



Northeast Ohio COVID-19 Healthcare Response

Health Care Coalition (HCC)
Interim After-Action Report/Improvement Plan (AAR/IP)

Exercise Type: Real-World Response

Date of Exercise, Event, or Real-World Response: 6/30/2020

Date HCC AAR/IP Completed: 9/25/2020

Subrecipient Name: The Center for Health Affairs

Subrecipient Jurisdiction: Region 2 NE HCC

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EVENT OVERVIEW

Event Name	Northeast Ohio COVID-19 Healthcare Response
Event Dates	Real-world event that started with awareness and monitoring on 01/08/2020 that progressed to response. This interim report captures activities occurring over the initial six months of the pandemic, up to 06/30/2020.
Scope	This is an ongoing real-world coronavirus pandemic that has evolved since recognized in January 2020 with wide-spread global effect. For purpose of this interim report, event participation was limited to Northeast Ohio (NEO) Regional Healthcare Coordinator (RHC) and Northeast Ohio Healthcare Coalition (HCC) activities occurring up to June 30, 2020.
Mission Area(s)	Mitigation, Response, Recovery
HPP Capabilities	Capability #1: Foundations for Healthcare and Medical Readiness Capability #2: Health Care and Medical Response Coordination Capability #3: Continuity of Health Care Service Delivery Capability #4: Medical Surge
Objectives	<ol style="list-style-type: none">1. Promote healthcare coalition sustainment through welcome engagement and integration of additional healthcare executives, clinicians and community leaders to planning and response throughout the event.2. Support regional healthcare organizations ability to establish communication interfaces and share information with coalition partners to relay rapidly evolving guidelines and maintain situational awareness regarding operational status throughout the pandemic event.3. Support healthcare efforts to identify, maintain and obtain resources needed for response to infectious disease cases throughout the event.4. Support and communicate Federal and State public health guidance for continued delivery of essential services and as restrictions are lifted during phased reopening to mitigate the spread of infectious disease.5. Support the regional hospitals/healthcare capability to manage an influx of infectious disease patients while limiting spread and maintaining medical care across health care continuum throughout event.

Threat or Hazard	Infectious disease- novel corona virus outbreak: COVID-19 pandemic
Event Catalyst	Outbreak of respiratory illness caused by a novel (new) coronavirus (termed “2019-nCoV”) first identified in Wuhan City, Hubei Province, China in December 2019 that continued to expand worldwide with the first case in United States detected January 21, 2020 in a traveler returning from Wuhan.
Sponsor or Lead Agency	The Center for Health Affairs, ASPR Regional Health Care Coordination Hospital Preparedness Program (HPP) Fiscal Year 2020 (FY20).
Participating Organizations	See <i>Appendix B</i>
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EXECUTIVE SUMMARY

The Northeast Ohio COVID-19 Healthcare Response started in January 2020 and during the first six months progressed through the phases of mitigation, conservation, and response as we looked towards recovery with a looming potential of a second wave. Although there are some treatments that show promise during course of illness, we remain in the Center for Disease Control and Prevention (CDC) Acceleration interval of this global pandemic as there is widespread human infection, continued spread, and no vaccine.

On December 31, 2019, the World Health Organization (WHO) China Country Office was informed of cases of pneumonia of unknown etiology detected in Wuhan City, Hubei Province of China. The cluster of cases seemed to be linked to wholesale fish and live animal market which was subsequently closed and disinfected. On January 7, 2020, Chinese authorities identify the virus that caused the pneumonia-like illness as a new type of coronavirus, 2019-nCoV, later officially named COVID-19.

An Ohio Health Alert Network (HAN) advisory sent on January 8, 2020 informed state and local health departments and health care providers about this outbreak. An outbreak investigation by local officials is ongoing in China and the WHO is the lead international public health agency. At that time there were no known cases reported in the U.S. or in any countries other than China. The CDC was monitoring, issued a Level 1 Travel Health Notice and requested that health care providers ask patients with severe respiratory disease about travel history to Wuhan City, China. Although the etiology and transmissibility had not been determined, they recommended a cautious approach to symptomatic patients with a history of travel to Wuhan City.

The 2019-nCoV is a new strain that has not been previously identified in humans. Very little is known about how this coronavirus acts. With limited information on the scope of the spread or spectrum of illness, interim guidance was developed based on the experience with severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) and thought to be transmitted via respiratory droplets. Interim guidance was augmented and updated at a rapid pace as more information became available.

Despite the Chinese government's aggressive measures to contain the disease spread, the outbreak continued to expand. On January 23, Chinese authorities placed a lockdown on Wuhan to contain the spread of the virus. It was on this date that Dr. Amy Acton, Director of Ohio Department of Public Health issued a *Director's Journal Entry* entitled *In Re: Reporting Requirements for 2019-Novel Coronavirus Under Ohio Revised code 3701.14 and 3701.23* declaring the 2019-nCoV a major public health concern because the severity of disease and potential for epidemic, could threaten the health and welfare of Ohio residents. She ordered that confirmed and suspected cases be reported immediately as *Class A* reportable disease.

Ohio Department of Health (ODH) started biweekly conference calls inclusive of local public health and healthcare to keep abreast of evolving situation and CDC was having weekly conference calls and updating guidance frequently as information and issues arose. Locally in Cuyahoga County, a small group comprised of approximately twenty individuals representing hospitals, emergency management agencies, and public health convened planning conference calls, starting

with a joint information focus. A virtual unified command and biweekly operational periods were established to share information across Cuyahoga County related to local developments, activities, and information on 2019-nCoV. [Situational Report #1](#) was shared on January 29, 2020.

The outbreak quickly spread throughout the world and United States. The WHO declared it a Public Health Emergency of International Concern on January 30, 2020 and a global pandemic on March 11, 2020. On March 13, President Trump declared a national emergency for United States. Other dates of significance that occurred over the first six months of event are located in [Appendix F: Event Timeline](#).

As of June 30, 2020, the virus has infected roughly 10 million people around the world and killed more than 500,000 which includes 2,537,636 million cases and 126,203 deaths in United States. Ohio had 51,046 confirmed cases and 2,818 deaths. Those numbers continue to rise as an intensive effort is ongoing worldwide to establish effective treatments and develop a vaccine for the disease.

The purpose of this report is to analyze NEO COVID-19 Healthcare Response results for the first six months of the pandemic, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions.

Major Strengths

The major strengths identified during this incident are as follows:

- NEO RHC was adaptable and flexible in support role and able to assist with what was needed of every response agency type. Allowing hospitals to complete projects without interference.
- Established relationships that we were able to quickly convene and build upon. Locally, regionally, state and some national organizations.
- NEO is rich in healthcare assets with 27 hospitals, veterans' hospital, numerous skilled nursing facilities, home care and hospice resources along with access to institutions of higher learning to draw upon.

Primary Areas for Improvement

Throughout the initial six months of the real-world response, several opportunities for improvement in NEO MMRS Meta-Coalition's ability to respond to the incident were identified.

The primary areas for improvement are as follows:

- Communication plan for the regional healthcare coalition is still in development stages and the pace of federal and state guidance resulted in peer groups coordinated planning rather than multi-disciplinary group planning. Review communication processes to identify how to establish early multijurisdictional integration.
- The NEO HCC membership includes 300 organizations on distribution list, but this is not all inclusive of number of healthcare organizations within the five county region. Leverage existing relationships and continue to promote HCC membership and participation.
- The Center for Health Affairs role in COVID-19 pandemic response was not utilized by all jurisdictional authorities and changes daily depending on what discipline they were working with and supporting. Review ICS position assignments, lines of reporting, and span of control.

