for damage and ensure it is safe for occupancy.
- If necessary, initiate evacuation procedures and relocate patients to other healthcare facilities or temporary shelter locations.
- Coordinate with local emergency management to ensure sufficient resources are available for recovery efforts.
- Conduct a debriefing session after the event to identify lessons learned and areas for improvement.

Communication and Information Sharing:

- Maintain open communication with local emergency management, meteorological authorities, and neighboring healthcare facilities.
- Disseminate tornado-related information to staff, patients, and the public through established communication channels.
- Provide updates on facility status, patient relocation, and recovery efforts as necessary.

Training and Drills:

- Conduct regular tornado drills involving staff, patients, and visitors to ensure familiarity with tornado-safe areas and response procedures.
- Evaluate the effectiveness of drills and update procedures based on lessons learned.

Resources and Logistics:

- Ensure that tornado-safe areas are adequately equipped with emergency supplies, communication devices, and medical equipment.
- Maintain a roster of staff responsible for specific roles during tornado response and recovery.
- Establish agreements with nearby healthcare facilities for patient relocation in case of severe facility damage.

Documentation and Reporting:

- Keep records of tornado drills, response actions, resource allocations, and recovery efforts for future reference and improvement.

Flood

Purpose and Scope: The Flood Hazard-Specific Procedure Annex outlines the roles, responsibilities, and actions of the Carter County Health Center (CCHC) in response to flood-related emergencies. This annex ensures effective coordination to protect the safety and well-being of staff, patients, and the community during flooding events.

Preparedness and Planning:

- Develop and maintain a flood preparedness plan that includes risk assessment, floodplain mapping, and community education.
- Collaborate with local emergency management agencies to receive flood alerts and warnings in a timely manner.
- Establish communication channels for flood alerts and notifications to staff, patients, and visitors.
- Identify flood-safe areas within the facility and ensure they are clearly marked and accessible.

Response Actions:

- When a flood warning is issued, the CCHC Administrator or Incident Commander will activate the emergency response plan.
- Staff will immediately alert all personnel of the flood warning and assess potential risks to the facility.
- If evacuation is necessary, follow established evacuation procedures to relocate patients to safer locations or nearby healthcare facilities.
- Secure important documents and medical records to protect sensitive information from flood damage.

Recovery and Continuity:

- After the flood event, the Incident Commander will assess facility damage and determine when it is safe for staff and patients to return.
- Coordinate with local emergency management to access resources for recovery efforts, including cleaning, repairs, and restoration.
- Collaborate with healthcare partners to ensure continuity of patient care and services during the recovery phase.

Communication and Information Sharing:

- Maintain communication with local emergency management agencies, neighboring healthcare facilities, and community organizations.
- Disseminate flood-related information to staff, patients, and the public through established communication channels.
- Provide updates on facility status, patient relocations, and recovery progress as needed.

Training and Drills:

- Conduct regular flood preparedness drills involving staff, patients, and visitors to ensure familiarity with response procedures.
- Evaluate the effectiveness of drills and update procedures based on lessons learned.

Resources and Logistics:

- Ensure that flood-safe areas are equipped with emergency supplies, communication devices, and necessary medical equipment.
- Maintain a roster of staff responsible for specific roles during flood response and recovery.
- Establish agreements with nearby healthcare facilities for patient relocation and support during flood events.

Documentation and Reporting:

- Keep records of flood drills, response actions, resource allocations, and recovery efforts for documentation and improvement purposes.

Winter Storm

Purpose and Scope: The Winter Storm Hazard-Specific Procedure Annex outlines the roles, responsibilities, and actions of the Carter County Health Center (CCHC) in response to winter storm-related emergencies. This annex ensures effective coordination to protect the safety and well-being of staff, patients, and the community during severe winter weather events.

Preparedness and Planning:

- Develop and maintain a winter storm preparedness plan that includes cold weather precautions, resource assessments, and staff training.
- Collaborate with local emergency management agencies to receive weather forecasts and advisories.
- Establish communication channels for winter storm alerts and notifications to staff, patients, and visitors.
- Identify indoor sheltering areas within the facility to protect individuals from extreme cold and hazardous conditions.

Response Actions:

- When a winter storm warning is issued, the CCHC Administrator or Incident Commander will activate the emergency response plan.
- Staff will alert all personnel of the winter storm warning and assess potential risks to the facility and patients.
- Ensure patients and staff are adequately prepared for prolonged indoor stays by providing necessary supplies.
- Maintain heating systems and backup power sources to ensure operational continuity.

Recovery and Continuity:

- After the winter storm event, the Incident Commander will assess facility conditions and determine when it is safe for staff and patients to resume regular activities.
- Coordinate with local emergency management to access resources for recovery efforts, including snow removal, equipment checks, and repairs.
- Collaborate with healthcare partners to ensure the continuity of patient care and services during the recovery phase.

Communication and Information Sharing:

- Maintain communication with local emergency management agencies, neighboring healthcare facilities, and relevant community organizations.
- Disseminate winter storm-related information to staff, patients, and the public through established communication channels.
- Provide updates on facility status, patient conditions, and recovery progress as needed.

Training and Drills:

- Conduct regular winter storm preparedness drills involving staff, patients, and visitors to ensure familiarity with response procedures.
- Evaluate the effectiveness of drills and update procedures based on lessons learned.

Resources and Logistics:

- Ensure that indoor sheltering areas are equipped with emergency supplies, heating devices, blankets, and other necessary items.
- Maintain a roster of staff responsible for specific roles during winter storm response and recovery.
- Establish agreements with nearby healthcare facilities for patient support and resource sharing during winter weather events.

Documentation and Reporting:

- Keep records of winter storm drills, response actions, resource allocations, and recovery efforts for documentation and improvement purposes.

Carter County Hazard Risk Analysis

This information is designed to provide an overview of the hazards that could affect Carter County and its municipalities. CCHC conducts a Missouri Public Health Risk Assessment Tool (MOPHRAT) every three years that helps assess the level of planning necessary to ensure access to emergency response and preparedness resources, taking into account the services provided by LPHAs and the healthcare system. The most recent [MOPHRAT](#) was conducted in July of 2023. In general, hazards can be placed into two categories: natural and technological/man-made hazards.

Natural Hazards

Tornado

Since Missouri lies in the heart of the nation's "tornado alley", its residents are particularly vulnerable to tornadoes. Seventy percent (70%) of Missouri's tornadoes occur during the months of March, April, May and June, but a tornado can occur at any time of the year. The majority of tornadoes, along with their parent thunderstorms, move from the southwest to the northeast; however, they have been observed moving in from all directions.

Winter Storms

Although excessive snowfalls with prolonged severe cold, or storms producing blizzard conditions are rare in Missouri, they do occur. The degree of severity may be localized to a small area due to the combination of climate conditions. A large winter storm accompanied by severe cold could cause numerous secondary hazards such as power failures, fuel shortages, and transportation incidents.

Floods

A multitude of creeks and the Current River are the only significant waterways in Carter County, and flooding could potentially occur anywhere along these waterways. Carter County does not participate in the National Flood Insurance Program. The municipalities of Ellsinore and Van Buren do participate. The City of Grandin does not participate. The flood plain maps are kept on file with the Emergency Management Director, City Halls, as well as with the State Emergency Management Agency in Jefferson City.

Earthquake

Although earthquakes in the Midwest occur less frequently than on the west coast, the threat of earthquakes to Missouri residents is high.

Other

Additional natural hazards that could affect Carter County include; drought, high winds, excessive rain, landslides, and lightning storms.

Technological Hazards

Hazardous Materials Incidents

Carter County is prone to hazardous materials incidents from both fixed facilities and transportation accidents (highway, waterway, and railway and pipelines).

Dam Failures

Carter County is vulnerable to the effects of a levee or dam failure, since fifteen (15) dams have been identified in the county.

Power Failures

The loss or interruption of power can cause significant problems for the businesses and residents of Carter County. Power failure can result from another disaster (i.e., tornado, winter storm) or it can occur on its own.

Transportation

Carter County and its municipalities are vulnerable to transportation incidents involving highway, rail, water, or air passenger travel. Accidents involving vehicles carrying large numbers of people (i.e., buses, boats, planes, etc.) can occur on the highways (Missouri Hwy's 21, 103, and US Highway 60), waterways, and in the air or near the ground.

Urban Fire

Urban fires can originate from a variety of sources, including electrical faults, unattended cooking, heating equipment, arson, and industrial activities. These fires have the potential to cause major conflagrations, particularly in densely populated or industrial areas. The consequences of urban fires can be severe, leading to loss of life, property damage, and significant economic impacts. Secondary hazards associated with urban fires include hazardous materials incidents due to the combustion of chemicals, the release of toxic fumes, and the potential for explosions in industrial zones.

Nuclear Attack

Carter County is not considered a risk area for nuclear attack.

National Security Hazards

Terrorism

Much of the threat from the proliferation of nuclear and chemical weapons and delivery systems resides in the increased danger that these weapons of mass destruction will find themselves in the hands of a terrorist group or fanatic. As the attacks of September 11, 2001 made starkly evident, terrorists may try to strike at civilian targets such as high-rise buildings, transportation hubs, sporting events, and public spaces such as malls.

Bio-terrorism

In theory, biological weapons could be even more devastating than chemical or nuclear weapons. That's because some of them can spread far beyond the initial point of release through ongoing and multiplying human-to-human transmission. Terrorists might choose to spread an infectious disease by facilitating person-to-person contact, or by deploying agents that have been "weaponized." For example, an infectious disease that normally infects the skin could be turned into an aerosol or powder form that could then be sprayed over a wider area.

The U.S. Centers for Disease Control and Prevention (CDC) divides biological agents into three categories- A, B, and C- based on their ability to wreak havoc on the population at large. Category A or "high priority" agents are those that can be easily transmitted through human contact, have a high death rate and the potential for a major public health impact, may cause widespread panic and disruption, and require special public health measures. Agents in this category are in alphabetical order:

- Anthrax
- Botulism
- Plague
- Smallpox
- Tularemia (rabbit fever)
- Viral hemorrhagic fevers (such as Ebola virus)

Situation Reporting Procedures

Emergency Support Function 8 – Public Health

Purpose

To collect and disseminate information on Emergency Support Function 8 (ESF-8) – Public Health response and recovery operations in a comprehensive, accurate, and efficient manner. This will enable jurisdictional leadership and partners to make informed and coordinated decisions related to the provision of public health services during a disaster caused by natural, man-made, and technological hazards, as well as various factors that influence the exposure and vulnerability of a community.

Scope

Situation Reports should include tailored information for the threat/hazard impacting the community. This document provides an overview of Carter County Health Center's (CCHC) EFS-8 procedures for the collection and dissemination of situation reports.

Background Situations

Sharing relevant and timely situational information throughout an incident is essential to achieving a common operating picture which enables both on-scene response personnel and Emergency Operations Center (EOC) personnel involved in support and coordination activities to make better decisions.

CCHC is the principal point-of-contact for information related to the ESF-8 impacts resulting from a disaster or other event. It is expected that CCHC will prepare the ESF-8 Situation Report for Carter County Emergency Management to incorporate into a more comprehensive county-wide Situation Report that includes other responding agencies/organizations and then disseminate the Situation Report to leadership and key partners.

If Carter County Emergency Management is not preparing a comprehensive Carter County Situational Report, CCHC may be asked to prepare an ESF-8 specific Situation Report that will be circulated to leadership and key stakeholders.

Concept of Operations

The Situation Report is a critical document for coordinating our response and planning efforts. To ensure its effectiveness and accuracy, the following steps will be implemented:

Information Gathering: We will adopt a multifaceted approach to gather information for the Situation Report. This includes:

- Organizing whole department calls to discuss updates and gather insights.
- Setting a specific date and time for programs to submit their information, ensuring a streamlined collection process.
- Utilizing specific systems to retrieve real-time data relevant to our operations.

Primary Authorship: The responsibility of compiling and authoring the Public Health Situation Report will be assigned to CCHC. This role will involve collating information from various sources, ensuring that the report is comprehensive and reflective of the current situation.

Frequency of Distribution: The Situation Report will be finalized and distributed soon after. This frequency may be adjusted based on the evolving nature of the situation and the needs of the department.

ESF-8 All-Hazard Situation Report Content

The following tables contain data elements that should be considered when developing an ESF-8 Situation Report for All-Hazards. Hazard specific data elements should augment the all-hazards data and can be found in: [Hazard Specific Situation Reporting Content](#).