Overall, the Northeast Ohio COVID-19 Healthcare Response during this timeframe has provided an opportunity to build on the framework of regional healthcare coalition and how it can be developed further to support and coordinate member organizations during event response. Highlighting the value of growth and sustainment, this event brought an increased awareness of our efforts to additional subject matter experts who have not been able to engage previously. The real-world event afforded opportunities for each agency to test infectious disease plans with local, regional, and state response partners. Future exercises planned in the NEO Regional HCC should focus on continuing to develop aspects of all four HPP capabilities:

- Foundation for Health Care and Medical Readiness
- Health Care and Medical Response Coordination
- Continuity of Health Care Service Delivery
- Medical Surge

This interim AAR/IP is funded either in whole or in part by a grant awarded by the Ohio Department of Health (ODH), Office of Health Preparedness (OHP) as a sub-award of a grant issued by the Office of the Assistant Secretary for Preparedness and Response (ASPR) under the Hospital Preparedness Program (HPP) EP-U3R-19-001, and CFDA number 93.889.

CAPABILITY RATINGS

Aligning event objectives and HPP Capabilities provides a consistent taxonomy for evaluation that transcends individual exercises and real-world responses to support preparedness reporting and trend analysis. The *HPP Capability Rating Table* shows the rating assigned to the HPP Capability activities that were demonstrated during a real-world event. All ratings identified on the *HPP Capability Rating Table* are required to be detailed/expanded upon in the capability analysis section of this AAR/IP to support the ratings. Activity boxes should be left blank if the activity was not demonstrated in the exercise.

NOTE: The rating of “P” must only be used for strengths. The rating of “S”, “M” or “U” will only be used for areas of improvement.

HPP Capability Rating Table

CAPABILITY RATINGS: Input the corresponding letter rating into the appropriate field(s) on the *HPP Capability Rating Table*.

P - Performed without Challenges: The HPP activity associated with the capability was completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this task did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. If “P” is selected there should not be an associated area of improvement. If an area of improvement is identified, please select another rating.

M - Performed with Major Challenges: The HPP activity associated with the capability was completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

S – Performed with Some Challenges: The HPP activity associated with the capability was completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

U – Unable to be Performed: The HPP activity associated with the capability was not performed in a manner that achieved the objective(s).

N – Not observed: Use this rating if the evaluator did not observe the HPP activity. If “N” is selected, please provided justification as to why the corresponding activity was not observed.

D – Discussed Not Demonstrated: The HPP activity associated with the capability was discussed in a manner that achieved the objective(s). This rating should only be utilized for activities that were discussed during a TTX or if the activity is discussion based.

HPP Capability	O	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11
1. Foundation for Health Care and Medical Readiness	1											
	2											
	3											
	4											
	5	S	S	S								
2. Health Care & Medical Response & Recovery Coordination	1											
	2	S		S								
	3	S	S		S							
3. Continuity of Health Care Service Delivery	1											
	2											
	3											
	4											
	5											
	6											
	7	S										
4. Medical Surge	1	P	P	P								
	2	S	S	S						S		S

HPP CAPABILITY ANALYSIS

The following sections provide an overview of the performance related to each event objective and associated HPP Capabilities, highlighting strengths and areas for improvement(s), and specific reference and support documentation. The supporting capability analysis detailed below is directly linked to the *HPP Capability Rating Table*.

Objective 1: Promote healthcare coalition sustainment through welcome engagement and integration of additional healthcare executives, clinicians and community leaders to planning and response throughout the event.

The strengths and areas for improvement for each HPP Capability aligned to this objective are described in this section.

HPP Capability: #1 Foundation for Health Care and Medical Readiness

Strengths

The partial capability level, down to the objective (O) and activity (A) can be attributed to the following strengths:

Strength 1: Established and operationalized health care coalition which defines boundaries, identified members and uses an Executive Committee with representatives from each county and discipline as governance structure. (O1, A1-3)

Activities

The following is a list of activities performed to support the objective:

- Shared training opportunities with HCC members to coordinate, share information, and educate on COVID-19
- Engage the primary health care providers and entities that will be responsible for treating and responding to COVID-19, e.g., hospitals, emergency departments, skilled nursing, home care, nurses, emergency medical services (EMS) in coalition activities including education and information sharing
- Broaden preparedness initiatives within hospitals beyond the emergency managers and Emergency Department, by including, infectious disease specialists, clinical lab technicians, and nursing teams.
- Conducted HCC redundant communication drill during which email and phone calls were placed to all members listed on distribution list.
- The Center for Health Affairs (CHA) added COVID-19 to website
- CHA sent weekly letters of activities to member hospital Chief Executive Officers (CEO)
- Participated on state and local planning conference calls announcing affiliation

Areas for Improvement

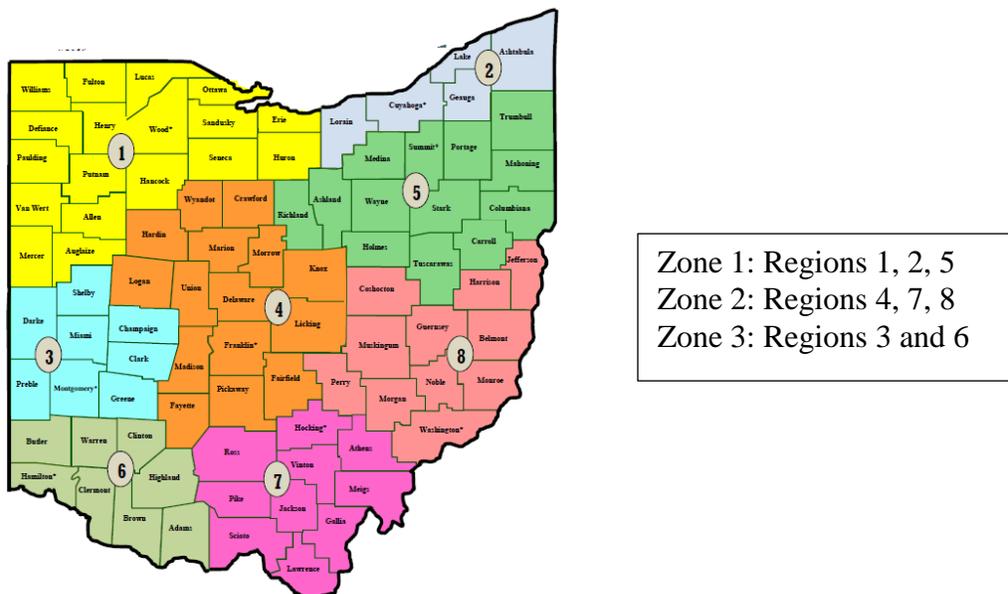
The following areas require improvement to achieve the full capability level:

Area for Improvement 1: The NEO HCC membership includes 300 organizations on distribution list, but this is not all inclusive of number of healthcare organizations within the five county region. (O5, A1-3)

Reference: 2017-2022 Health Care Preparedness and Response Capabilities; Northeast Ohio Metropolitan Medical Response System Meta-Coalition, Articles, By-Laws and Guidelines, 10/4/2019; Northeast Ohio MMRS Meta-Coalition Regional Health Care Preparedness Plan, Version Date: April 2019; HCC Emergency Response Plan Northeast Ohio, Revision: 04/03/2020

Analysis: The NEO MMRS HCC is well established with core members from hospitals, emergency management (EMA), local public health, EMS, and non-hospital providers. During monthly meetings, we average attendance of 50 participants. Defined group of individuals whose role for their respective organizations is related to emergency preparedness planning and support activities. They hold positions at the manger or director level at their respective organizations. Executive and clinician engagement beyond these active core members is limited due to their job role and responsibilities. Each HCC member agency maintains organization communication and emergency response plans that coordinate with NEO Regional Healthcare Response Plan. HCC Executive Committee and Workgroups work to enhance regional coordination. With Ohio being a home-ruled state, the HCC does not have any authority and we focus on networking and communication.

The pace and scope of the COVID-19 pandemic resulted in city, county, state and national declarations of emergency. The Governor asked for regional surge plans from each region and then formed team from State level and hospital executive leadership and created a new plan to develop a statewide hospital system. Ohio moved to state hospital model as opposed to regional model. The eight homeland security regions were combined and consolidated into three Zones. A hospital executive was selected as Zone Lead to coordinate creation of three legged stool relationship so that every agency was paired with their local health department and a hospital in the Zone to form a triad. The triad was to support each other with assistance of Zone Lead.



The RHC was then instructed on Zone concept and engaged by the Zone Lead to assist with development and support of the triads. Change of response from regional to Zone, resulted in clinicians and executives who had not been previously engaged in HCC, to be introduced to the concept. Moved outside of the regional planning partners to state model and were actively engaging with other subject matter experts (SME) and groups, establishing new contacts and relationships.

The Ohio Department of Medicare was part of the Governor's team and provided state nursing home list to be included as part of the triad. Many of which were not current members of the NEO HCC which presented the opportunity for us to connect them with the HCC.

Objective 2: Support regional healthcare organizations ability to establish communication interfaces and share information with coalition partners to relay rapidly evolving guidelines and maintain situational awareness regarding operational status throughout the pandemic event.

The strengths and areas for improvement for each HPP Capability aligned to this objective are described in this section.

HPP Capability: #2 Health Care and Medical Response Coordination

Strengths

The partial capability level, down to the O and A, can be attributed to the following strengths:

Strength 1: Established relationships that we were able to quickly convene and build upon. Locally, regionally, state and some national organizations. (O2, A1)

Activities

The following is a list of activities performed to support the objective:

- RHC created and distributed via email Evening Report to 800 plus organizations highlighting key information that occurred that day.
- RHC conducted brief ten (10) minute conference calls with hospital Emergency Managers (EM) daily for information sharing
- Almost daily review of guidance added to CDC, ODH websites and those posted to OPHCS folder.
- CHA pushed out article that hospitals are Safe
- CHA added to website section on COVID 19
- ODH Situational Reports- reviewed daily
- Cuyahoga County Knowledge Center incident created for event to assist with incident management
- State Emergency Operation Center (EOC) Situational Reports- reviewed daily
- Ohio Hospital Association (OHA) from the Desk of Mike Abrams daily reports
- Continues to collaborate on scheduled planning and information sharing conference calls with federal and state stakeholders and HCC partners to provide guidance and direct information

- Conference planning call participation: CDC
- Conference planning call participation: American Hospital Association (AHA)
- Conference planning call participation: A2
- Conference planning call participation: ODH
- Conference planning call participation: OHA
- Conference planning call participation: RHC
- Conference planning call participation: NEO Hospital emergency managers
- Conference planning call participation: Regional Emergency Management Agencies
- Conference planning call participation: Regional Public Health Epi Group
- Conference planning call participation: Regional Emergency Medical Services Medical Control physicians
- Conference planning call participation: Zone 1
- Conference planning call participation: Cuyahoga County EOC
- Conference planning calls for drive thru testing sites
- Convening weekly phone calls between public health commissioners and hospitals to discuss guidance issues and concerns.
- Completing and submitting nightly Situational Reports for ODH.
- Emailing all guidance and direction as well as an evening update to Hospital ED Directors, Nurse Managers, Infection Control, Public Information Officers (PIO), and HCC member agencies.
- Fielding questions from healthcare coalition partners regarding guidance and PPE needs.
- Continual guidance review and attending webinars to glean new information to share.
- Assisted the Zone with creating an online congregate facility demographic survey to assist the Zone hospitals and public health with outreach.
- Hosted a webinar for all congregate facilities in Region 2 to discuss the Zone concept and outreach initiatives by hospitals and public health.
- Continue to monitor and track twice daily SurgeNet data entries as well as the OHA Dashboard reporting of beds. Comparing and following up on needs/discrepancies.
- Cuyahoga County EOC briefing participation and input
- Provide information and additional points of contact (POC) for follow-up
- Collaborate daily with State, regional, and local partners to provide guidance and direct information
- CHA created and distributed weekly letter to member hospital CEO's

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Communication plan for the regional healthcare coalition is still in development stages and the pace of federal and state guidance resulted in peer groups coordinated planning rather than multi-disciplinary group planning. (O2, A1, A3)

Reference: *2017-2022 Health Care Preparedness and Response Capabilities*; Regional Healthcare Coalition Requirements for FY2020 BP1; Northeast Ohio MMRS Meta-Coalition Regional Health Care Preparedness Plan, Version Date: April 2019; HCC Emergency Response Plan Northeast Ohio, Revision: 04/03/2020

Analysis: ODH stated in the Regional Healthcare Coalition Requirements for FY2020 BP1 that in Ohio, the RHC serves as the regional HCC lead and provides situational awareness, coordination, information sharing and communication for the healthcare systems within their region. Health care and medical response coordination enables the health care delivery system and other response partners to share information, manage and share resources, and integrate their activities within their jurisdictions’.

Private health care organizations and government agencies, have shared authority and accountability for health care delivery system readiness. HCC member organizations should understand and have access to the HCC’s information sharing platforms to support information flow and coordination activities. Prior to COVID-19 pandemic, communication platforms used for HCC member communication have been monthly meetings, website, and email distribution list used by the RHC and HCC Readiness and Response Coordinator (HRRC). Monthly meetings have been suspended and the website was space limited and is in process of replacement. The only mode of communication has been from the RHC’s email distribution lists that are sent blind copy in three groups. Aside from receipt of daily Cuyahoga County EOC Situational Report, the RHC and HRRC have been minimally included in or aware of any county level coalition communication occurring during this event.

As the event unfolded, RHC was receiving information about meetings on national and state level that she shared with some HCC members for them to attend. The CDC continued to monitor situation and provided frequent updates as information became available. Overabundance of information and it was difficult to know who had the most current. The RHC created a daily Evening Report email in which she compiled key daily events she was aware of and sent to HCC distribution lists.

ODH started tempo of biweekly conference calls the last week January with a lineup of key department heads speaking to collectively share important updates, coordinate communication efforts, share resources, and identify areas where additional support and/or guidance may be needed. Invitations to attend these calls were extended past local public health and were opened up to vast stakeholders impacted and involved in COVID-19 response. The call information was shared via Ohio Public Health Communication System (OPHCS) and the NEO RHC forwarded call information to distribution lists of coalition partners.

A multitude of conference calls and webinars started to take place as the outbreak spread with increasing cases in United States. There were so many planning meetings conducted and not all partners were included in planning with all groups. Like groups met together. There was a lack of awareness of all activities in the region. When RHC was invited, she extended invitations as applicable to HCC members to stay abreast of the evolving situation.

Objective 3: Support healthcare efforts to identify, maintain and obtain resources needed for response to infectious disease cases throughout the event.

The strengths and areas for improvement for each HPP Capability aligned to this objective are described in this section.

HPP Capability: #2 Health Care and Medical Response Coordination

Strengths

The partial capability level, down to the O and A, can be attributed to the following strengths:

Strength 1: NEO RHC was adaptable and flexible in support role and able to assist with what was needed of every response agency type. Allowing hospitals to complete projects without interference. (O3, A1-2)

Activities

The following is a list of activities performed to support the objective:

- Circulated with instructions to hospital emergency managers, collated and submitted on weekly basis from 02/10/2020 -03/24/2020 ODH request for information (RFI) PPE spreadsheet to maintain a common operating picture on hospital PPE needs
- Trained and implemented hospitals on ODH CoVID-19 Hospital SurgeNet Protocol
- Implemented ODH CoVID-19 RHC SurgeNet Protocol
- OHA dashboard collection support and advocacy
- Monitor SurgeNet and OHA Resource Dashboard daily to identify gaps/trends
- Assisted CCOEM with calling agencies regarding submitted PPE needs
- Participated in multidisciplinary ethical scarce resource tiered discussion of PPE distribution prioritization in Cuyahoga County
- Forwarded notification of web-based educational webinars
- Distributed updated PPE reporting requirements
- Distributed PPE requesting process updates
- Supported and assisted with PPE source identification and request process
- Supported and distributed information on PPE recommendation, management and conservation guidance
- Supported county donation site establishment announcements
- Supported the planning, dissemination and monitoring of REDCAP survey to non-hospital providers for resource reporting
- Distributed information on PPE sterilization options through Battelle
- Maintained awareness of supply shipments to regional county nodes from State
- Maintained awareness of FEMA direct supply shipments to nursing homes
- Supported and participated in local health department strike team calls
- Supported and participated in Zone 1 coordination calls
- Information sharing conservation measures
- Distribution of regional healthcare cache personal protective equipment
- Distribution regional healthcare cache of patient cots for alternate care locations
- The Center added section on COVID-19 to website
- The Center's Group Purchasing division (GPO) assisted with vetting and acquiring contracts for needed equipment
- Forwarded JIC evening reports to hospital public information contacts
- Reviewed all regional hospital websites for COVID-19 and testing guidance for public and compiled for EMS Workgroup to distribute ESF-4 desk.