SITUATION REPORT ESF-8 Public Health		
Situation Report Number:		
Incident Name:		
Incident Number:		
Emergency Proclamations/Declarations:		
EOC Status: <i>[Choose one: Monitoring, Partially Activated, Fully Activated]</i>		
ESF-8 Leads or Incident Commanders: <i>[Insert Names, Titles, and Contract Information]</i>		
Date:	Time:	Situation reports will be released daily at approximately <i>[Insert time]</i> . <i>[Insert color name]</i> text reflects new or updated information.
<i>[Provide instructions for signing up for emergency alerts]</i>		
<i>[Provide instruction for how to support impacted community (e.g., local non-profits accepting/distributing donations)]</i>		
<i>[Provide instructions on where to find additional information and submit questions]</i>		
Key Updates		
Health Advisories/Orders	<i>[Describe]</i>	
Policy Changes	<i>[Include federal/local mandates (e.g., masks, social distancing, isolation periods)]</i>	
Announcements & Featured Media	<i>[Include media coverage since the last Situation Report was released]</i>	
Priorities for Current Operational Period	<i>[Describe]</i>	
Completed Activities Since Last Operational Period	<i>[Describe]</i>	
Future Activities	<i>[Describe]</i>	
Other Essential Information		Data Source
Other Essential Information (Non-ESF-8)	Weather/hazard forecasts: <i>[Provide fire danger level, number of fires, fire containment levels, classification and trajectory of hurricane, projected flood zones, and active flood zones]</i>	National Weather Service
<i>[When submitting a situation report to health department leadership, it may be</i>	Critical infrastructure impacts: <i>[Identify power outages, water advisories/outages, road closures, school closures, airport closures, etc.]</i>	Ozark Border Electric Missouri Department of Transportation (MoDOT)

<i>helpful to include the information in the next column. However, if the ESF-8 Situation Report is being integrated into Emergency Management’s larger situation report, these components will likely be submitted by other ESFs and would not be the responsibility of ESF-8.]</i>	Population evacuation statistics: <i>[Insert number of displaced individuals, number of individuals in evacuation shelters, and number who have returned to the area, etc.]</i>	
	Ingress and egress routes information: <i>[Especially, if using contraflow on highways as an evacuation strategy]</i>	Missouri Department of Transportation (MoDOT)
	Damage assessments: <i>[Include preliminary damage assessments cost estimates; this may be economic rather than physical damage]</i>	SEMA
	Agricultural impact: <i>[Identify zoonotic disease in livestock/poultry, crop yields/damage, number of deceased or displaced livestock/poultry, etc.]</i>	Missouri Department of Agriculture
	Wildlife impacts: <i>[Identify zoonotic disease, destruction of ecosystems, deceased or displacing wildlife, etc.]</i>	Missouri Department of Conservation
	Forestation impacts: <i>[Include acreage impacted, extent of damage, etc.]</i>	Missouri Department of Conservation
	Resources available: <i>[Identify public assistance, sandbags, etc.]</i>	Web EOC

[In the “Data Source” column, populate the appropriate data sources that can be used to collect the recommended information. This column is for internal reference only and should be deleted prior to publishing the situation report.]

Community Public Health & Medical Impacts		Data Source
Public Health System Status	<i>[Choose one: No Impact, Minimal Impact (Describe), Significant Impact (Describe)]</i>	<i>[Recommended Source: Coordination Call]</i>
Health Care System Status	<i>[Choose one: No Impact, Minimal Impact (Describe), Significant Impact (Describe)]</i>	<i>[Recommended Source: Coordination Call]</i>
Hospitals on divert	<i>[Insert Number]</i>	<i>[Recommended Source: Coordination Call]</i>
Long term care facilities impacted	<i>[Describe impacts: Closed, shelter in place, evacuated, etc.]</i>	<i>[Recommended Source: Coordination Call]</i>

Mortuary services impacts	Medical examiner: <i>[E.g., include autopsy delays, additional support needed]</i>	McSpadden Funeral Home
	Funeral homes: <i>[E.g., include delays in final internment, number of unclaimed remains]</i>	McSpadden Funeral Home
	Transportation and storage: <i>[E.g., identify storage space remaining and availability to transport remains from healthcare settings]</i>	McSpadden Funeral Home
Environmental Health Impacts	Environmental Health Inspections/Re-inspections: <i>[E.g., food, lodging, pool, and septic]</i>	<i>[Recommended Source: Environmental Health Program]</i>
	Water Advisories: <i>[E.g., waterborne diseases, well water contamination, boil water notices]</i>	<i>[Recommended Source: Environmental Health Program]</i> CDC: Do Not Use Water Advisory
	Air Quality Advisories: <i>[E.g., particulate matter, ozone, wildfire smoke, volcanic ash]</i>	<i>[Recommended Source: Environmental Health Program]</i> CDC: Air Quality Advisory
Epidemiology Data	Case definition: <i>[Identify how cases and presumptive cases are defined]</i>	<i>[Recommended Source: Epidemiology Program]</i>
Emerging Threats/Issues	Demographics: <i>[Identify distribution of cases by occupation, sex, rural/urban area, ethnicity, etc.]</i>	<i>[Recommended Source: Epidemiology Program]</i>
	Epidemiological Curve: <i>[Provide histogram that</i>	<i>[Recommended Source: Epidemiology Program]</i>

	<i>shows the distribution of cases over time]</i>	
	Number of emergency department visits: <i>[Include case count and rate]</i>	<i>[Recommended Source: Epidemiology Program]</i>
	Number of hospitalizations: <i>[Include case count and rate]</i>	<i>[Recommended Source: Epidemiology Program]</i>
	Number of deaths: <i>[Include case count and rate]</i>	<i>[Recommended Source: Epidemiology Program]</i>
	Information that is not available because it is protected health information (PHI): <i>[Describe]</i>	<i>[Recommended Source: Epidemiology Program]</i>
	<i>[Identify secondary outbreaks or other barrier roadblocks, etc.]</i>	<i>[Recommended Source: Coordination Call]</i>
Populations most at-risk of negative health impacts	<i>[Identify co-morbidities, occupation, medical equipment users, etc.]</i>	<i>Recommended Source: Epidemiology Program, HHS emPOWER Program Platform</i>
Number of staff affected	<i>[Include number]</i>	<i>Recommended Source: Coordination Call]</i>
Number of staff activated	<i>[Include number]</i>	<i>[Recommended Source: Coordination Call / EOC Logistics Sections]</i>
Number of volunteers activated	<i>[Include number]</i>	<i>[Recommended Source: Volunteer Coordinator / EOC Logistics Sections]</i>
Community partnership being leveraged	<i>[Identify universities, food banks, clothing banks, senior centers, etc.]</i>	

Hazard Specific Situation Reporting Content

Below are hazard specific data and information that should be considered when developing a situation report. Following an incident, select the appropriate table and combine it with the All-Hazard Situation Report tables. In the tables below, the green text contains more detailed examples of the types of information that would be valuable to include in the situation report.

The following hazards are included in this section:

- Communicable Disease Outbreak
- Heat Wave
- Winter Weather Event
- Flood/Hurricane
- Radiological/Nuclear Incident

[In the “Data Source” column, populate the appropriate data sources that can be used to collect the recommended information. This column is for internal reference only and should be deleted prior to publishing the situation report.]

Communicable Disease Outbreak

Communicable Disease Outbreak Information		Data Source
Key Public Health Safety Messages	Guidance for infection control: <i>[E.g., personal hygiene, cleaning instructions, PPE recommendations, etc.]</i>	<i>[Pathogen Dependent]</i>
	Guidance for specific populations: <i>[E.g., children, dogs, elderly, and other populations most at risk for heat related illness]</i>	<i>[Pathogen Dependent]</i>
	Guidance for Congregate Living Settings: <i>[E.g., correctional and detention facilities, shelters, group homes, dormitories at institutes of higher education, seasonal worker housing, residential substance use treatment facilities, and other similar settings]</i>	<i>[Pathogen Dependent]</i>
Community Events/Shelters	Testing opportunities: <i>[Provide location, date/times of operation, information about scheduling an appointment, public transportation nearby, etc.]</i>	<i>[Recommended Source: Communicable Disease Program]</i>
	Vaccine opportunities: <i>[Provide eligibility information, location, date/times of operation, information about scheduling an appointment, public transportation nearby, etc.]</i>	<i>[Recommended Source: Immunization Program]</i>
Travel information	<i>[Provide immunization, testing, and quarantine requirements, etc.]</i>	Recommended Sources: CDC: Travelers’ Health US Department of State: Travel Advisories
Resources Available	<i>[Include medical countermeasures (e.g., immunizations, antivirals, antibiotics), personal protective equipment (PPE), etc.]</i>	<i>[Recommended Source: Coordination Call]</i>

Resources Distributed	<i>[Identify the number and type of medical countermeasures and PPE distributed]</i>	<i>[Recommended Source: Coordination Call]</i>
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Heat Wave

Heat Wave Information		Data Source
Key Public Health Safety Messages	Injury prevention guidance: <i>[E.g., signs and symptoms of heatstroke and heat-related illness, when to call 911, how to protect yourself and home, etc.]</i>	<i>Recommended Sources:</i> National Weather Service: Heat Safety CDC: Health and Safety Concerns for All Disasters/
	Guidance for employers: <i>[e.g., providing cool shaded spaces for breaks, providing fans/air-conditioning units in congregate living settings, etc.]</i>	<i>Recommended Source:</i> OSHA: Heat Awareness/
	Guidance for specific populations: <i>[E.g., children, dogs, elderly, and other populations most at risk for heat related illness]</i>	<i>Recommended Source:</i> CDC: Protecting Disproportionately Affected Populations from Extreme Heat/
Community Events/Shelters	Cooling centers: <i>[Provide location, date/time of operations, public transportation nearby, etc.]</i>	<i>[Recommended Source: Coordination Call]</i>
	Cool air spaces: <i>[e.g., malls, libraries]: [Provide location, date/time of operations, public transportation nearby, etc.]</i>	<i>[Recommended Source: Coordination Call]</i>
Resources Available	<i>[E.g., air conditioning (AC) units and fans]</i>	<i>[Recommended Source: Coordination Call]</i>
Resources Distributed	<i>[Identify number of air conditioning (AC) units, fans, etc.]</i>	<i>[Recommended Source: Coordination Call]</i>

Winter Weather Event

Winter Weather Event Information		Data Source
Key Public Health Safety Messages	Injury Prevention Guidance <i>[E.g., signs and symptoms of hypothermia and frostbite, when to call 911, how to protect yourself and home, etc.]</i>	<i>Recommended Sources:</i> CDC Prevent Hypothermia & Frostbite American Red Cross: Winter Storm Safety/
	Guidance on staying safe indoors: <i>[E.g., heating your home safely, lighting your home safely, using generators and other appliances safely, how to conserve heat, keeping a water</i>	<i>Recommended Source:</i> CDC: Stay Safe During & After a Winter Storm/

	<i>supply, heating your home safely, lighting your home safely, using generators and other appliances safely, how to conserve heat, keeping a water supply, etc.]</i>	
	Guidance for specific populations: <i>[E.g., children, dogs, elderly, and other populations most at risk for cold related illness]</i>	<i>Recommended Source: CDC: Information for Specific Groups</i>
	Guidance for congregate living settings: <i>[E.g., correctional and detention facilities, shelters, group homes, dormitories at institutes of higher education, seasonal worker housing, residential substance use treatment facilities, and other similar settings]</i>	
	Guidance for employers: <i>[E.g., Preventing slips on snow and ice]</i>	<i>Recommended Source: OSHA Winter Weather</i>
Community Events/Shelters	Warming centers: <i>[Provide location, date/time of operations, public transportation nearby, etc.]</i>	<i>Recommended Source: Coordination Call Missouri Warming Center Map</i>
	Warm community spaces: <i>[e.g., malls, libraries]: [Provide location, date/time of operations, public transportation nearby, etc.]</i>	<i>[Recommended Source: Coordination Call]</i>
Resources Available	<i>[E.g., “blankets”]</i>	<i>[Recommended Source: Coordination Call]</i>
Resources Distributed	<i>[Identify number and type of resources]</i>	<i>[Recommended Source: Coordination Call]</i>

Flood/Hurricane

Flood/Hurricane Information		Data Source
Key Public Health Safety Messages	Injury Prevention Guidance: <i>[Avoid driving through flooded areas, do not drink flood water, watch for water advisories, how to safely use generators, how to safely handle damaged structures]</i>	<i>Recommended Sources: CDC Flood Safety Tips</i>
	Preparedness Guidance: <i>[What supplies to gather, where to get information, bringing in outdoor items]</i>	<i>CDC: Preparing for a Flood</i>
	Guidance for congregate living settings: <i>[E.g., correctional and detention facilities, shelters, group homes, dormitories at institutes of higher education, seasonal worker housing, residential substance use treatment facilities, and other similar settings]</i>	

	<p>Vector control: <i>[E.g., mosquito management activities, other rodent management activities, etc.]</i></p>	<p><i>Recommended Source:</i> CDC: Protect Yourself from Animal- and Insect-Related Hazards After a Disaster</p> <p>CDC: Mosquito Control]</p>
	<p>Environmental health educational material: <i>[E.g., food safety during power outages, how to clean/test well water, etc.]</i></p>	<p><i>Recommended Source:</i> CDC: Food, Water, Sanitation, and Hygiene Information for Use Before and After a Disaster or Emergency]</p>
Community Events/Shelters	<p>Vaccine opportunities <i>[e.g., Hepatitis A, Tetanus]:</i> <i>[Provide eligibility information, location, date/times of operation, information about scheduling an appointment, public transportation nearby, etc.]</i></p>	<p><i>Recommended Source:</i> Coordination Call]</p>
	<p>Emergency Shelters: <i>[Provide location, date/time of operations, transportation available, etc.]</i></p>	<p><i>Recommended Source:</i> Coordination Call]</p>
Resources Available	<p><i>[Include resources such as immunizations (e.g., Hepatitis A, Tetanus), etc.]</i></p>	<p><i>Recommended Source:</i> Coordination Call]</p>
Resources Distributed	<p><i>[Include information such as number and type of immunizations distributed and their locations (e.g., Hepatitis A, Tetanus), etc.]</i></p>	<p><i>Recommended Source:</i> Coordination Call]</p>

Radiological/Nuclear Incident

Radiological/Nuclear Incident Information		Data Source
Key Public Health Safety Messages	<p>Injury Prevention Guidance: <i>[E.g., Shelter-in-Place instructions and decontamination instructions for self, pets, and home]</i></p>	<p><i>Recommended Source:</i> CDC: Shelter-in-Place</p> <p>CDC: What to Do During a Radiation Emergency]</p>
	<p>Signs and symptoms of exposure: <i>[E.g., Acute Radiation Syndrome symptoms and exposure levels]</i></p>	<p><i>Recommended Source:</i> CDC: Acute Radiation Syndrome]</p>
	<p>Medical countermeasure instructions: <i>[E.g., Potassium Iodide (KI), Prussian Blue, DTPA (Diethylenetriamine pentaacetate), etc.]</i></p>	<p><i>Recommended Source:</i> CDC: Medical Countermeasures (Treatments) for Radiation Exposure and Contamination]</p>

	Environmental health educational material: <i>[E.g., food safety during power outages, how to clean/test well water, contaminated food sources, etc.]</i>	<i>[Recommended Source: CDC: Food and Drinking Water Safety in a Radiation Emergency]</i>
Community Events/Shelters	Decontamination Areas: <i>[Provide location, date/time of operations, transportation instructions to minimize exposures, etc.]</i>	<i>[Recommended Source: Coordination Call]</i>
	Emergency Shelter <i>[E.g., for those without the ability to shelter in place]: [Provide location, date/time of operations, transportation instructions to minimize exposures, etc.]</i>	<i>[Recommended Source: Coordination Call]</i>
Resources Available	<i>[Identify medical countermeasures available (e.g., potassium iodine, etc.), personal protective equipment (PPE), etc.]</i>	<i>[Recommended Source: Coordination Call]</i>
Resources Distributed	<i>[Include number and type of medical countermeasures and PPE distributed]</i>	<i>[Recommended Source: Coordination Call]</i>

Communications Annex

Carter County Emergency Management Contacts

Nursing Home and Residential Care Facilities

NAME	PHONE	ADDRESS	NO. BEDS	OCCUPIED BEDS
Riverways Manor Nursing Home	573-323-4282 F:573-323-8224	403 Watercress Rd. Van Buren, MO	60	
Skyline Assisted Living	573-251-3555 F: 573-251-2589	Hwy. 60 E Fremont, MO	45	

Physicians

NAME	PHONE	ADDRESS	TYPE
Amy Manning, DNP, APRN, FNP-C	573-323-4253	402 Main St.	General Practice
Jared Sanders, MSN, APRN, ACNPC-AG, FNP-C	573-323-4253	402 Main St.	General Practice
Dr. Christy Pryor	573-323-4387 F: 573-323-8120	511 West Elsie St.	Dentistry

Pharmacies

PHARMACY	PHONE	ADDRESS
Van Buren Drug	573-323-8159	406 Main St.

Local Contacts

AGENCY	PHONE
Van Buren Fire Department	573-323-4567
Van Buren Police Department	573-323-4394
Ellsinore Police Department	573-322-5333
Carter County Sheriff's Office - Dustin Boyer	573-323-4510
Ellsinore/Hunter Ambulance Service	573-322-5555
MO State Highway Patrol	1-800-525-5555
Region 7 Environmental Protection Agency	913-551-7221
Missouri Dept of Natural Resources	573-634-2436
Ozark National Scenic Riverways	573-323-4236
Carter County Family Service Office	573-323-4201
Carter County Road Dept (Ellsinore)	573-322-5350
Carter County Road Dept (Van Buren)	573-323-4519
Carter County Emergency Director – Curt Majors	870-275-5053

Carter County Coroner – Joe Ben Chapman	573-323-4222
Superintendent Ozark Nat. Sci. Riv. – Jason Lott	573-323-4236
Carter County Family Service Office – Dawn Rector	573-300-6726 (cell)
Conservation Agent – Avery Crisp	573-996-8961
Van Buren R 1 Superintendent – Amy Jackson	573-323-4281
Ellsinore R 2 Superintendent - Dr. Richard Sullivan	573-322-5625

24-Hour Contacts

AGENCY	WEB ADDRESS	24 HOUR NUMBER
MO Dept of Health and Senior Services	www.health.mo.gov/	800-392-0272
MO Center for Emergency Response and Terrorism	www.health.mo.gov/	573-526-4768
State Public Health Lab	www.health.mo.gov/	573-751-3334
State Emergency Management Agency	www.sema.dps.mo.gov/	573-526-9100
Department of Natural Resources	www.dnr.mo.gov/	573-634-2436
Troop G Highway Patrol	www.https://statepatrol.dps.mo.gov/	417-469-3121
Centers for Disease Control	www.cdc.gov	404-639-2888
Federal Emergency Management Agency	www.fema.gov	816-283-7060
Environmental Protection Agency	www.epa.gov	913-281-0991
Food and Drug Administration	www.fda.gov	913-752-2100
FBI	www.fbi.gov	816-512-8200
Nuclear Regulatory Commission	www.nrc.gov	301-415-5385
US Army Medical Research Institute of Infectious Diseases (USAMRIID)	www.usamriid.health.mil/	888-872-7443

Additional Communication Lines

At the present time Carter County Health Center is equipped with:

- Incoming phone lines:
 - 573-323-4413
 - 573-323-4271
 - 573-323-4627
 - 1-800-869-4086

- Cell Phone:
 - 573-718-1819
- Fax Machines:
 - 573-323-8489
- Internet Access:
 - SMARTLINK Fiber
- Intranet Access:
 - DHSS
- Computer Stations:
 - 9
- Lap Top Computers:
 - 3
- Handheld radios:
 - 4
- Missouri Statewide Interoperability Network (MOSWIN) radio & talk group list
- Emergency Scanner/Emergency Weather Radio

Staff Training Annex

CCHC EOP Staff Training Plan

Training Objectives

- Develop staff proficiency in emergency response roles and responsibilities.
- Ensure familiarity with the EOP structure, incident command system (ICS), and communication protocols.
- Enhance knowledge of infection control, personal protective equipment (PPE), and resource management.
- Foster teamwork, effective communication, and rapid decision-making.

Training Approach

- Blend of online FEMA courses, tabletop exercises, practical drills, and collaboration with external partners.

Training Content and Schedule

Quarter 1:

Orientation and EOP Overview: [FEMA - Emergency Management Institute \(EMI\) Course | IS-230.E: Fundamentals of Emergency Management](#)

- Introduction to the EOP structure, roles, and activation procedures.
- Overview of incident command system (ICS) principles.
- Communication protocols and channels.

ICS 100: Introduction to the Incident Command System: [FEMA - Emergency Management Institute \(EMI\) Course | IS-100.C: Introduction to the Incident Command System, ICS 100](#)

- Introduction to ICS principles, organizational structure, and functions.
- Understanding roles and responsibilities within the incident command structure.

Quarter 2:

Infection Control and PPE Training: [Addressing PPE Needs in Non-Healthcare Setting | FEMA.gov](#)

- Infection prevention measures during emergencies.
- Proper selection, use, and disposal of personal protective equipment (PPE).

ICS 200: Basic Incident Command System for Initial Response: [FEMA - Emergency Management Institute \(EMI\) Course | IS-200.C: Basic Incident Command System for Initial Response, ICS-200](#)

- Detailed understanding of ICS organization, planning, and resource management.
- Application of ICS principles in emergency response scenarios.

Quarter 3:

Resource Management and Logistics Training: [IS-0703.b NIMS Resource Management - Student Manual \(fema.gov\)](#)

- Resource allocation, tracking, and coordination.
- Establishing communication and collaboration with external partners.

IS 700: National Incident Management System (NIMS) An Introduction: [FEMA - Emergency Management Institute \(EMI\) Course | IS-700.B: An Introduction to the National Incident Management System](#)

- Introduction to the National Incident Management System (NIMS) and its key concepts.
- Importance of NIMS in fostering a standardized approach to emergency response.

Quarter 4:

Example Tabletop Exercise: Infectious Disease Outbreak Response (Internal Drill):

- Simulated scenario involving an infectious disease outbreak.
- Application of EOP procedures, communication, and resource coordination.

IS 800: National Response Framework (NRF), An Introduction: [FEMA - Emergency Management Institute \(EMI\) Course | IS-800.D: National Response Framework, An Introduction](#)

- Understanding the NRF and its role in guiding response efforts.
- Collaborative response involving federal, state, local, and tribal partners.

Quarter 5:

Example Full-Scale Exercise: Winter Storm Response (Collaborative Drill with Local Emergency Management):

- Comprehensive simulation of a winter storm scenario.
- Testing the application of EOP procedures, coordination, and resource management.

Additional Training Opportunities (Based on Identified Needs):

- Identify areas for additional training based on lessons learned from exercises or emerging threats.

Ongoing:

Monthly Updates and Refresher Training:

- Monthly briefings on current emergency preparedness topics, updates to the EOP, and relevant news.
- Periodic refresher training on key concepts, procedures, and skills.

Evaluation and Improvement:

- Conduct evaluations after each training session and exercise to identify strengths, areas for improvement, and opportunities for additional training.
- Continuously update the training plan based on lessons learned and emerging trends.

Required Training for Health Center Personnel

1. [IS-700.a Introduction to the National Incident Management System](#) (Online)
2. [IS-800.b Introduction to the National Response Plan](#) (Online)
3. [IS-100.a Introduction to the Incident Command System](#) (Online)
4. [IS-200.a Basic Incident Command System](#) (Online)
5. [\(IS-808/ESF#8\) "Public Health and Medical Services"](#) (Online)

Professional Development Series (PDS):

1. [Fundamentals of Emergency Management \(IS-230.E\) - FEMA](#)
2. [Emergency Planning \(IS-235.C\) - FEMA](#)
3. [Leadership & Influence \(IS-240.C\) - FEMA](#)
4. [Decision Making & Problem Solving \(IS-241.C\) - FEMA](#)
5. [Effective Communication \(IS-242.C\) - FEMA](#)
6. [Developing & Managing Volunteers \(IS-244.B\) - FEMA](#)

Specific Medical-Epidemiology Training

For Nurses, Epidemiologists, Communicable Disease Specialists, and others:

1. Principles of Epidemiology (Classroom) - 2 days
2. MOHSIS / WEBSURV (Classroom) - 1 day
3. ESSENCE (Classroom) - 1 day
4. "Focus on Field Epidemiology" (Online)
5. Food based outbreak training
6. "Community Health Assessment and Intervention Planning" (Classroom) - 1 day

Other Recommended Training

Advanced Professional Development Series (APDS): Required Courses

1. [EOC Management & Operations \(G-275\) - SEMA and/or FEMA](#)
2. [ICS/EOC Interface \(G-191\) - FEMA](#)
3. [Rapid Assessment Workshop \(G-250.7\) - FEMA](#)
4. [Recovery from Disaster \(Local Gov't Role\) \(G-270.4\) - FEMA](#)
5. [Mitigation Planning Workshop \(Local Govt's\) \(G-318\) - FEMA](#)

APS Course Application Process

- APS courses are classroom delivered courses unless otherwise noted.
- APS courses are delivered through your State Emergency Management Agency.
- Please contact your State Training Officer for a schedule of offerings.
- [State Emergency Management Agencies — Contact Information](#)

Elective Courses (Choose 5):

1. Donations Management Workshop (G-288) - SEMA and/or FEMA
2. Multi-Hazard Emergency Planning (for schools) (G-362) - FEMA
3. Emergency Planning & Special Needs Populations (G-197) - SEMA and/or FEMA
4. Debris Management (G-202) - FEMA
5. Mass Fatalities (G-386) - FEMA
6. Exercise Program Manager (G-137) - FEMA
7. Flood Fight Operations (G-361) - FEMA
8. Emergency Management Operations (for Local Gov't) (G-110) - FEMA
9. Homeland Security Planning (for Local Gov't) (G-408) - FEMA
10. Community Mass Care Management (G-108) - FEMA
11. Evacuation & Re-Entry Planning (G-358) - FEMA
12. Basic Public Information Officer (G-290) - FEMA
13. Hazardous Weather & Flood Preparedness (G-271) - FEMA
14. Warning Coordination (G-272) – FEMA

Certificate of Completion

Students who complete the [5 required courses](#) and [any 5 of 15 elective courses](#) are eligible to receive the Advanced Professional Series Certificate of Completion from their state.

Certificate Request

Requests for the certificate of completion must be sent to your state emergency management agency for verification. Include proof of attendance, either a copy of a completion certificate or transcript, of each course completed.

Additional Recommended Courses**FEMA Online Courses:**

1. [IS-703 "NIMS Resource Management"](#)
2. [IS-271 "Anticipating Hazardous Weather & Community Risk"](#)
3. [IS-22 "Are You Ready? An In-Depth Guide to Citizen Preparedness"](#)
4. [IS-26 "Guide to Points of Distribution"](#)
5. [IS-120a "An Introduction to Exercises"](#)
6. [IS-288 "The Role of Voluntary Agencies in Emergency Mgmt."](#)
7. [IS-346 "An Orientation to HazMat for Medical Personnel"](#)
8. [IS-814 "Emergency Support Function \(ESF #14\) – Long Term Recovery"](#)

There are many other FEMA course offerings; they add new courses regularly and revise existing ones to stay current. Visit: www.training.fema.gov

[SEMA Courses Offered – \(Throughout the State of Missouri\):](#)

1. G-290 "Basic Public Information Officer" (classroom) - 2.5 days
2. G-108 "Community Mass Care Management" (classroom) - 2 days

3. G-240 "Leadership & Influence" (classroom) - 1 day
4. G-241 "Decision Making & Problem Solving" (classroom) - 1 day
5. G-244 "Developing & Managing Volunteers" (classroom) - 1 day
6. G-242 "Effective Communications" (classroom) - 1 day
7. G-197 "Emerg. Plng. for Special Needs Populations" (classroom) - 2.5 days
8. G-235 "Emergency Planning" (classroom) - 2 days
9. G-358 "Evacuation & Re-Entry Planning" (classroom) - 1.5 days
10. G-125 "Exercise Design & Evaluation" (classroom) - 2 days
11. AWR-201 "Intro to SNS & Mass Prophylaxis" (classroom) - 3 days
12. G-240 "Mass Fatalities & Incident Response" (classroom) - 2.5 days
13. MO-7 "Medical Considerations" (classroom) - 2 days
14. G-230 "Principles of Emergency Management" (classroom) - 2 days
15. MGT-318 "Public Info in WMD/Terrorism Incidents" (classroom) - 2 days
16. G-276 "Resource Management" (classroom) - 2 days
17. MGT-312 "Senior Officials Workshop: All Hazards Prep" (classroom) - 2 days
18. G-270.4 "Recovery from Disaster: Local Gov't Role" (classroom) - 2 days