- PPE assist for EMAs: calling agencies directly with questions completed on Google docs.
- Distributing all supplies from warehouse to support surge and alternate care sites.
- Working with hospital designees from each system regarding congregate facility planning and outreach for education, PPE, staffing options, testing etc. along hospital playbook and standardized guidance.
- CHA representative reported to ESF8 desk of Cuyahoga County EOC x 1 week and virtually supported thereafter
- Assist ESF partners as requested/ support response as a need is identified
- Assisted with PPE vendor verification by forwarding to State Inspector General and Fusion Center to investigate
- Participated and gave updates on Regional EMA weekly planning conference calls

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Disruption to supply chain to acquire personal protective equipment and medical supplies to care for COVID cases and stop the spread of disease due to the global pandemic. (O3, A1)

Reference: *2017-2022 Health Care Preparedness and Response Capabilities*; ODH Emergency Response Plan, Medical Surge Annex, Protocol #1 SurgeNet During CoVID-19 Outbreak 03/13/2020; ODH Emergency Response Plan, Medical Surge Annex, Protocol #1 RHC SurgeNet Protocol for CoVID-19 Outbreak 03/13/2020; Northeast Ohio MMRS Meta-Coalition Regional Health Care Preparedness Plan, Version Date: April 2019; HCC Emergency Response Plan Northeast Ohio, Revision: 04/03/2020; NEO Regional Hospital and Healthcare Standard Operating Guidelines: Medical Counter Measure (MCM) Request and Receipt Guidelines 06/2018

Analysis: COVID-19 is a respiratory disease that can result in serious illness or death caused by a new strain of coronavirus, SARS-CoV-2, that can easily spread from person to person. The virus is spread between individuals who are in close contact with each other through respiratory droplets produced when an infected person coughs or sneezes. Individuals can also potentially get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes. The CDC recommended standard and respiratory precautions to prevent transmission and developed interim infection control guidance which is updated based on currently available information about COVID-19 and the current situation in the United States. The Ohio Department of Health aligns with the CDC recommendations.

Standard and respiratory precautions involve the use of personal protective equipment (PPE). PPE is used every day by healthcare personnel to protect themselves, patients, and others when providing care. Demands for N95 respirators, facemasks, gowns, gloves, sanitizers and disinfectants skyrocketed. Manufacturers were unable to keep up with the demand.

The increased need for PPE caused by the COVID-19 pandemic has caused PPE shortages, posing a tremendous challenge to the U.S. healthcare system. Healthcare facilities reduced to allocations and subjected to price gouging are having difficulty accessing the needed PPE and are having to identify alternate ways to provide patient care. Federal assets are also very limited and had to be prioritized nationwide. Supplies were being diverted to high case count locations.

In early February, ODH instructed the NEO RHC to request the regional hospitals to provide frequent updates on PPE quantities and surge capacity to monitor and trend resource availability. ODH started to use PPE spreadsheet and developed SurgeNet protocols outlining daily reporting requirements for hospitals and the RHC to gain situational awareness of hospital capabilities to inform the state and federal governments. SurgeNet platform did not have capability to collect all data elements requested and was unable to accommodate the development of charts and graphs to utilize for trending, so Ohio Hospitals Association offered to expand a program they were developing for another project using Power Bi. OHA was able to create a dashboard which included data elements to meet needs for both resources and medical surge tracking. HCC resource assessments included elements of recommended PPE, bed availability, healthcare workforce and case counts. Hospitals were required to update data on SurgeNet and OHA dashboard daily.

Reported measures taken by individual facility and system hospitals included but not limited to the following:

- Supplies were purchased with the help of local partners, different vendor sources, such as Amazon
- Supply chain maximized PPE on-hand levels of all products, including sourcing from supplies/models we were not previously using
- Supply Chain Management Team monitored and ensured that proper PPE would be available, and provided daily reports as requested by ODH--supported information sharing and illuminated short falls
- Constant review/purchasing of PPE ensured PPE available to those who needed it.
- Levels of supplies report on the system-wide level, not necessarily individual hospital levels which ensured supplies were available across the system
- PPE was addressed by system supply chain - it was an easier process because PPE was distributed from a centralized source, and if modifications needed to be made, they were made for the entire system
- Allocating and purchasing supplies was vital as the burn rate was higher than anticipated
- New procedures were developed for reusing and cleaning PPE that normally was discarded after one use.
- Keeping focus on PPE availability, utilization and burn rates helped to promote conservation initiatives and assure the appropriate PPE was available for the caregivers
- Daily reporting allows the State to know hospital supply level so that PPE can be allocated from donations and Strategic National Stockpile (SNS).
- We were able to implement PPE conservation strategies.
- Monitored and reported out daily PPE availability and burn rate. Continued to reinforce proper use of PPE.
- We were able to anticipate and forecast shortages aiding in PPE conservation and recycling initiatives
- The daily briefings with admin and managers included updated stock of supplies so they could reinforce updated policies for prolonging the use of PPE knowing there was a shortage.
- Purchasing department noticed items were being allocated at the beginning of pandemic and reached out to all types of vendors to secure the required PPE.
- PPE in-house were relocated and provided as needed.

- Hospital system worked with County EMA in securing SNS requests, reporting PPE on hand and daily burn rates back to the EMA.

The NEO RHC continues to monitor and submit daily situation reports to ODH of data trends, challenges, needs or resource requests. This information is critical to uncovering resource vulnerabilities that could impede the delivery of medical care and health care services during pandemic. We did this not only for hospitals, but through the continuum of care for the whole community healthcare system that was impacted by the COVID infection. RHC supported all response partners in trying to gain awareness of what resources were out there and direct assistance to those in greatest need. Need for additional data reporting to identify hot spots and direct resources is in a state of continuous flux as CDC, US Department of Health and Human Services (HHS) and Centers for Medicare and Medicaid Services (CMS) also had data reporting needs.

The CDC developed guidelines for healthcare optimizing supply of PPE and other equipment during shortages. CDC's optimization strategies for PPE offer a continuum of options for use when PPE supplies are stressed, running low, or absent. As PPE availability returns to normal, healthcare facilities should resume standard practices. Prioritization and conservation measures were implemented to conserve PPE supplies along the continuum of care. RHC shares guidance as updated to ensure HCC is aware of current recommendations. She researches literature and attends state and national level conference calls and webinars to gain up-to-date information. RHC became aware through communication channel of PPE being shipped to region but was not directly involved in request or receipt. That was handled through county EMAs.

Each of the Ohio Homeland Security Region 2 County EMA's were in charge of determining resource allocation and distribution within their respective counties and submission of requests to State EMA. All resource requests from multiple jurisdictions were funneled through the county EMA. RHC was contacted with specific healthcare requests for verification and possible ability to fill request locally prior to escalation of submission to State.

Area for Improvement 2: The Center for Health Affairs role in COVID-19 pandemic response was not utilized by all jurisdictional authorities and changes daily depending on what discipline they were working with and supporting. (O3, A1-2)

Reference: Northeast Ohio MMRS Meta-Coalition Regional Health Care Preparedness Plan, Version Date: April 2019; HCC Emergency Response Plan Northeast Ohio, Revision: 04/03/2020; Emergency Support Function #8- Public Health and Medical Services, Annex to Cuyahoga County Emergency Operations Plan (EOP), 6/2018 Version X.I

Analysis: COVID-19 pandemic is public health event where Public Health is the lead agency. CHA is included in Cuyahoga County Emergency Operation Plan (EOP) and integrated into incident command of Cuyahoga County Emergency Operation Center ESF8 as a supporting agency. From that position we are able to serve as healthcare liaison. Although we are directly supporting Cuyahoga County, we do serve in regional role. Cuyahoga County is the largest county in the NEO region and has the largest number of hospitals and non-hospital providers that are members of the HCC. Our three large hospital systems main locations are located in Cuyahoga County. Serving in support role, we are tasked to assist with activities from all angles.