Online Training Sites

The following sites offer online training that may be required for health department personnel or utilized for training purposes:

- United States Department of Health and Human Services (DHHS): <http://www.hhs.gov/emergency/index.shtml>
- Emergency Management Institute – FEMA Independent Study (IS) Program: <http://training.fema.gov>
- Missouri State Emergency Management Agency (SEMA): <http://training.dps.mo.gov> (SEMA classes are classroom-delivered in various areas around the state)
- Public Health Foundation: <http://www.phf.org> or <https://www.train.org>
- University of Albany (New York) School of Public Health (Center for Public Health Preparedness): <http://www.ualbanycphp.org>
- Yale New Haven Health Center for Emergency Preparedness and Disaster Response (Online Education and Training): <http://ynhhs.emergencyeducation.org>
- Center for Disease Control and Prevention (CDC) [Public Health Training Network (PHTN)]: <http://www2a.cdc.gov/PHTN/sites.asp> and <http://emergency.cdc.gov/training>
- The Northwest Center for Public Health Practice: <http://www.nwcphp.org/training/courses-exercises/index.html>
- University of Minnesota School of Public Health (Center for Public Health Preparedness): <http://cpheo.sph.umn.edu/umncphp/phet/home.html>
- St. Louis University (SLU) Heartland Centers: <http://heartlandcenters.learnpublichealth.com>
- Texas Engineering Extension Service (TEEX) [Texas A&M University System]: <http://teexweb.tamu.edu>

- Humane Society of the United States [Humane Society University]:
<http://www.humanesocietyu.org>
- National Center for Biomedical Research and Training (HCBRT) – [eLearning] Louisiana State University (LSU): <http://www.ncbrt.lsu.edu/eLearn./Default.aspx>
- Missouri Department of Health and Senior Services (DHSS) [ESSENCE and MOHSAIC]:
<http://www.dhss.mo.gov/ESSENCE/Training.html> and
<http://www.dhss.mo.gov/MOHSAIC Training.html>

Emergency Staffing Plan

JULY 2024



CARTER COUNTY
HEALTH CENTER

Plan Distribution and Update

Plan Distribution

This Emergency Staffing Plan will be distributed at the discretion of the Public Health Administrator, but will minimally include:

- Carter County Health Center (CCHC)
- Carter County Emergency Management
- Additional partners as identified

Plan Review and Update

Carter County Health Center and all planning partners will review and update this plan as follows:

- This document along with all associated plans shall be reviewed annually and updated as needed.
 - To occur each year by December 1st.
 - Annual review of the plan will include, at minimum, CCHC Leadership Team, members, and other planning partners as needed.
- When the CCHC Health Emergency Preparedness Coordinator (PHEP), or other designee, is notified of important changes to the plan, including contact information and specific policies or procedures contained within the plan.
 - Additional updates as needed and within 90 days of notification to PHEP Coordinator.
- As indicated by any After-Action Report with Improvement Plan (AAR/IP).
- The CCHC Public Health Administrator or designee will brief the Chief Administrative Officer, Emergency Manager, and any relevant county department heads on revisions made to this plan as deemed necessary.

Emergency Staffing Plan Record of Changes

Each update or change to the plan should be tracked. The Record of Changes, contains, at a minimum, the date of the change, a summary of the change made, the section/page updated, and the name of the person who made the change. Other relevant information should be considered.

Date	Change	Section/Page	Updated By

Purpose

This Emergency Staffing Plan establishes a coordinated process for emergency staffing to ensure the health and safety of Carter County’s diverse community and staff.

Scope

The actions covered in this Emergency Staffing Plan address activities related to hiring new staff, transferring existing staff to new positions, and bringing on volunteers or contracted staff to support emergency and disaster response activities within Carter County.

Background/Situation

CCHC has not frequently needed to employ an emergency staffing plan. The most recent instance was during the COVID-19 pandemic. During this period, no health department staff were permitted to take time off, and staff were paid overtime. Additionally, one new staff member was hired specifically to assist with COVID-related tasks. CCHC hopes that this emergency staffing plan will provide a better framework for staffing in future emergency situations.

Terminology

The following acronyms and initialisms are used in this Plan. A list of definitions has also been included to establish a shared understanding of the words.

Acronym	Term
CCHC	Carter County Health Center
CDC	Centers for Disease Control and Prevention
CERT	Community Emergency Response Team
DE&I	Diversity, Equity & Inclusion
EOC	Emergency Operations Center
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
FEMA	Federal Emergency Management Agency
HIPAA	Health Insurance Portability and Accountability Act
HR	Human Resources
ICS	Incident Command System
LHD	Local Health Department
MRC	Medical Reserve Corps
NIOSH	National Institute for Occupational Safety and Health
OSHA	Occupational Safety and Health Administration
PPE	Personal Protective Equipment
PHEP	Public Health Emergency Preparedness

Definitions

Incident: An actual or impending hazard, caused by humans or by natural phenomena, requiring action by emergency personnel to prevent or minimize loss of life or damage to property and/or natural resources.

Recruiting: Recruiting encompasses all aspects of hiring new individuals to work for an organization. It includes attracting, identifying, and engaging candidates; ensuring qualifications and assessing background information; interviewing and selecting a quality candidate for hire; and making a job offer.

Onboarding: The process in which new hires are integrated into an organization. It includes not only an initial new-hire orientation process, but an ongoing introduction to an organization's structure, culture, vision, mission, and values. Onboarding can last weeks and even up to a year.

Pre-Deployment: The pre-deployment phase includes activities that prepare volunteers or emergency responders for potential deployments and includes steps to activate staff.

Deployment: The deployment phase includes the movement of people or equipment to a place where they can be used when they are needed to support response operations.

Demobilization: Demobilization is the release and return of resources that are no longer required and is a planned process. A demobilization plan details specific responsibilities, release priorities, release procedures, checklists, and general information.

Public Health Emergency: Public health emergencies occur every day across the United States. Tornadoes, hurricanes, wildfires, floods, infectious disease outbreaks, terrorist attacks, and other emergencies have the potential to impact the overall health of large populations of people and may require a coordinated emergency response.

Assumptions

- During no notice incidents:
 - Existing staff and volunteers will need to be leveraged for response operations.
 - Existing staff may be able to postpone some non-essential functions temporarily.
- During advance notice incidents, there may be time to hire temporary staff, contract additional staff, and recruit additional volunteers.
- During prolonged incidents, programmatic activities that could be postponed temporarily will need to be resumed, and those activities can be accomplished by transitioning existing staff back to their traditional roles by hiring new staff or contractors, or by leveraging volunteers.
- Additional funding will likely be unavailable early in the response, and it is possible that additional funding may never be allocated to support response activities, which would require CCHC to use existing staff or volunteers.
- Just-in-time training should be included for all positions. Particular attention should be given to staff performing duties outside of their normal roles and responsibilities.
- The incident may require staff to be mobilized to different locations. Locations may include:
 - *Van Buren High School*
 - *Missouri Highlands HealthCare*
 - *Emergency Operations Center (Carter County Sheriff's Department)*
- Housing may need to be provided for contracted staff and new hires during a response if adequate local housing is unavailable.
- Staff will desire regular communication from Carter County leadership and response activities. Communication may need to come in multiple forms.

Table 1 summarizes which emergency staffing strategies may be leveraged if additional funding is or is not available, if the incident occurred with or without notice, and if the length of the response is estimated to be short or long. While this table provides general guidance on when to deploy certain emergency staffing strategies, it does not take into consideration all the nuanced variables that can impact the effectiveness of these strategies.

Strategy	Funding Available		Notice Provided		Length of Response	
	Yes	No	Yes	No	Short	Long
Transfer Existing Staff	✓	✓	✓	✓	✓	.
Volunteer Staff	✓	✓	✓	✓	✓	✓
Hired Staff	✓		✓			✓
Contracted Staff	✓		✓		✓	

Table 1: Emergency Staffing Strategies

Thresholds for Activation

Thresholds for activating this Emergency Staffing Plan are outlined below along with the actions associated with each activation level. While these thresholds act as a guide, leadership will be flexible and responsive to the needs of the incident and pursue activities that protect staff and the community. Thresholds do not necessarily occur in sequential order; some responses reach thresholds 3 or 4 immediately and others never move past threshold 1. Similarly, during demobilization, thresholds may be skipped entirely.

The staff denominator is based on the number of Carter County Health Center staff.

Threshold 1: 10-24% of staff are supporting a response.

- Existing staff and volunteers are leveraged for response activities.
- No hiring, contracting, or additional volunteer recruitment is being performed.

Threshold 2: 25-49% of staff are supporting a response.

- Existing staff and volunteers are leveraged for response activities.
- Additional volunteers are being recruited for response activities.
- No hiring or contracting is being performed.

Threshold 3: 50-74% of staff are supporting a response.

- Existing staff and volunteers are leveraged for response activities.
- Additional volunteers are being recruited for response activities.
- Contracts to support response operations are being pursued.
- No hiring is being performed.

Threshold 4: 75% or more of staff are supporting a response.

- Existing staff and volunteers are leveraged for response activities.
- Additional volunteers are being recruited for response activities.
- Contracts to support response operations are being pursued.
- Temporary and/or permanent staff are being hired to support response activities.

Surge Staffing Processes

Staffing for surge events can be especially challenging due to unpredictable work locations, types of personnel needed, and potential disruptions to infrastructure (i.e., roads, child/elder care, phone/internet, food establishments, etc.). However, documenting processes and procedures will minimize staff and organizational risks as well as maximize the potential for reimbursement if funds become available.

When an incident disrupts normal operations and necessitates the reassignment of existing staff or the onboarding of new personnel to support continued operations, several considerations must be addressed. The Administrator, responsible for human resources and finance activities, will need to coordinate closely with CCHC leadership to ensure the appropriate measures are taken to protect the health and well-being of existing staff, identify the appropriate sources and types of additional personnel needed, and support the onboarding and assignment of new personnel to mission-critical activities.

CCHC manages a list of potential surge staff with current MOUs from Reynolds County Health Center, Shannon County Health Center, Wayne County Health Center, Van Buren R-1 School District, and Van Buren Youth and Community Center. Surge personnel will be notified through established communication channels, including email, phone calls, and text messages, ensuring rapid and reliable contact. Personnel are informed of their roles and responsibilities through detailed briefings, job action sheets, and just-in-time training sessions. CCHC addresses the safety of personnel during a surge scenario by providing necessary personal protective equipment (PPE), implementing safety protocols, and offering mental health support and stress debriefings as needed.

In the initial meeting between the Administrator and CCHC leadership, the following should be discussed:

- How will expenses related to the response activities be tracked?
- What existing contracts allow for response activities? (See [Appendix B: Incident Funding Source Worksheet](#))
- What existing contracts could be amended to support response activities? (See [Appendix B: Incident Funding Source Worksheet](#))
- How will staffing levels be monitored and projected?
- What knowledge, skills, and abilities do staff need to support key response activities?
- Who is responsible for providing just-in-time training to staff?
- Who is responsible for demobilizing staff?
- What, if any, new or additional equipment do staff need to complete their assigned duties?

Leadership should also review:

- The pre-deployment email soliciting staff to support response activities.
- Policies related to:
 - Staff overtime (e.g., required pre-approval)
 - Staff paid time off (e.g., policies that permit or limit the use of paid time off, or policies that temporarily postpone use-it-or-lose-it paid time off)
 - Safety and liability (e.g., Workman's Compensation).

Following the review, these policies for all applicable types of personnel (e.g., surge staff, volunteers, and contractors) that may be utilized in the response should be communicated clearly to each surge staff member and their associated management. By addressing these considerations and maintaining clear communication, CCHC can effectively manage surge staffing and ensure a coordinated and efficient response to emergencies.

Expedited Administrative Procedures

During emergency situations, it is crucial for CCHC to respond swiftly and efficiently to ensure the health and safety of the community. To facilitate a rapid response, CCHC has established expedited administrative procedures for critical functions, including accepting, allocating, and spending funds, managing or hiring the workforce, and contracting or procuring mutual aid. These procedures are designed to streamline operations and bypass standard bureaucratic processes, allowing for immediate action and resource deployment during emergencies.

Processes:

1. Accepting, Allocating, or Spending Funds:

1. Initiate Emergency Funding Protocol:
 - The Administrator is notified of the emergency.
 - The Administrator activates the emergency funding protocol, bypassing standard approval processes.
2. Fund Allocation:
 - Immediate assessment of financial needs is conducted by the Administrator and the Incident Command Team.
 - Funds are allocated to priority areas such as medical supplies, staffing, and equipment.
3. Spending Authorization:
 - The Administrator authorizes emergency spending within pre-approved limits.
 - Expenditures are tracked and documented for post-emergency review and audit.

2. Managing or Hiring the Workforce:

1. Activate Surge Staffing Plan:
 - The Administrator activates the surge staffing plan upon notification from the Incident Commander.
2. Expedited Hiring:
 - Pre-established agreements with staffing agencies are utilized to quickly hire additional personnel.
 - The Administrator conducts rapid credentialing and background checks using streamlined procedures.
3. Deployment:
 - Newly hired staff and volunteers are assigned to critical areas based on immediate needs.
 - The Administrator maintains a roster of all deployed personnel for tracking and coordination.

3. Contracting or Procuring Mutual Aid:

1. Activate Pre-Approved Contracts:

- The Administrator activates pre-approved contracts with vendors and service providers upon emergency declaration.
- 2. Mutual Aid Request:
 - The Incident Commander contacts mutual aid partners as per existing agreements included in the MOUs mentioned in the above section.
 - Specific needs and resources are communicated to partners for prompt assistance.
- 3. Resource Deployment:
 - Received resources and aid are allocated to the necessary departments and functions.
 - The Administrator tracks all incoming and outgoing resources for accountability.
 - Further resources can be requested from SEMA through [Web EOC](#).

Workforce Wellbeing Promising Practices

Prioritizing wellbeing helps sustain a healthy workforce and environment and prevent staff burnout. Maintaining workforce wellbeing can have positive effects on staff, especially during times of emergency.

Promising practices to consider are included below. When choosing strategies to adopt consider the type of disaster, location of staff, and what historically has been well received by staff. Wellness activities should not be required but rather encouraged by leadership. Leadership should also regularly model taking time off and communicate to staff that one cannot take care of others if they do not take care of themselves.

Workforce Wellbeing Promising Practices

- Encourage staff to take paid time off or other leaves of absence as needed.
- Provide a self-assessment to gauge burnout levels and signify needed rest/paid time off.
- Support flexible working schedules when possible.
- Support telecommuting when possible.
- Conduct team-building activities:
 - Team lunches/dinners/potlucks
 - Coffee socials
 - Birthday celebrations
 - Casual Fridays
 - Walking breaks
 - Piñata
 - Plant a seed/plant together
- Provide access to mental health professionals.
- Host training/workshops on interpersonal communication.
- Conduct mental health and wellness staff training.
- Encourage mindfulness exercises.
- Leadership models activities/behaviors that support wellness.
- Consider the skills, interests, and family/personal needs of your response personnel when assigning them to positions.
- Consider instituting no meeting days.
- Encourage line staff (non-management) to meet and have time to decompress together (e.g., lunch, walking break, or another social event).
- Consider how to compensate staff fairly given the additional roles, responsibilities, level of effort needed to complete response operations.

Roles & Responsibilities

The following entities support *recruiting, onboarding, preparing for deployment, and managing deployed staff (e.g., permanent employees, temporary employees, contracted staff, or volunteers)*.

Carter County Board of Health

- Determine whether to hire new staff and seek additional approval as needed.
- Determine Salary and Benefit Levels.
- Approve telework or alternate work locations for extended durations.
- When appropriate delegate hiring authority to the Health Department Administrator.
- Take the following steps immediately following an incident:
 - Determine the need for extended hours of operation to include weekends for some departments.
 - Evaluate the amount of work that needs to be completed.
 - Determine adequacy of existing staffing to meet work requirements.
 - Develop strategies to meet needed staffing thresholds.

Commissioner/Mayor

- Determine which agencies/departments own emergency support functions and other specific response operations.
- Approve emergency funding, raise spending authority, and approve overall budget.
- Determine whether vacation/paid time off roll over amounts can be increased or cashed out because staff are unable to take time off.

Human Resources and/or Administrator

- Provide guidance and interpretation of [Personnel Rules](#) or Inclement Weather and Administrative Closures.
- Provide assistance to the Communications Office and Departments as they develop internal communications to ensure they are consistent with rules, collective bargaining agreements, and past practices.
- Manage pay and benefits for disrupted employees as well as compensation adjustments for non-routine work.
- Handle compliance questions related to travel, relocation, remote-work and temporary employees.
- Handle layoffs, terminations, and reduced schedules.
- Identify responsible parties for cross training, succession planning, and shifting of operations to alternate locations.
- Support rapid onboarding (i.e., paperwork and training) of new staff to ensure compliance with Carter County policies/requirements.
- Determining the salary level and benefits of a new position.
- Equitable and culturally responsive practices.
- Remove gendered language, jargon, and idioms that can make potential candidates feel excluded from job descriptions.
- Include organizational Diversity, Equity, and Inclusion (DE&I) statement within job descriptions.
- Include an accommodation statement to ensure those with disabilities can participate.
- Enable virtual interviews and provide video interview best practices to all candidates ahead of time.

- Leverage partnerships with advocacy groups for recruitment.
- Provide guidance on contracting staff and creating the scope of work.

Finance Department

- Establish an administrative/human resources code for tracking personnel time specific to the response.
- Produce expenditure report for the response including staff time and consumable resources.
- Retain expense and expenditure documentation for potential state or federal reimbursement funding post disaster.
- Provide oversight and guidance of expenditure of funds related to emergency response staffing (e.g., available fund to hire staff or contractors).
- Ensure funding used to support surge staffing is consistent with any constraints of the source funding, especially cooperative agreement, or grant funds.
- As needed, request contract amendments to allow for response activities.
- Assist in forecasting available funding to support staffing levels and anticipated duration.
- Assist Human Resource and Contract leads in negotiating staffing contracts, per applicable organizational policies.

Health Department

- Develop or modify position descriptions.
- Recommend salary/pay level based on scope of work.
- Collaborate with Human Resources to post and recruit for the position.
- Determine essential functions that will continue, and which nonessential functions should be discontinued during the response.
- Solicit volunteers from partner agencies in coordination with Emergency Management and Public Health Emergency Preparedness. For example the Non-Urban Healthcare Coalition and state partner agencies.
- Provide regular updates to the Board of Health and Commissioners.
- Coordinate with other administrative departments to ensure normal essential services are continuing without interruption.
- Equitable and culturally responsive practices.
- Standardize interviews for all candidates to avoid unconscious bias in interview facilitation.
- Don't rely on referrals for recruitment as data shows that it leads to a more homogenous workforce. Rather, leverage uniquely positioned partners and organizations to recruit a diverse workforce.
- Establish and maintain partnerships with community organizations, advocacy groups, local colleges, and universities (including HBCUs, Hispanic-Serving Institutions, Tribal Colleges and Universities, etc.) to build a more inclusive recruitment pipeline.

- Consider capability and potential rather than experience since diverse populations often do not have the same opportunities to obtain the experience that might be listed as a prerequisite on a job description even if they are equally as capable of doing the job.
- Build awareness within your organization of why diversity benefits an organization.
- As the department is being augmented by new staff, provide guidance and manage day-to-day activities, as well as time and attendance.

Risk Management/Director of Nursing/Infectious Disease

- Provide subject matter expertise on Missouri– Occupational Safety and Health Administration’s (OSHA) protections rules for all positions.
- Provide information on workman's compensation and liability protection for paid and volunteer staff (See [Appendix A: Authorities and References](#)).
- Assist with the identification of and evaluation of employee health and safety hazards for all positions.
- Advise on appropriate engineering and administrative control, and Personal Protective Equipment (PPE) to limit exposure to hazards for all positions.
- Distribute appropriate PPE to staff and provide advice on which PPE to purchase.
- Monitor overall health and wellness of staff during a response, including monitoring for outbreaks.
- Recommend appropriate vaccinations based on response activities and assist staff in acquiring vaccines as needed.

Information Technology Department

- Provide hardware and software technology support to all staff.
- Provide hardware and software technology to new staff.
- Assist in determining what information technologies may be required to support the response.

Emergency Management or Public Health Emergency Preparedness Program

- Support the identification, onboarding, pre-deployment, and deployment of emergency staff.
- Liaise between jurisdictional leadership, emergency operations center (EOC) staff, and other response partners to help determine staffing needs and request assistance.
- Provide or support staff trainings on emergency response activities and functions.
- Manage and recruit volunteers (e.g., MRC & Community Emergency Response Team (CERT)).
- Implement or support the implementation of Incident Command System (ICS) principles and practices as appropriate.

State Partners Agencies, Organizations

Office of the Governor

- Coordinate with Public Health and Emergency Management using a remote liaison or sending a representative to the EOC to gather and disseminate information.

- Gather information regarding the support activities of response organizations and provide a briefing to Public Health and Emergency Management appointed contact via email, phone, or by participating in coordination calls.
- Help amplify community safety messages on social media accounts and through other communication channels.
- Assist in the identification or acquisition of available funding for the response.
- Deploy national guard when appropriate to provide surge support.
- Guide legislation for emergency response, including employee and volunteer specific legislation.

Missouri Office of Emergency Management

- Coordinate and facilitate emergency planning with state emergency support functions and local emergency services agencies and organizations.
- Support the procurement of necessary supplies and equipment (e.g., PPE, response staging or operations areas, etc.) to protect the health and safety of staff and to support staff operations.
- Facilitate state and/or regional coordination calls.

Missouri Office of Public Health

- Support statewide situational awareness of public health threats that impact communities and staff.
- Provide contact tracing, health education, and other surge support to local health departments.
- Support the identification of volunteers/volunteer organizations who can provide surge support.
- Provide technical assistance and training to local health department staff as needed.
- Support ordering of PPE to protect staff and other resources.
- Provide guidance on quantities and types of staff needed to support the response.
- Provide or assist in identifying funding sources that may support the hiring of surge staff.
- Coordinate with Emergency Management using a remote liaison or sending a representative to the EOC to gather and disseminate information.
- Gather information regarding the support activities of member organizations and provide a briefing to the Emergency Management or Planner appointed contact via email, phone, or by participating in coordination calls.
- Help amplify community safety messages on social media accounts and through other communication channels.
- When reasonable, provide legal consultation.
- Provide support with research and the identification of promising practices.
- Help amplify community safety messages on social media accounts and through other communication channels.
- Support the identification of volunteers/volunteer organizations who can provide surge support.

- Provide technical expertise and guidance related to threat and hazard response during public health emergencies.

Federal Agencies

Centers for Disease Control and Prevention (CDC)

- Provide guidance on surge staffing for public health emergencies.
- Manage grant and cooperative agreement funds that may support surge staffing for public health preparedness activities or public health emergency responses.
- Provide guidance on the types and use of Personal Protective Equipment for LHD personnel during emergencies.

Federal Emergency Management Agency (FEMA)

- Provide logistics support for and provision of Personal Protective Equipment for LHD staff and community healthcare providers, through the State Emergency Management Agency.

Other Essential Partners

Regional Health Care Coalitions

- Create plans, policies, and procedures for the augmentation of staff and support for LHD operations during public health emergencies.

Local Chamber of Commerce

- Provide assistance utilizing donated funding or recruiting staff or volunteers.

Local Businesses and Faith Based Organizations

- Provide donated supplies, equipment, and recruitment assistance to LHD during emergencies.

Local Emergency Planning Committee (LEPC)

- Support emergency preparedness and planning efforts with partnerships from local industry, elected officials, community groups, and/or municipal entities throughout Carter County.

Colleges and Universities

- Provide support with research and the identification of promising practices.
- Help amplify community safety messages on social media accounts and through other communication channels.
- Support the identification of volunteers/volunteer organizations who can provide surge support.
- Provide technical expertise and guidance related to threat and hazard response during public health emergencies.

Emergency Staffing Process

This section provides promising practices for recruiting staff as well as step-by-step instructions for recruiting, onboarding, and preparing for mobilizing, deploying, and demobilizing staff.

Recruitment Activities

The recruitment process includes sharing the position opening with various networks (internally and externally), interviewing applicants, reviewing applications, and selecting the best candidate for the position. If CCHC decides to recruit new employees, contractors, or volunteers to fill new/vacant roles, the following promising practices are recommended.

Promising Practices for Recruiting Employees

- Contract with a staffing agency to help fill a vacancy (particularly for non-specialized positions).
- Utilize partnerships with advocacy groups for recruitment.
- Use social media platforms to advertise positions and expand the reach of the position posting.
- Work with local nonprofits and colleges/universities to expand the talent pool search.

Promising Practices for Recruiting Contracted Staff

- Utilize contracting agencies to support short-term projects/activities.
- Leverage partnerships with advocacy groups for recruitment.
- Maintain a roster of former staff willing to work as paid contractors during surge events.

Promising Practices for Recruiting Volunteers

- Develop recruiting materials such as fact sheets, informational brochures, and recruitment flyers.
- Advertise the full scope of volunteer opportunities and scope of work.
- Emphasize the need for volunteers and the positive impact they have on communities.
- When speaking with possible volunteers, listen to why they value volunteering, what they hope to gain from the experience, and areas that bring them joy; then reflect to them why you feel this volunteer position is a good fit.
- Cultivate partnerships and relationships to build a recruitment network and develop ambassadors.
- Post links to volunteer opportunities on professional sites.
- Hold community education events or participate in community events to raise awareness of your volunteer opportunities.
- Show appreciation for existing volunteers through emails, phone calls, and certificates of appreciation.
- Work with other volunteer programs such as CERT and utilize existing volunteer resources.

Onboarding Activities

This section provides step-by-step instructions for onboarding staff and establishes parties responsible for each activity.

Employees & Contractors

These are specific recommendations for onboarding employees and contracted staff. The CCHC Administrator will act in these roles unless otherwise delegated.

Activity
Send an invitation to the chosen applicant to join the team with salary and benefit information.
Once they accept the position, send the tentative employee or contractor the application(s) for a criminal background check, child abuse and neglect check, and/or fraud background check.
Once they accept the position, send the tentative employee or contractor instructions for submitting their required immunization records (Hepatitis B, COVID-19, etc.).
Submit background check paperwork to Van Buren Police Department
Communicate the outcome of the background check investigation(s) to applicant and document accordingly.
Notify relevant management personnel of the new staff member's start date.
Collaborate with finance/procurement personnel to ensure the necessary equipment (e.g., mobile phones, laptop computers, personal protective equipment, etc.) is ordered for use by new personnel.
Notify staff responsible for preparing equipment (e.g., IT, badging department) of new equipment orders and start date of applicant.
Ensure proper training is available for any equipment newly hired staff will be issued (e.g., fit testing for N95 masks).
On their first day, provide the new employee with an onboarding checklist (e.g., equipment, system access, organizational policies and guidance, required and recommended trainings) (see Appendix F: New Employee Onboarding Guide).
On their first day, introduce the new employee to staff they will be working with closely and continue to make introductions to other staff members throughout the week.
Optional: Assign a peer buddy who can help orient them to the department/office.
Review onboarding checklist with employee/contractor regularly to ensure items are being completed in a timely manner.

Volunteers

These are specific recommendations for onboarding volunteers and will be coordinated by a Volunteer Coordinator.