We are not included in Hospital Incident Command System (HICS) structure as we support all the regional hospitals regardless of affiliation.

Cuyahoga County EOC Activated at a Monitoring Level on January 29, 2020 with operations happening virtually. Unified Command was established between Cleveland Department of Public Health (CDPH) and Cuyahoga County Board of Health (CCBH) with Cleveland Office Emergency Management (OEM), Cuyahoga County OEM, City of Cleveland Communications, and Cuyahoga County Communications supporting coordination. Approximately twenty people were added to an email group coordinating information. CHA was included in this distribution group and contributed to the situational reports.

CHA was called to report to ESF8 desk on March 9 when Cuyahoga County EOC was activated and after one week of in-person reporting and then continued to staff that position virtually. In the ICS organizational chart, CHA was positioned as division/group under CCBH branch of Operations Section.

CHA did not have a have a defined role or task list under that Operations Branch and the RHC was being pulled in different directions to help with whatever agency we were working with:

- Organization for media relation input
- EOC for resource requests
- ODH to give updates and share information with hospitals and nonhospital members of our coalition
- Hospitals for PPE, infection control guidance and distribution of warehoused patient supplies
- Academia for assistance with infection control and how to handle student illness
- Public health for drive-through-testing planning and assistance with gathering hospital data
- Zone 1 Lead to assist with nursing home testing initiative and hospital incident commander POC for Zone calls as well as developing affiliate hospital lists for OHA and Ohio Bureau Medicaid (OBM)
- Acquire information from hospitals for other organizations to help with their response planning.
- Assist Case Western Reserve University (CWRU) with nursing home survey distribution, review, and follow-up

If they needed help chasing things down or verifying POC, CHA was asked to fill that void. No other counties in NEO contacted the RHC for assistance with their EOC but she was invited to various jurisdictional group meetings to provide source of information. The way to access the experience and resources of CHA is not clearly defined in each partner jurisdictions. County EOP inconsistent in recognition of coalition coordination.

During the March 2020 HCC meeting, COVID-19 discussion was conducted but all future meetings were cancelled. The HCC is structured with Executive Committee that met once in late May for grant deliverable approval.

Area for Improvement 3: Time constraints prevented CHA from supporting Joint Information Center (JIC) operations. (O3, A4)

Reference: Northeast Ohio MMRS Meta-Coalition Regional Health Care Preparedness Plan, Version Date: April 2019; HCC Emergency Response Plan Northeast Ohio, Revision: 04/03/2020, Version 1.12; Northeast Ohio (NEO) Regional Public Information Communication (PIC) Annex, 5/23/2018

Analysis: In early March, CCOEM convened meeting with established unified command to identify triggers for expansion and consolidating efforts. In addition to EOC location discussion, it was agreed to establish a Joint Information Center (JIC) to support coordinated messaging. Public information was coordinated by the local health departments and CHA did not have the staff available to assist with JIC operations. CHA did add page to website, respond to media inquiries, and send weekly updates to member hospital leadership.

Objective 4: Support and communicate Federal and State public health guidance for continued delivery of essential services and as restrictions are lifted during phased reopening to mitigate the spread of infectious disease.

The strengths and areas for improvement for each HPP Capability aligned to this objective are described in this section.

HPP Capability: #3 Continuity of Health Care Service Delivery

Strengths

The partial capability level, down to the O and A, can be attributed to the following strengths:

Strength 1: Supportive of State's *Stay-at Home, Stay Safe Ohio* and *Responsible RestartOhio* recovery plan. (O7, A1)

Strength 2: Supportive of hospital operational recovery plans through advocacy and public messaging. (O7, A1)

Activities

The following is a list of activities performed to support the objective:

- Fielding calls from HCC member agencies regarding business operation restoration requirements
- Collaborate with local, regional, Zone and state ESF-8 partners planning efforts to gain guidance understanding and direct information.
- The Center pushed out article that hospitals are safe
- Supported Zone concept
- Supported Hospital PPE Readiness Stockpile concept- establishment and operationalizing
- Supported and advocated to streamline hospital daily data entry requirements
- Administrated supplemental grant for hospitals to assist with recouping some planning expenditures

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Governor DeWine met with stakeholder leadership to determine strategies to slow the spread and restore operations to new normal issuing Executive Orders and announcing to public. The details of implementation were not provided and it was up to us to learn as we go which was met with some challenges and limitations. (O7, A1)

Reference: Ohio Governor and Ohio Department of Health Directors Orders dated March – June 2020. (See Appendix F: Event Timeline for chronological listing)

Analysis: We had the advantage, and disadvantage, of watching the novel respiratory illness spread taxing the healthcare infrastructure and economies in other countries and cities in United States for a two month period before Ohio had its first confirmed case on March 9, 2020. We learned from their successes and shortfalls as we refined plans to prepare for the inevitable and struggled to increase our caches of personal protective equipment and medical supplies.

Ohio Governor and Director in Public Health took aggressive actions to try to slow the rate of infection while simultaneously taking measures to increase medical supplies. Hospitals were ordered to increase supplies. Ohioans were ordered to stay at home. Only essential businesses were allowed to continue if they complied with CDC and Ohio guidelines to protect staff and customers. Hospitals and other health care providers were ordered to stop all elective procedures to limit interaction and conserve PPE. Ohio businesses were encouraged to reinvent themselves to develop needed resources. Schools were closed and were virtual for remainder of the school year. Restaurants, bars, hair salons and other personal care facilities were closed. All of these measures helped to slow the spread and enabled hospitals to keep up with the demand of patient load and learn from efforts in other parts of world to treat patients. Economic impact was devastating as closures resulted in job loss and increased need for food lines and unemployment compensation.

Governor DeWine and Dr Acton took a very transparent approach and conducted daily press briefings for months and tapered the frequency of briefings based on current activity and needed announcement for reopening. Modeling being done and shared by several different agencies (John Hopkins, CWRU, Ohio State University, CCBH, Cleveland Clinic (CCF), and CDC) to inform and anticipate the rate of spread and surge timeline. Economy would not survive waiting for vaccine, so they developed a gradual and scientific data driven approach to reopening. Identifying layers of criteria that needed to be met. Developed five responsible protocols for all businesses to follow including steps to take when an outbreak occurred all to fulfil purpose of Responsible RestartOhio: protecting the health of employees, customers, and their families; supporting community efforts to control the spread of the virus; and, leading in responsibly getting Ohio back to work. Governor DeWine designated May 1, 2020 as the date that hospitals could resume elective procedures.

For healthcare to return to operational status, Ohio moved from regional response plans to a Statewide Hospital Plan. Key to this plan was creating a triad alignment between facilities, hospitals and public health at the local level that was further supported by region, then Zone and then the State. The eight HPP Regions were combined into three Zones. NEO was placed in Zone 1 which contains Region 1, Region 2 and Region 5. Physician from the Cleveland Clinic was selected as the Zone Lead. The zone/region framework enables hospitals, congregate care settings, and local public health departments to coordinate and collaborate on patient care, availability of resources, and management of regional surges. Mechanisms and processes were put in place to create a chain of support. Every facility was linked to another facility as line of

support to share the burden and load bearing to control the spread of disease. Connections were established to avoid delays and provided a quick response.

Access to clear and accurate data is essential to communities and leadership as they use data to make decisions for a phased reopening. Since PPE shortages persisted, for hospitals to start to reopen clinics and perform elective procedures, they were each required to set aside a supply of PPE, termed Hospital PPE Readiness Stockpile, which would be available if there is a sudden surge of COVID-19 cases in a nursing facility or hospital.