Activity
Update and send volunteer onboarding email to newly recruited professionals (see Appendix C: Example Volunteer Onboarding Email).

<p>Collect all required documentation from new volunteer:</p> <ul style="list-style-type: none"> • Volunteer Application • Signed policies/guidance/oath documents • Application for a criminal background check, child abuse and neglect check, and/or fraud background check
<p>Submit background check paperwork to Van Buren Police Department</p>
<p>Communicate background check investigation outcome to volunteer and document accordingly.</p>
<p>Confirm the creation of a volunteer account: Show-Me Response (showmeresponse.org)</p>
<p>Check volunteer medical credentials and licensing status (as needed).</p>
<p>Coordinate date/time they will attend an upcoming volunteer orientation.</p>
<p>After the new volunteer has had access to their mandatory and recommended trainings for approximately a month, ask them to update their volunteer profile or ask them to send you a copy of their training certificates.</p>

Pre-Deployment Activities

These are recommended steps for pre-deployment activities inclusive of staff transfer considerations, financing, identifying and tracking staff, and staff logistics and training.

Consideration for Transferring Existing Staff

If CCHC decides to transfer existing staff to new roles/departments the following action items are recommended.

- Reassignment should be voluntary. It is not recommended that the CCHC require personnel to agree with the reassignment unless otherwise provided under law or regulation.
- Staff may be reassigned only to those locations covered under the public health emergency. Staff from an unaffected area of Carter County boundaries may be reassigned to the affected area of Carter County.
- Staff should receive, at a minimum, just-in-time training, where applicable, upon reassignment.
- Staff should be provided with advanced notification of the change in a timely manner to allow for the transfer of existing work, as applicable, and prepare for any change in work location.
- Staff should be provided with all necessary supplies and/or equipment to carry out the reassigned duties.
- Staff should not be required to work outside of any existing scope of practice if the staff member is a licensed provider.

All Staff

Activity	Responsible Party
Finance the Response	
Establish a new event identifier.	CCHC Administrator
Establish an administrative/human resources code for tracking personnel time specific to the response.	CCHC Administrator
Determine if a funding source is available to support new hiring and management of staff (see Appendix B: Incident Funding Source Worksheet).	CCHC Administrator
Determine if existing funding will permit staff to reallocate time to the response (i.e., contact the state project office and request a contract appendment if needed).	CCHC Administrator
Identify and Track Available Staff	
Identify the number of personnel needed to support the response.	Assistant Administrator
Send advisory/alert procedures to notify personnel that an incident has/will occur, and staff may be needed to support the response (see Appendix D: Advisory and Alert Messages (Pre-deployment)).	Assistant Administrator
Determine which existing personnel are available to provide initial surge staffing.	Assistant Administrator
Outline the activities to be conducted by the reassigned personnel and anticipated impacts.	Assistant Administrator
Identify staff qualified for needed positions. Considerations include scope of practice, skill set, and credentials needed for the response.	Assistant Administrator
Outline anticipated impacts that the temporary reassignment or personnel would have on programs.	Assistant Administrator
Identify volunteers qualified for needed positions. Considerations include scope of practice, skill set, and credentials needed for the response.	Assistant Administrator
Determine if the current public health workforce (personnel and volunteers) can adequately and appropriately address the emergency (see Thresholds for Activation). If not, seek assistance from other departments, hire additional staff, recruit additional volunteers, or contract staff.	Assistant Administrator
Implement a process for tracking attendance and recording time for personnel at each work location [e.g., a sign in/out sheet at each location and a staffing/management lead verifying signatures or a software that tracks time and attendance].	Assistant Administrator
Begin demobilization planning (e.g., transitioning new hires for response activities to normal operations, archiving documentation, producing fiscal reports, providing employee assistance	Assistant Administrator

programs/other mental health and wellness resources, and disposal plan for hazardous material).	
Staffing Logistics	
Verify all medical credentials of deploying staff and volunteers. If a license is to expire soon (or within anticipated deployment date), flag for follow-up prior to expiration.	Clinical Nurse Supervisor
Assess transportation and parking at each site: parking availability, transportation assets (e.g., van/bus) needed, parking and mileage reimbursement, etc.	Clinical Nurse Supervisor
Determine if meals will be provided for response staff. Note: It is recommended that meals be provided if food vendors or onsite refrigerators/storage are unavailable nearby.	Clinical Nurse Supervisor
If providing food, determine how to assess dietary needs of staff.	Clinical Nurse Supervisor
If providing food, determine food safety protocols that will be followed.	Clinical Nurse Supervisor
Determine if lodging needs to be provided at or near the work locations. Note: Providing lodging is recommended if the site is remote and/or 50 miles from the staff's primary place of residence or more than 20 miles if staff are working 12+ hour shifts consecutively.	Clinical Nurse Supervisor
Determine how to track and monitor staff's health during the response.	Clinical Nurse Supervisor
Determine what proactive protection measures staff need for their assigned roles (i.e., personal protective equipment, immunizations, weather related considerations for excessive heat or cold).	Clinical Nurse Supervisor
Just-In-Time Training	
Develop a core just-in-time training curriculum that orients staff to: <ul style="list-style-type: none"> • The ICS structure • Safety protocols and procedures • Meeting cadence • Time and attendance tracking requirements • Activity log requirements • Deliverables (e.g., Situation Reports, Incident Action Plans, etc.) • Specifics of the response including: the current situation, objectives expectations, and incident-specific policies 	Clinical Nurse Supervisor
Develop section/team just-in-time training to orient team members to their specific duties.	Clinical Nurse Supervisor
Conduct skills assessments as needed for specific roles (e.g., vaccinators, case investigation, and administrative tasks).	Clinical Nurse Supervisor
Just-in-time training sessions will be conducted at the onset of an emergency response, immediately following the activation of the Incident Command System (ICS). Training will be held in designated	Clinical Nurse Supervisor

briefing areas, with sessions scheduled in the first 24 hours and repeated every 12 hours as new staff come on duty. This ensures all personnel receive timely orientation to their roles, safety protocols, and specific response activities.	
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Deployment Activities

These are recommended steps for deploying staff inclusive of finance and liability considerations, mobilizing the workforce, logistics and safety, training, and ongoing expectations.

Activity	Responsible Party
Finance & Liability Considerations	
Send periodic emails to all deployed staff with instructions on how to: <ul style="list-style-type: none"> • Track personnel time specific to the response • Track expense specific to the response 	Assistant Administrator
Confirm all personnel have had a background check.	Assistant Administrator
Verify all medical credentials of deploying staff and volunteers. If a license is to expire soon (or within anticipated deployment date), flag for follow-up prior to expiration.	Assistant Administrator
Confirm volunteer liability coverage once activated (Appendix A: Authorities & References or Emergency Law Inventory). Note: There may be laws enacted during an emergency that provide additional liability coverage for volunteers and other personnel.	Assistant Administrator
Mobilize Workforce	
Send activation messages to notify personnel of their response role and confirm their deployment logistics (see Appendix E: Activation Message (Deployment)).	Assistant Administrator
Conduct risk assessments and address safety concerns during each operational period briefing. See ICS-215A .	Assistant Administrator
Check-in Logistics & Safety	
If applicable, ensure all staff have been issued a volunteer badge and uniform (as applicable).	Assistant Administrator
Orient staff to daily sign-in and sign-out procedures.	Assistant Administrator
Provide staff with a meeting calendar (e.g., situational briefings, safety briefings, daily shift change debriefs).	Assistant Administrator
Provide necessary equipment (e.g., mobile phones, laptop computers, personal protective equipment, etc.).	Assistant Administrator
Show staff the facility and orient them to key areas (work location, meeting spaces, restrooms, kitchen/dining spaces).	Assistant Administrator
If applicable, provide a parking pass or instructions for parking reimbursement.	Assistant Administrator

If applicable, provide PPE and train staff on proper use (e.g., donning and doffing procedures).	Assistant Administrator
If applicable, perform N95 fit testing.	Assistant Administrator
If applicable, provide written policy for required immunizations and assessments, including disqualifying conditions, exceptions, and opt-out conditions.	Assistant Administrator
If applicable, collect immunization records and health assessments. Provide staff referrals to receive required vaccinations. If resources allow, consider offering free screening and immunizations to staff's family members.	Assistant Administrator
Provide staff with an overview of how to report accidents, injuries, and signs of stress or mental fatigue in coworkers.	Assistant Administrator
Staff Training	
Provide staff with cultural competency and harm reduction training specific to the incident.	Assistant Administrator
Conduct skills assessments as needed for specific roles (e.g., vaccinators, case investigation, and administrative tasks).	Assistant Administrator
Provide position specific binder or other written instructions.	Assistant Administrator
Ongoing Expectation	
Attend the situation and safety briefings.	Assistant Administrator
Participate in shift briefing. See ICS-201 .	Assistant Administrator
Maintain deployment roster for check-in and check-out.	Assistant Administrator

Demobilization Activities

To ensure the effective continuation of critical public health services during a continuity event, it is essential to identify and sustain key functions. These are recommended steps for demobilizing staff inclusive of considerations for continuity of operations, staff logistics, staff wellness and safety, as well as After Action Reports and Improvement Plans.

Essential Public Health Functions to Sustain During a Continuity Event

1. Surveillance and Monitoring:

- Continuation of disease surveillance and epidemiological monitoring.
- Maintenance of reporting systems for communicable diseases.

2. Emergency Response:

- Ensuring readiness and capability to respond to public health emergencies.
- Coordination with emergency response partners.

3. Healthcare Services:

- Provision of essential healthcare services, including immunizations and maternal and child health services.
- Ensuring the availability of healthcare providers and resources.

4. Communication:

- Sustaining public health communication channels to inform and educate the public.
- Maintaining internal communication within the organization and with external partners.

5. Environmental Health:

- Monitoring and addressing environmental health issues, such as water and air quality.
- Responding to environmental health emergencies.

6. Regulatory Functions:

- Enforcement of public health laws and regulations.
- Ensuring compliance with health and safety standards.

Activity	Responsible Party
Continuity of Operations	
Determine which normal operations need to be resumed and prioritize the order in which they resume. Communicate these decisions to the Incident Command Staff.	Assistant Administrator
Determine the order in which incident command system roles will be demobilized.	Assistant Administrator
Based on the order LHD Leadership wishes to restore normal operations, release key personnel essential to these functions. If needed, backfill the ICS position being vacated.	Assistant Administrator
Staff Logistics	
Determine which staff need travel assistance back to their home location and communicate need to the Logistics Resource Unit Lead.	Logistics Chief
Remind staff to return deployment specific resources to the Logistics Resource Unit Lead: technology, badges, uniforms, unused PPE, other equipment, and supplies.	Logistics Chief

Remind staff to turn in all response related documentation not previously submitted to the Planning Section, Document Unit Lead.	Logistics Chief
Staff Wellness & Safety	
Provide demobilizing staff with Employee Assistance Program information and information about other forms of mental health and wellbeing support being provided (e.g., peer support sessions, holding spaces, crisis support).	Safety Officer
Implement staff safe arrival checks if staff are traveling more than 50 miles to their home (e.g., request a tentative estimated time of arrival and request they call upon arrival to confirm they made it home safely. If a staff member does not check-in within 3 hours of their estimated time of arrival, call and verify they made it home safely).	Safety Officer
Call demobilized staff two to three weeks after their deployment has ended to inquire about how they are transitioning back into normal operations and offer support services.	Safety Officer
Send a thank you email to response personnel who have demobilized and thank those continuing to work on the response.	Safety Officer
After Action Reports/Improvement Plan	
Invite staff to participate in a hotwash session to debrief the incident. Multiple hotwash sessions may be needed with specific focus areas.	Emergency Planner
Provide staff with a copy of the After-Action Report and ask them to provide recommendations on the areas for improvement. Improvement feedback can be collected via email, follow-up meetings, or survey.	Emergency Planner
Share Improvement Plan with staff and provide opportunities for them to support the implementation of the improvement plan.	Emergency Planner

ESP Authorities & References

This section is a reference of all federal, state, and local authorities in place when this plan was finalized. The most up-to-date federal and state authorities can be located on the [Emergency Law Inventory](#) website.

Federal Authorities & References

The following federal liability protections are available for responding personnel. Date last updated: September 8, 2022.

Statutes	Liability
Liability: Foreign Firefighter Agreements 42 USCS 1856n-1 Firefighter	When the U.S. enters into an agreement with a foreign fire organization for aid during a wildfire, the party requesting aid must assume legal responsibility for the aiding party for acting or failing to act.
Liability: Public Health Countermeasure 42 USCS 247d-6d(a) Other medical professional, Volunteer / Other, Nurse, Physician, EMT, Government Public Health, Firefighter, Law Enforcement, Veterinarian, Dentist, Pharmacist, Social Worker, Mental and Behavioral Health Professional	When a public health emergency declaration is in effect, certain people will not be held legally responsible for loss related to the use of a countermeasure.
Liability: Volunteer 42 USCS 14503(a) Other medical professional, Volunteer / Other, Nurse, Physician, EMT, Government Public Health, Firefighter, Law Enforcement, Veterinarian, Dentist, Pharmacist, Social Worker, Mental and Behavioral Health Professional	A nonprofit or government volunteer who acts within the scope of their duties and are appropriately licensed or certified will not be held legally responsible for acting or failing to act. They can be held legally responsible if acting with extreme carelessness or intent to cause harm. This section does not apply to a volunteer operating a motor vehicle, vessel, or aircraft.
Liability: Food Donation 42 USCS 1791 Other medical professional, Volunteer / Other, Nurse, Physician, EMT, Government Public Health, Firefighter, Law Enforcement, Veterinarian, Dentist, Pharmacist, Social Worker, Mental and Behavioral Health Professional	An individual who, in good faith, donates foods or goods appearing to be wholesome to a nonprofit will not be held legally responsible regarding the nature, age, or condition of the donation. They can be held legally responsible if acting with extreme carelessness or intent to cause harm. This section also applies to a person who collection the donation of foods or goods.
Liability: Hazardous Waste Assistance 42 USCS 9607(d)	An individual who provides care, assistance, or advice regarding the release, or threat of release, of a hazardous material will not be held legally

<p>Other medical professional, Volunteer / Other, Nurse, Physician, EMT, Government Public Health, Firefighter, Law Enforcement, Veterinarian, Dentist, Pharmacist, Social Worker, Mental and Behavioral Health Professional</p>	<p>responsible. They can be held legally responsible if acting with extreme carelessness.</p> <p>This section also applies to state and local governments aiding, assisting, or advising regarding a release of a hazardous waste.</p>
<p>Liability: Use of AED 42 USCS 238q Volunteer / Other, Government Public Health, Firefighter, Law Enforcement</p>	<p>An individual who uses, or attempts to use, an AED on a victim of a medical emergency will not be held legally responsible. They can be held legally responsible if they fail to notify emergency response personnel or they act with extreme carelessness.</p> <p>This legal protection does not apply to a licensed health professional working within the scope of their license or when an AED is used in a hospital or health care setting.</p>
<p>Liability: Intermittent Disaster Response Personnel 42 USCS 300hh-11(c) Other medical professional, Volunteer / Other, Nurse, Physician, EMT, Government Public Health, Firefighter, Law Enforcement, Veterinarian, Dentist, Pharmacist, Social Worker, Mental and Behavioral Health Professional</p>	<p>An intermittent disaster response personnel who acts within the scope of their appointment will not be held legally responsible for acting or failing to act. They can be held legally responsible if acting with extreme carelessness or intent to cause harm.</p>
<p>Liability: Cost of Care and Assistance 42 USCS 5160(b) Other medical professional, Volunteer / Other, Nurse, Physician, EMT, Government Public Health, Firefighter, Law Enforcement, Veterinarian, Dentist, Pharmacist, Social Worker, Mental and Behavioral Health Professional</p>	<p>An individual who provides care or assistance in response to a disaster or emergency will not be responsible for costs incurred by the U.S. for the care or assistance.</p>
<p>Liability: Federal Government 44 CFR 206.9 Other medical professional, Volunteer / Other, Nurse, Physician, EMT, Government Public Health, Firefighter, Law Enforcement, Veterinarian, Dentist, Pharmacist, Social Worker, Mental and Behavioral Health Professional</p>	<p>The federal government will not be held legally responsible for the performance, or failure to perform, a discretionary emergency management duty by an agency or employee.</p>

<p>License Reciprocity: Health Professional 42 USCS 1320b-5 Other medical professional, Nurse, Physician, EMT, Dentist, Pharmacist, Social Worker, Mental and Behavioral Health Professional</p>	<p>When an emergency declaration is in effect, the Secretary can waive licensing requirements for health professionals to be licensed in the state where the emergency has been declared if they have equivalent licensing in another state. The Secretary can also waive the requirement that patients be stabilized prior to being transferred if necessary due to the declared emergency and the requirement of obtaining the patient's consent to speak with family members.</p> <p>These waivers last until the end of the declared emergency or up to 60 days.</p>
<p>Workers' Compensation: Government Employee and Officer 20 CFR 10.5 Other medical professional, Volunteer / Other, Nurse, Physician, EMT, Government Public Health, Firefighter, Law Enforcement, Veterinarian, Dentist, Pharmacist, Social Worker, Mental and Behavioral Health Professional</p>	<p>A civil officer, government employee, or an authorized individual is entitled to workers' compensation if injured or killed while performing their duties.</p>
<p>Workers' Compensation: Intermittent Disaster Response Personnel 42 USCS 300hh-11(d) Other medical professional, Volunteer / Other, Nurse, Physician, EMT, Government Public Health, Firefighter, Law Enforcement, Veterinarian, Dentist, Pharmacist, Social Worker, Mental and Behavioral Health Professional</p>	<p>Intermittent disaster response personnel are entitled to workers' compensation when injured in the performance of their duty.</p>

State Authorities & References

Missouri laws and protections for response personnel can be found on the [Emergency Law Inventory](#) website. The site summarizes laws related to response personnel liability, license reciprocity, scope of practice, and workers' benefits.

Local Authorities & References

The following section includes Memorandums of Understanding (MOUs), Memorandums of Agreement (MOAs), and other agreements and projections established by Carter County Health Center.

[Reynolds County Health Center MAA](#)

[Shannon County Health Center MAA](#)

[Wayne County Health Center MAA](#)

[Van Buren R-1 School District MOU](#)

[Van Buren Youth and Community Center MOU](#)

Appendix B: Incident Funding Source Worksheet

[Green italicized text within brackets [] are instructional and guide the writer in how to complete the document. Writers should complete this section when an emergency or disaster is anticipated or has occurred, allowing funding sources to be selected strategically based on the nature of the event.]

The following worksheet should be completed by the Finance Department in coordination with Program Managers to outline funding requirements and other details. The worksheet helps guide the expenditure of funds related to emergency response staffing (e.g., available funds to hire staff or contractors) as well as the procurement of other resources. It also outlines the constraints of the source funding and enables leaders to determine if a contract amendment should be requested.

FUNDING TITLE: *[Insert name of new or existing funding source being utilized for the response]*

FUNDING CODE: *[Insert assigned funding code]*

FUNDING SOURCE: *[Insert funding source (e.g., Federal Agency, State Agency, General Fund, etc.)]*

PURPOSE: *[Describe the stated purpose of the funding]*

FUNDING REQUIREMENTS:

Restrictions:

[Describe any restrictions that are attached to use of the funding such as limitations on what the funding can be spent on during the response (e.g., requirements to focus on geographic areas of populations experiencing disproportionate impacts.)]

Deliverables:

[Describe any activities that are required to be completed within each period of performance and how that progress will be measured.]

Performance Period: <i>[Insert start and end dates]</i>		
Invoice No.	Invoice Amount	Deliverables
<i>[Insert invoice number]</i>	<i>[Insert total dollar amount to be invoiced]</i>	<ul style="list-style-type: none"> <i>[Insert Activity/Task/Deliverable]</i> <i>[Insert Activity/Task/Deliverable]</i>

ALLOCATION METHOD:

[If applicable, describe how the funding will be allocated across any sub-awardees.]

REFERENCES:

[Insert any references that will support the completion of the funding deliverables.]

REPORTING REQUIREMENTS:

[If applicable, describe any reporting requirements for the funding to be completed by the awardee or sub-awardee.]

PROGRAMATIC CONTACTS:

[Input the name(s) of the individual or individuals responsible for managing the expenditure of the funding and achievement of the funding deliverables.]

REQUEST FUNDING SOURCE AMMENDMENT: *[Choose one: Yes/No]*

IF YES, DESCRIBE AMMENDMENT: *[Description]*

Appendix C: Example Volunteer Onboarding Email

[Green italicized text within brackets [] are instructional and guide the writer in how to complete the document.]

To: Volunteer

From: Volunteer Coordinator

Subject: Welcome & Volunteer Onboarding

Dear *[insert name]*,

Welcome to *[insert organization name]*! We look forward to working together and having you join the team! Your Point of Contact at the *[insert organization name]* will be *[insert point of contact name]*. Over the coming weeks we will be providing more information about ways you can get directly involved as a volunteer. To ensure all our volunteers have a safe, meaningful experience there are a few things we would ask that you do prior to your first volunteer activity. Below are the action steps necessary to prepare for your time as a volunteer with *[insert organization name]*.

Prior to your first volunteer experience:

1. Complete the *[select one: attached/linked]* volunteer application
2. Visit the volunteer registration platform and create your volunteer account *[link to [State ESAR-VHP](#) or other credentialing software]*.
3. Review the *[select one: attached/linked]* volunteer policies and guidance documents
4. Create or review your [family emergency plan](#) with your loved ones
5. Complete the *[select one: attached/linked]* background check process
6. Review and sign the volunteer code of conduct agreement
7. Let us know if you can attend our upcoming volunteer orientation on *[insert date, time, and location]*

During your time as a volunteer:

- Ensure up to date copies of immunization records are accessible as they may be requested prior to volunteer activities.
- Review/create a [family emergency plan](#). Having a family emergency plan can help ensure you and your loved ones are safe during emergencies and increases the likelihood you will be available to volunteer in times of need.
- Additionally, we recommend you review the following:
 - [MRC Core Competencies](#)
 - Information on liability coverage. See [Centers for Disease Control and Prevention \(CDC\) Public Health Emergency Law \(PHEL\) Online Course \(Unit 2\)](#)
 - [Cultural Competency Program for Disaster Preparedness and Crisis Response](#)

Volunteering can be an immensely rewarding experience and we look forward to your involvement in keeping our community safe and healthy! By completing the steps above, you have assisted us in keeping our volunteers prepared and ready to respond when the need arises. We thank you for the time and commitment you have made as a partner in keeping our community a wonderful place to work and live.

Appendix D: Advisory & Alert Messages (Pre-deployment)

[Green italicized text within brackets [] are instructional and guide the writer in how to complete the document. Writers should complete this section when an emergency or disaster is anticipated or has occurred, allowing messages to be crafted strategically, based on the nature of the event.]

Advisory Message

The following advisory messages can be used to inform staff of a possible future activation. The long message is meant to be distributed through email while the shorter messages can be distributed via text. The agency may choose to use one or both based on the incident.

Long Message (E-mail)

An event *[identify event] [choose one: may occur/has occurred]* that may require public health resources and support. This advisory message is intended to notify you of the potential need for additional personnel should a response become necessary.

If you are a manager or volunteer coordinator, please determine which personnel would be available for deployment if required on *[provide date/time]*. We are only collecting a list of available personnel and you are not required to activate any personnel at this time.

[Choose one or both: Staff/Volunteers], please prepared for a potential deployment. Determine your equipment and supply gaps, as well as review your personal/family emergency preparedness plan.

[Optional: Please acknowledge the receipt of this Advisory message by...] If you have any questions, contact the *[insert LHD emergency preparedness section name]* at *[insert phone number or email]*.

Short Message (Text)

An event *[identify event] [choose one: may occur/has occurred]* that may require the deployment of Public Health resources for up to *[include number]* days. If you are a *[choose one or both: staff/volunteer]* coordinator, please determine which personnel would be available for deployment.

Alert Message

The following alert messages can be used to inform staff of an imminent need for public health staff and resources. The long message is meant to be distributed through email while the shorter messages can be distributed via text. The agency may choose to use one or both based on the incident.

Long Message (E-mail)

An *[identify event/incident]* has occurred and the *[insert LHD emergency preparedness section name]* has been informed that public health resources and support are needed on *[provide date/time if known]*. At this time, the expected duration of this mission will be *[include expected number of days]* days.

Please begin to roster your *[choose one or both: staff/volunteers]* to determine availability for this mission and send information to *[Insert LHD emergency preparedness section name]*. Rostering should be complete no later than *[provide date/time]*.

Be prepared to provide personnel and equipment gaps at the next conference call *[specify date/time/number/code]* and/or via email to *[specify name/position]* no later than *[provide date/time]*.

[Optional: Please acknowledge the receipt of this Advisory message by...] If you have any questions, contact the *[insert LHD Emergency Preparedness Section name]* at *[insert phone number or email]*.

Short Message (Text)

An *[identify event/incident]* has occurred and the *[insert LHD emergency preparedness section name]* has been informed that public health resources and support are needed. Please check your email/phone for further details. Thank you for your attention to this important information.

Appendix E: Activation Message (Deployment)

[Green italicized text within brackets [] are instructional and guide the writer in how to complete the document. Writers should complete this section when an emergency or disaster is anticipated or has occurred, allowing the message to be crafted strategically based on the nature of the event.]

Activation Message

The following activation messages can be used to inform staff they have been selected for a deployment role. The long message is meant to be distributed through email while the shorter messages can be distributed via text. The agency may choose to use one or both based on the incident.

Long Message (E-mail)

Thank you for agreeing to deploy in support of *[include mission name]*. Below you will find your activation and deployment instructions.

Mission Details

Purpose: *[Briefly describe the situation and the intended activities of the personnel]*

Duration: *[Provide length of mission (days)]*

Reporting/Staging Location: *[Provide reporting/staging address]*

Reporting/Staging Time: *[Provide time to report to location]*

Parking/Transportation: *[Provide details about parking and transportation]*

Point of Contact: *[Provide name, position, and phone number/email of person(s) responsible for receiving the resource(s) (e.g., their temporary supervisor)]*

Logistics: *[Provide food and lodging information, explain if not yet available]*

Recovery: *[Provide reminders to complete a daily activity log, keep receipts, utilize “responder support packet”]*

Attachments:

- Deployment packet with relevant [ICS forms](#)
- Job action sheet
- Safety plan
- Communications processes
- Check-in/check-out process
- Time coding instructions
- Latest Situation Report (SitRep)
- Incident Action Plan
- *[For volunteers, consider whether all materials are appropriate to share and tailor communication as needed for dissemination to the volunteers]*

Please be prepared to provide personnel and equipment gaps to your *[specify staff/volunteer leader name]* via *[include email/phone]* by *[specify date/time]*.

Thank you for your assistance in fulfilling this resource request. If you have any questions, contact the *[insert LHD emergency preparedness section name]* at *[insert phone number or email]*.

Short Message (Text)

Activation message. You have been activated to deploy for *[identify event/incident]* details. Deployment orders have been issued. Please check your email.

New Employee Onboarding Guide

Introduction

Welcome! This *Onboarding Guide* includes reference materials and checklists that will help orient newly hired personnel to the mission, organization, policies, and activities of Carter County Health Center.

New employees are expected to complete the activities included in the *Onboarding Guide*. Links to helpful guidance documents are included for reference. Please contact your supervisor if you have any questions or concerns while completing the activities in this *Onboarding Guide*.