Components for healthcare restart required:

- Establish Hospital PPE Readiness Stockpile
- Align with local nursing homes and provide technical assistance related to infection control practice including cohorting and proper use of PPE
- Daily data entry of resources and COVID patient admissions
- Reporting in support of local public health contact tracing
- Increase testing for COVID-19

Every day we learn more about the virus, how it reacts and who are most vulnerable. Every activity that involves contact with others has some degree of risk. Understanding who most at risk for severe illness is helps people make the best decisions for themselves, their families, and their communities. Continue to receive and share daily to weekly announcements of public activities that are permissible as the state lifts stay at home restrictions. CHA supported the gradual reopen with continued message of taking personal responsibility to exposure, doing their part to implement prevention strategies, and make good choices as the virus is still circulating.

Knowing if you are at increased risk for severe illness and understanding the risks associated with different activities of daily living can help the public make informed decisions about which activities to resume and what level of risk they will accept. This information is especially critical as communities begin to reopen.

Objective 5: Support the regional hospitals/healthcare capability to manage an influx of infectious disease patients while limiting spread and maintaining medical care across health care continuum throughout event.

The strengths and areas for improvement for each HPP Capability aligned to this objective are described in this section.

HPP Capability: #4 Medical Surge

Strengths

The partial capability level, down to the O and A, can be attributed to the following strengths:

Strength 1: NEO is rich in healthcare assets with 27 hospitals, veterans' hospital, numerous skilled nursing facilities, home care and hospice resources along with access to institutions of higher learning to draw upon. (O1, A3)

Strength 2: NEO healthcare organizations have established and exercised agency specific and

regional plans for infectious disease pandemic. Plans had been updated from lessons learned from 2009 H1N1 and recently exercised including coalition non-hospital providers. (O2, A9)

Strength 3: NEO hospital systems formed an alliance and planned united surge approach including provisions for community testing, patient load balancing and identification of Alternate Care Site (ACS) to benefit and support the community. (O2, A2-3)

Strength 4: Pre-hospital Medical Directors convened meetings with ESF4 leadership, dispatch, public health, and hospital representatives to develop COVID-19 protocols for first responders. Continue to monitor needs of first responders, update protocols as new information on virus and treatments is gleaned and educate the crews. (O1, A2)

Strength 5: Hospitals individually and collectively augmented Level 1 and 2 Surge Plans to increase capacity by 200-300% to meet Governors request. (O1, A1-2)

Activities

The following is a list of activities performed to support the objective:

- Supported public health and hospital discussions of development of joint drive through test site
- Support Public Health Strike Team outreach for nursing home and business outbreaks as invited
- SurgeNet protocol training and monitoring
- Support Zone 1 development and participate on daily, decreasing to weekly surge planning calls
- Support nursing home testing process development
- Support congregate living outbreak strike team conference calls
- Support communication for application of Healthcare Isolation Center establishment
- Shared Regional Surge Plan to Governor per request
- Answering spontaneous requests from ODH, hospitals and coalition members regarding guidance, data, PPE, requirements, etc.
- Supported EMS Medical Directors COVID-19 Treatment Protocol development and distribution
- Working with Hospital Incident Commanders on Regional Surge Capacity planning for Zone 1. Zone 1, led by CCF*, UH, and MetroHealth, is still planning for surges and spikes with Northwest (NW) and Northeast Central Ohio (NECO) regions. The Center is working with the Zone hospitals assisting in connecting them with congregate facilities, which have not had a case, and their local health department for pre-planning and facility assessment.
- Distributed assigned hospital/nursing home spreadsheet to coalition for referral for congregate facilities and public health. Working through REDCap survey of assisted living facilities.
- Coordinated Planning state level partners for regional mass fatality capability
- Attendant site for location was identified with County and Ohio National Guard (ONG)

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Sustainment of staffing levels to support sustainment of surge bed capacity for COVID and non-COVID-19 patient populations. (O2, A1-3, A9)

Reference: Northeast Ohio MMRS Meta-Coalition Regional Health Care Preparedness Plan, Version Date: April 2019; HCC Emergency Response Plan Northeast Ohio, Revision: 04/03/2020, Version 1.12; Hospital specific EOP and Infectious Disease Plans

Analysis: As defined by HHS, medical surge capacity refers to the ability to evaluate and care for a markedly increased volume of patients that challenges or exceeds normal operating capacity. The surge requirements may extend beyond direct patient care to include such tasks as extensive laboratory studies. Medical surge capability refers to the ability to manage patients requiring unusual or very specialized medical evaluation and care. Surge capability also includes patient problems that require special intervention to protect medical providers, other patients, and the integrity of the healthcare organization.

Hospital activities during a surge event depend on the size of the facility and the capabilities of staffing, equipment and support on a day-to-day basis. Due to complexity of medical surge operations and varying hospital planning processes according to their unique capabilities, HPP grant funds have been used to assist with development of standardized medical surge plans for the hospitals in NE Ohio. Standardization of plans provides a common framework and situational awareness amongst hospitals in event. The health care organization EOP summarizes actions to initiate a response to a medical surge. The EOP includes individual departmental sections that provide specific surge strategies for each unit or service line.

It became quickly apparent as we watched the world and other cities in the throes of response that we were next and cases were inevitable. Flurry of activity ensued as we tried to learn as much as we could about the symptoms, transmission, risk factors, susceptibility, clinical care, equipment, and training needed to protect and prepare healthcare workers. CDC was pushing out guidance on an almost daily basis. Plans were reviewed, updated and exercised at the agency level. All the agencies we work with started to ramp up scrambling to get ready for our turn to see a wave of patients. Early modeling predicted that Ohio would hit peak of cases by mid-April.

March 2020 brought a series of public health orders to help control the spread and flatten the epidemiological case curve. In an aggressive move to conserve PPE, Governor DeWine ordered healthcare elective procedures to stop. Schools were closed, parades cancelled, presidential primary election was postponed, nursing home visitation banned, all but essential businesses were closed, and Ohio was issued a Stay-at-Home order.

The Center for Health Affairs activated regional response plan and individual hospitals and healthcare facilities activated their EOP and initiated incident command. Following guidance of CDC and ODH, Infectious Disease plans were activated and measures taken to limit exposure and spread. Entrances were scaled down to facilitate screening of all employees and visitors. Social distancing facilitated by furniture, plexiglass barriers, a change in traffic flow patterns, and marking of six feet spacing for waiting lines. Visitor restrictions were applied, masks required, increased cleaning, and additional hand wash stations and foam sanitizers were placed throughout outpatient and inpatient area. Telemedicine use was expanded enabling physicians to

see patients while limiting face to face interactions. Thus minimizing adverse patient outcomes associated with delayed care, while minimizing community transmission and preserving PPE.

Hospitals had closed outpatient centers; reassigned staff; restocked supplies; developed protocols, toolkits and playbooks; and educated and drilled staff on proper use of PPE and how to identify, isolate, and manage suspect and COVID-19 confirmed cases.

The Governor asked hospitals to increase surge capacity by 200-300%. That request was accomplished a variety of ways by reconfiguring unused and less used areas, retrofitting spaces, installing barriers, adjusting patient flow, modifying rooms to negative pressure areas, creating specific area for COVID patients, and using tents and parking lots for screenings. Changes in bed availability demonstrated in Figure 1 shows a sharp increase when elective procedures were stopped and then decrease as hospital operations began to be restored.

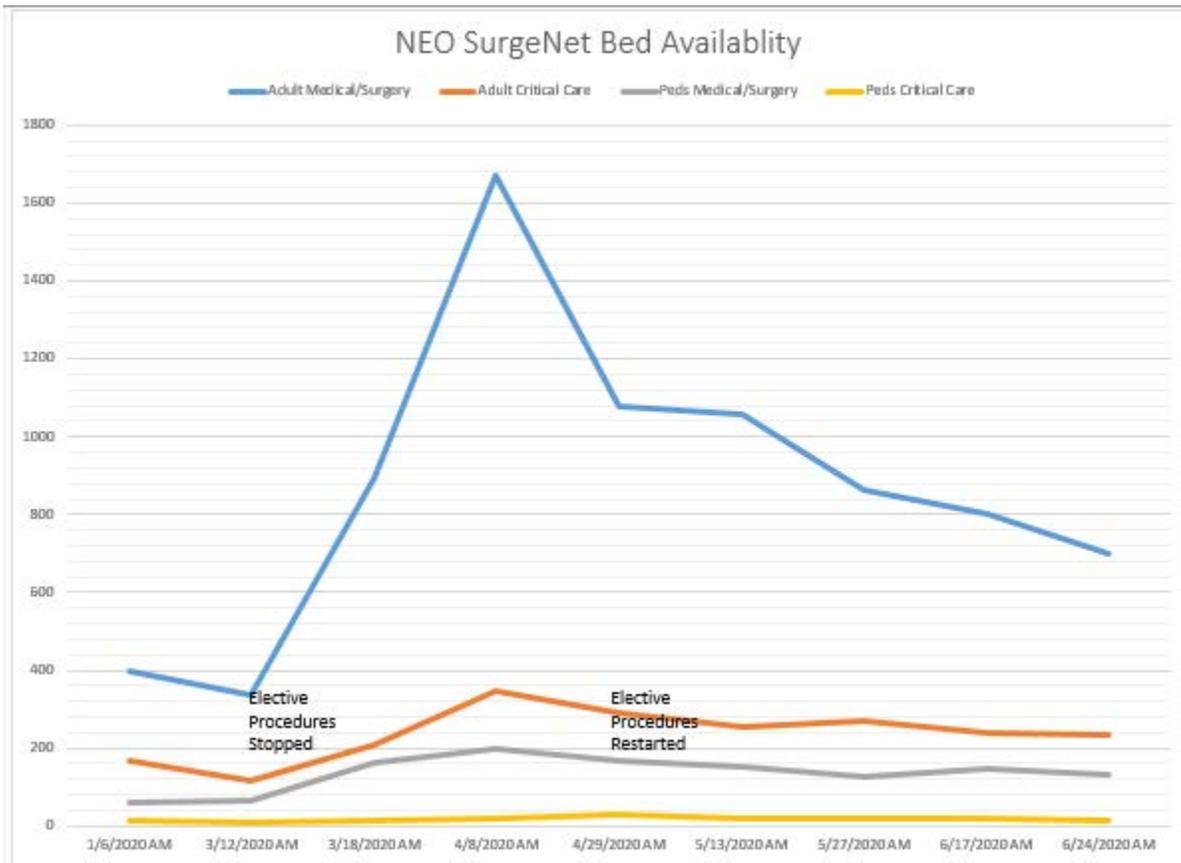


Figure 1

It worked. The Stay-At-Home Order decreased the rate of spread and flattened the curve giving Ohio time to prepare and manage patients without being overwhelmed. Everyone worked so hard the month of March then braced ourselves and waited for the wave that came in as high tide instead of a tsunami. The Alternative Care Sites (ACS) that hospitals identified and prepared for to support the surge were never needed. ACS were located internally, at local businesses and the largest was a newly created 327 bed hospital in university Health Education Campus, Hope Hospital, were all ready to accept patients but never operationalized.

With hospital operations returning to normal, extra staff are not readily available, unused areas are back in use and the increase in community spread threatens potential for healthcare staff to become ill. If needed, they estimate it will take three weeks to reestablish Hope Hospital before it can receive patients. Challenges of sustaining patient care areas and staff to man those areas remains. Without a vaccine, threat of outbreak with the potential to stress healthcare system is ever present. Ohio leadership devised the hospital community collaboration supported by Zone concept and designated Health Care Isolation Centers (HCIC) as means to help balance patient load throughout the region and state as long term solution.

APPENDIX A: IMPROVEMENT PLAN (IP)

This IP has been developed specifically for The Center for Health Affairs and the Northeast Ohio Healthcare Coalition members identified in **Appendix B** as a result of the Northeast Ohio COVID-19 Healthcare Response during the initial six months of the pandemic, 01/08/2020 to 06/30/2020.

HPP Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Target Completion Date
HPP Capability #1: Foundation for Health Care and Medical Readiness	1. The NEO HCC membership includes 300 organizations on distribution list, but this is not all inclusive of number of healthcare organizations within the five county region. (O5, A1-3)	1.1 Add new points of contacts to distribution list.	Planning	CHA	Readiness and Response Coordinator	7/1/2020	Ongoing
		1.2 Engage and include new POC in HCC activities.	Planning	CHA	HCC Executive Committee	7/1/2020	Ongoing
		1.3 Maintain an updated MMRS master contacts list	Planning	CHA	Readiness and Response Coordinator	7/1/2020	Updated bi-annually
HPP Capability #2: Healthcare and Medical Response Coordination	1. Communication plan for the regional healthcare coalition is still in development stages and the pace of federal and state guidance resulted in peer groups coordinated planning rather than multi-disciplinary group planning. (O2, A1, A3)	1.1 Review and update HCC Communication Plan	Planning	HCC	Readiness and Response Coordinator	7/1/2020	9/11/2020 and annually
		1.2 Educate HCC on HCC Communication Plan	Training	HCC	Readiness and Response Coordinator	7/1/2020	11/4/2020
		1.3. Drill HCC Communication Plan	Exercise	CHA	Readiness and Response Coordinator	7/1/2020	2 times per year per CAT

HPP Capability #2: Healthcare and Medical Response Coordination	2. Disruption to supply chain to acquire personal protective equipment and medical supplies to care for COVID cases and stop the spread of disease due to the global pandemic. (O3, A1)	1.1 Ensure HCC members can maintain an adequate vendor list for supplies and PPE	Training	HCC	CHA/Hospitals	7/1/2020	5/31/2021
		1.2 Ensure HCC members have access to SME and assistance from other HCC members regarding supply chain management	Training	HCC	CHA/Readiness and Response Coordinator /Hospitals	7/1/2020	5/31/2021
HPP Capability #2: Healthcare and Medical Response Coordination	3. The Center for Health Affairs role in COVID-19 pandemic response was not utilized by all jurisdictional authorities and changes daily depending on what discipline they were working with and supporting. (O3, A1-2)	1.1 Ensure coalition members have access to CHA representatives and understand their role in a regional event	Training	CHA	CHA/Readiness and Response Coordinator	7/1/2020	5/31/2021
		1.2 Approach EMA directors to include CHA as RHC and Readiness and Response Coordinator in County EOP as a resource	Planning	CHA	CHA	7/1/2020	6/30/2021
HPP Capability #2: Healthcare and Medical Response Coordination	4. Time constraints prevented CHA from supporting Joint Information Center (JIC) operations. (O3, A4)	1.1 Engage communications department at CHA to designate representative to JIC	Planning	CHA	CHA	7/1/2020	6/30/2021
HPP Capability #3: Continuity of Health Care Service Delivery	1. Governor DeWine met with stakeholder leadership to determine strategies to slow the spread	1.1 Ensure CHA is on all local, regional and ODH calls and informational sessions	Organization	CHA	CHA	7/1/2020	6/30/2021

	and restore operations to new normal issuing Executive Orders and announcing to public. The details of implementation were not provided and it was up to us to learn as we go which was met with some challenges and limitations. (O7, A1)	1.2 Share information to other planning partners in region who would be impacted and not present during informational sessions.	Planning	CHA	CHA	7/1/2020	6/30/2021
HPP Capability #4: Medical Surge	1. Sustainment of staffing levels to support sustainment of surge bed capacity for COVID and non-COVID-19 patient populations. (O2, A1-3, A9)	1.1 Assess feasibility and support Zone coalition alignment for load balancing for remainder event and inclusion in Regional Response Plan.	Planning	CHA	CHA/Zone leads	7/1/2020	Ongoing
		1.2 Develop prolonged staffing strategies.	Planning	Hospitals	Hospitals	7/1/2020	Ongoing
		1.3 Identify triggers to phase down operations and ramp up opening ACS.	Planning	HCC	Hospitals/Zone Leads	7/1/2020	Ongoing
		1.4 Incorporate new technologies like telemedicine in regional response plan.	Planning	HCC	HCC	7/1/2020	Ongoing

APPENDIX B: EVENT PARTICIPANTS

The COVID-19 pandemic is global event and we have been engaged in the National and State level response. The following list of organizations are those we worked with primarily during first six months of Northeast Ohio COVID-19 Healthcare Response, 01/08/2020 to 06/30/2020.

Participating Organizations		
Organization Name	Organization Category	Number Participating
Ohio Department of Health	State Government	Unknown
Ashtabula County Emergency Management Agency	Local Government	Unknown
Cleveland Office of Emergency Management	Local Government	Unknown
Cuyahoga County Office of Emergency Management	Local Government	Unknown
Geauga County Emergency Management	Local Government	Unknown
Lake County Emergency Management	Local Government	Unknown
Lorain County Office of Emergency Management & Homeland Security	Local Government	Unknown
Ashtabula City Health Department	Local Government	Unknown
Ashtabula County Health Department	Local Government	Unknown
Cleveland Department of Public Health	Local Government	Unknown
Cuyahoga County Board of Health	Local Government	Unknown
Geauga Public Health	Local Government	Unknown
Lake County General Health District	Local Government	Unknown
Lorain Public Health	Local Government	Unknown
Ashtabula County Medical Center	Non-Governmental Partner	Unknown
Case Western Reserve University	Academia	Unknown
Cleveland Clinic Avon Hospital	Non-Government Partners	Unknown
Cleveland Clinic Euclid Hospital	Non-Government Partners	Unknown
Cleveland Clinic Fairview Hospital	Non-Government Partners	Unknown
Cleveland Clinic Hillcrest Hospital	Non-Government Partners	Unknown
Cleveland Clinic Lutheran Hospital	Non-Government Partners	Unknown
Cleveland Clinic Main	Non-Government Partners	Unknown
Cleveland Clinic Marymount Hospital	Non-Government Partners	Unknown
Cleveland Clinic South Pointe Hospital	Non-Government Partners	Unknown
Cleveland Veterans Administration Medical Center	Federal Government	Unknown
Lake Health Tripoint Medical Center	Non-Government Partners	Unknown
Lake Health West Medical Center	Non-Government Partners	Unknown
Mercy Health Allen Hospital	Non-Government Partners	Unknown
Mercy Health Lorain Hospital	Non-Government Partners	Unknown
MetroHealth Medical Center	Local Government	Unknown
Southwest General Health Center	Non-Government Partners	Unknown

Participating Organizations		
Organization Name	Organization Category	Number Participating
St. Vincent Charity Medical Center	Non-Government Partners	Unknown
The Center for Health Affairs	Non-Government Partners	7
University Hospitals Ahuja Medical Center	Non-Government Partners	Unknown
University Hospitals Bedford Medical Center	Non-Government Partners	Unknown
University Hospitals Cleveland Medical Center	Non-Government Partners	Unknown
University Hospitals Rainbows Babies & Children's Hospital	Non-Government Partners	Unknown
University Hospitals Conneaut Medical Center	Non-Government Partners	Unknown
University Hospitals Geauga Medical Center	Non-Government Partners	Unknown
University Hospitals Geneva Medical Center	Non-Government Partners	Unknown
University Hospitals Elyria Medical Center	Non-Government Partners	Unknown
University Hospitals Parma Medical Center	Non-Government Partners	Unknown
University Hospitals Richmond Medical Center	Non-Government Partners	Unknown
University Hospitals St. John Medical Center	Non-Government Partners	Unknown
Akron Regional Hospital Association	Non-Government Partners	Unknown
Central Ohio Trauma System	Non-Government Partners	Unknown
Hospital Counsel of Northwest Ohio	Non-Government Partners	Unknown
Greater Dayton Area Hospital Association	Non-Government Partners	Unknown
The Health Collaborative	Non-Government Partners	Unknown

APPENDIX D: ACRONYM LIST

The following is a complete list of acronyms utilized in the Northeast Ohio COVID-19 Healthcare Response Interim After-Action Report/Improvement Plan:

Acronym	Meaning
AAR/IP	After-Action Report/Improvement Plan
ACS	Alternate Care Site
AHA/A2	American Hospital Association/A2Preparedness Group
ASPR	Office of the Assistant Secretary for Preparedness and Response
BMV	Bureau Motor Vehicles
BP	Budget Period
CCBH	Cuyahoga County Board of Health
CCF	Cleveland Clinic Foundation
CCOEM	Cuyahoga County Office Emergency Management
CDC	Center for Disease Control and Prevention
CDPH	Cleveland Department of Public Health
CEO	Chief Executive Officer
CFDA	Catalog of Federal Domestic Assistance
CHA	The Center for Health Affairs
CMS	Centers for Medicare & Medicaid Services
CWRU	Case Western Reserve University
ED	Emergency Department
EEG	Exercise Evaluation Guide
EMA	Emergency Management Agency
EMS	Emergency Medical Services
EOC	Emergency Operation Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
FE	Functional Exercise
FEMA	Federal Emergency Management Agency
FSE	Full-Scale Exercise
FY20	Fiscal Year 2020
GPO	Group Purchasing Organization
HAN	Health Alert Network
HCC	Health Care Coalition
HHS	Health and Human Services

Acronym	Meaning
HICS	Hospital Incident Command System
HPP	Hospital Preparedness Program
HRRC	HCC Readiness and Response Coordinator
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
ICS	Incident Command System
JIC	Joint Information Center
MCM	Medical Countermeasure Management
MERS	Middle East respiratory syndrome
MMRS	Metropolitan Medical Response System
MOU	Memorandum of Understanding
NE	Northeast
NECO	Northeast Central Ohio
NEO	Northeast Ohio
NW	Northwest
OBM	Ohio Bureau of Medicaid
ODH	Ohio Department of Health
OHA	Ohio Hospital Association
OHP	Office of Health Preparedness
ONG	Ohio National Guard
OPHCS	Ohio Public Health Communication System
OSU	Ohio State University
PIO	Public Information Officer
POC	Point of Contact
PPE	Personal Protective Equipment
RFI	Request for Information
RHC	Regional Healthcare Coordinator
RHCC	Regional Healthcare Coalition Coordinator
RPHC	Regional Public Health Coordinator
SARS	Severe acute respiratory syndrome
SEOC	State Emergency Operations Center
SFY	State Fiscal Year
SITREP	Situational Report
SME	Subject Matter Expert
SNS	Strategic National Stockpile
WHO	World Health Organization

APPENDIX E: ADDITIONAL EVENT DOCUMENTATION

The following documents are included to support event objectives:

- Cuyahoga County Board of Health Situational Report #1, January 28, 2020
- Cuyahoga County Emergency Operation Center IAP, March 12, 2020
- Cuyahoga County Emergency Operation Center IAP, March 19, 2020

CCBH Situational Report #1

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

January 28, 2020

Good afternoon,

The situation around Coronavirus is rapidly evolving. While the whole picture is not yet clear, CCBH wanted share what is known at this point.

More cases are likely to be identified in the coming days, including cases in the United States. Given what has occurred previously with MERS and SARS, it's likely that person-to-person spread will occur.

While the immediate risk of this new virus to the American public is believed to be low at this time, everyone can do their part to help us respond to this emerging public health threat:

- **For everyone:** It's currently flu and respiratory disease season and CDC recommends getting vaccinated, taking [everyday preventive actions](#) to stop the spread of germs, and taking flu antivirals if prescribed.
- **For healthcare professionals:**
 - Be on the lookout for people with travel history to China and fever and respiratory symptoms.
 - If you are a healthcare professional caring for a 2109-nCoV patient, please take care of yourself and follow [recommended infection control procedures](#).
- **For people who may have 2019-nCoV infection:** Please follow [CDC guidance on how to reduce the risk of spreading your illness to others](#).
- **For travelers:** Stay up to date with [CDC's travel health notices related to this outbreak](#).