Public Health Department Mission & Vision

Mission: Our mission is to promote and protect the health and safety of the people within Carter County through the development and implementation of public health services based on assessed needs.

Vision: Our vision is for Carter County citizens to thrive in a safe and healthy community where the health department actively engages with residents, collaboratively coordinates resources, and creates optimal opportunities for well-being. We aspire to be known for open communication, transparency, and partnerships that empower residents to lead healthier lives.

Values: We are invested, dedicated professionals who believe in an adaptable approach in delivering services in an ethical and nondiscriminatory manner. Our care is characterized by the honesty, quality, dependability, trust and confidentiality that each citizen deserves.

Administrative Requirements

Certain administrative requirements need to be completed within the first week of onboarding. Many of the tasks outlined below apply to the agency as a whole and some are program specific. The program specific section will be left blank until there is applicable information. This section includes three sections: Equipment, System Access, and Organizational Policies/Guidance.

Equipment			
All Staff Requirements			
Action	Instructions	Notes	Status
Badge, Laptop, Cell phone, Parking permit	Provided by CCHC Administrator	See email invitation	

System Access			
All Staff Requirements			
Action	Instructions	Notes	Status
Timekeeping	Access Timekeeping System: Familiarize yourself with timekeeping policies, forms, and reference material.	See email invitation	
Shared drive access setup	See email invitation		
Voicemail setup	See email invitation		

Action	Instructions	Notes	Status
Review organizational charts	Review the organizational charts for CCHC.	See email invitation	
Review staff contact list	Access and bookmark the staff contact list	See email invitation	
Review health department website	Familiarize yourself with the CCHC website: Carter County Health Center Providing Health Information and Caring for Our Community		
Review common acronyms	Review and bookmark the CCCHC acronym list.	See email invitation	
Letterhead and fax cover sheet	Review and bookmark the electronic copies of letterhead and fax cover sheet for CCHC. Familiarize yourself with policies related to the use of letterhead and fax cover sheets.	See email invitation	
Review employee handbook	Review and bookmark the employee handbook. Familiarize yourself with the following policies: safety policies, dress code, pay procedures, leave, probationary periods, vehicle use policy, and branding policy. Please bring questions to your supervisor.	See email invitation	
Review all internal forms	Familiarize yourself with the following forms. Please bring questions to your supervisor. <ul style="list-style-type: none"> Purchase request form 	See email invitation	

	<ul style="list-style-type: none"> • Meeting/conference request form • Employee expense form • Accident report form • Accommodation request form • Credit card acknowledgement form • Emergency contact form 		
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Training

The training section is divided into several segments to indicate when the training should be completed: within a week, within 1 month, within 3 months, as annual refreshers, and as recommended but not required courses. Unless otherwise noted, all courses are accessible online. When available, electronic copies of the certificate of completion should be emailed to your supervisor. Please save the certificate using the following file name convention: [First & Last Name]-[Date]-[Course Name].

Required and Recommended Trainings					
All Staff Requirements					
Due Dates	Topic	Description	Delivery	Duration	Date Completed
Within 1 Week	New Hire Orientation	This course introduces CCHC's new hire paperwork, log-in information, employee portal, and the personnel policy manual.			
	Orientation to Public Health	This course provides learners with a basic understanding of the mission and functions of public health. Designed to orient newly hired support and technical staff to the field, the course consists of two parts. Part One introduces the mission and six obligations of public health. Part Two explains the ten essential services.	Self-paced study	1 hour	
	Foundations of Public Health Practice	This course provides the participant with an introduction to the foundations of public health.	Self-paced study	2 hours	

	HIPAA 101: FACTS OR FICTION	<p>Introduction to HIPAA : basics of HIPAA and its application to local public health agencies. Topics include entities subject to HIPAA, what constitutes protected health information, HIPAA hybrid entities, and the requirements of the Privacy Rule.</p>	Webinar		
	Blood Borne Pathogens	<p>This course is designed for those who are at risk for on-the-job exposure to blood and other bodily fluids in the workplace. This course teaches staff how bloodborne pathogens are spread, how to avoid exposure and what to do if exposed to infectious material.</p>			
Within 30 Days	Community Health Partnerships	<p>This course describes the benefits of community partnerships, the principles of community engagement, community engagement models, and the importance of community partnerships in public health.</p>	Self-paced study (no certificate)		
	NIOSH: A Short Story	<p>This course provides a brief history of the National Institute for Occupational Safety and Health (NIOSH) and OSHA and their role in our nation’s workplaces. It also provides an awareness of current issues in occupational health and safety and preventive and control measures.</p>	Self-paced study (no certificate)	1.0 hours	

	Continuous Quality Improvement for Public Health: The fundamentals	This two-module course provides participants with a basic understanding of continuous quality improvement (CQI) and provides guidance for leading quality improvement (QI) projects in public health departments.	Self-paced study	1.0 hours	
Within 3 Months	Independent Study (IS) – 100 Introduction to the Incident Command System	This course provides participants with a basic knowledge of the incident command system.	Self-paced study	4.0 hours	
	IS-200.C: Basic Incident Command System for Initial Response, ICS-200	This course describes the ICS organization appropriate to the complexity of the incident or event and how to use ICS to manage an incident or event.	Self-paced study	4.0 hours	
	IS-700.B: An Introduction to the National Incident Management System	This course describes the key concepts and principals underlying NIMS.	Self-paced study	4.0 hours	
	IS-800.D: National Response Framework, An Introduction	This course describes the national response framework.	Self-paced study	4.0 hours	
	Exploring Cross-Cultural Communication	This course provides learners with an enhanced knowledge and competence in cultural beliefs, biases, and development of effective cross-cultural communication strategies.	Self-paced study	1.5 hours	
	Health Literacy & Public Health: Introduction	This course provides learners with an enhanced knowledge and competence in health	Self-paced study	1 hour	

		literacy and its relationship to public health.			
	Addressing Health Equity	This course provides learners with an enhanced knowledge and competence in the root causes that shape health and health disparities and community health frameworks for addressing health equity.	Self-paced study	1.5 hours	
	Community Dimensions of Practice (Part I)	This course provides learners with an enhanced knowledge and competence on building relationships to improve the health of the community.	Self-paced study	1 hour	
	Community Dimensions of Practice (Part II)	This course provides learners with enhanced knowledge and competence in Community Engagement for Improving the Health of the Community.	Self-paced study	1 hour	
	ICS 300 Intermediate Incident Command System	This course expands on basic ICS principals and the management of resources. It also provides an overview of duties of all positions and examples of how essential ICS principles are applied during incident and event planning.	Classroom	2 days	
	ICS 400 Advanced Incident Command System	This course describes the application of area command and interagency coordination during complex incidents and events. The course emphasizes large-scale organizational	Classroom	2 days	

		development roles and relationships among primary staff, related planning, operational, logistic, and fiscal considerations.			
	Field Epidemiology	This course provides an overview of field epidemiology and the steps of an outbreak investigation. The course describes the context of field epidemiology and its relationship to epidemiology in general, and reviews some basic techniques typically used in data analysis in the field.	Self-paced study	1 hour	
Recommended (Not Required)	Introduction to Environmental Health Microbiology and Communicable Disease Control	This course provides learners with an enhanced knowledge and competence of cellular biology and the five microbial groups that are of significance to public health professionals.	Self-paced study	2-3 hours	
	Program Development and Evaluation	This course describes the basic steps of program development, including identifying the problem, planning, implementing, and evaluating the program. The latter part of the training explores both formative and summative evaluation, and why these components are so critical to the process.	Self-paced study	1 hour	
	Doing A Lot with A Little: Economic Analysis in Public Health	This course discusses economic analysis in public health. Data needed to complete a cost-benefit	Self-paced study	1 hour	

		analysis is outlined and participants are taken through the process of completing a cost-benefit analysis.			
	Mastering the Roles of Supervision	This course introduces the concept of the Competing Values Framework, describes the often-competing roles associated with being an effective supervisor, explains the levels of mastery of a skill, and provides strategies for assessing and monitoring your progress through the levels of supervisory mastery.	Self-paced study	2 hours	
	Key Aspects of Financial Management (No CE)	This course covers budgeting and some of the sources of revenue and expenditures associated with health services organizations, including those that provide clinical services. It provides a high-level introduction to Financial Management concepts and skills like managing a budget, and it will also expose you to financial performance improvement tools in more depth.	Self-paced study		
	Public Health Law Academy	This course offers free, online training to provide an understanding of the basics of our legal system and the use of law and policy for improving population health outcomes. Topics include:	Self-paced study		

		<ul style="list-style-type: none"> • Intro to Public Health Law • Hot Topics in Public Health Law • Legal Epidemiology Administrative Law & Health Equity			
	Public Health Law Introduction Videos	This collection of videos for public health practitioners provides short introductions to public health law, core concepts for improving population health, and background on current topics.	Self-paced study	.75 hours	
	Public Health Law News	This subscription is for the Public Health Law News, a monthly public health law digest that includes announcements, news stories, case briefings, and more. New editions are sent out the third Thursday of every month and a special announcements-only edition is sent out the second Tuesday of every month.	News Subscription	N/A	

Public Health Newsletters

The public health newsletters listed below are available for free. Staff may choose to sign up and receive all or select newsletters based on their area of interest.

Free Public Health Newsletters	
Organization Name	Description
Agency for Toxic Substances and Disease Registry (ATSDR)	Per- and Polyfluoroalkyl Substances (PFAS) Progress newsletter.
American Public Health Association	Users may select up to 11 specific public health topic(s) of interest (i.e., emergency preparedness tips).
Association of State and Territorial Health Officials (ASTHO)	ASTHO subscribers can select “Public Health Weekly” updates and/or “Legislative Alerts.”
CDC Global Health	Worldwide updates are published in this newsletter.
CDC Newsroom: Week in Review	CDC journals, publications, articles, webinars, and more are featured in weekly newsletters. There are many categories of update(s) users can subscribe to; be sure to manage your subscriptions to view all the opportunities.
CDC’s Public Health Emergency Preparedness (PHEP) Program – Division of State and Local Readiness (DSLRL) Friday Update	CDC journals, publications, articles, webinars, and more are featured in weekly newsletters.
County Health Rankings & Roadmaps	Various webinars, program updates, podcast episode releases, etc. are available with this subscription.
Harvard T.H. Chan School of Public Health	Weekly, monthly, COVID-19 updates, and nutrition newsletters can be selected through this subscription.
John Hopkins School of Medicine	Various e-newsletters are available for subscription here.
National Association of County and City Health Officials (NACCHO)	Once you have a login for NACCHO, you can access newsletters that include conference(s), research, funding opportunities, and more.
Public Health Foundation	Various news, continuing education opportunities, and Immunization Partner Network information are provided in this briefing.
Robert Wood Johnson Foundation (RWJF)	Monthly newsletters that feature research news and other opportunities.
U.S. Food & Drug Administration	Subscribers receive important FDA news updates via email.

World Health Organization (WHO)	<p>Though there are many subscription opportunities available, you may consider subscribing to “Health Emergency Highlights.”</p>
<p>State Newsletters</p>	
Friday Facts	<p>The Friday Facts targets local public health agencies (LPHA), their governing bodies, and other entities directly involved in the public health system. It is designed to alert readers of issues impacting the local public health system and provide information of interest. Items relating only to Department of Health and Senior Services (DHSS) employees or DHSS employee issues will not be included.</p>
Missouri Foundation for Health	<p>We are a resource for the region, working with communities and nonprofits to generate and accelerate positive changes in health.</p>
<p>Local Newsletters</p>	
Carter County Health Center	<p>CCHC Agency newsletter located on the CCHC website.</p>

Record of Changes

The CCHC EOP will be reviewed and updated annually incorporating the latest National Incident Management System (NIMS) elements, lessons learned during actual and exercise plan activations, changes in the MOPHRAT, changes in emergency equipment, changes in external agency participation, etc.

Plan review should also consider changes in contact information, new communications with the local EOC, review of evacuation routes and alternate care sites, and staff and departmental assignments. Plan review and updates will be the responsibility of the CCHC Administrator.

Each CCHC EOP update, or change should be tracked. The Record of Changes contains at a minimum the date of the change, a summary of the change made, the section/page updated, and the name of the person who made the change. Other relevant information should be considered.

Change Number	Date of Change	Description of Change	Name of Person Making the Change

Record of Distribution

The process for collaborative review and revision of the EOP underscores the commitment to maintaining its effectiveness and relevance. This process is designed to engage key stakeholders, ensure comprehensive coverage, and facilitate seamless coordination during emergencies:

Stakeholder Engagement: The health department actively engages relevant stakeholders, including local government agencies, partner organizations, healthcare providers, emergency management agencies, and community representatives. This engagement fosters a collective understanding of the plan's objectives and encourages input from diverse perspectives.

Regular Review: The EOP is subject to annual and ad-hoc reviews. These reviews are conducted to assess the plan's alignment with current risks, resources, and best practices. Feedback from stakeholders, lessons learned from exercises or real incidents, and changes in regulations inform the revision process.

Collaborative Input: Stakeholders are provided opportunities to provide input during the review and revision phases. Their expertise contributes to enhancing the plan's effectiveness and ensuring that it addresses emerging challenges.

Jurisdictional Coverage: The EOP is designed to cover the entirety of the jurisdiction served by CCHC.

Multi-Agency Coordination: Collaboration extends beyond the health center to encompass other relevant agencies, organizations, and departments. This multi-agency coordination enhances the plan's ability to address various aspects of public health emergencies.

Plan Validation: The revised plan undergoes validation through exercises, drills, or simulations. These activities assess the plan's practical applicability, identify gaps, and validate the coordination mechanisms established within the plan.

Documentation: A record of collaborative reviews and revisions, along with associated feedback and changes, is maintained. This documentation serves as a historical reference and assists in tracking the evolution of the plan.

This plan has been provided to the following personnel and/or agencies:

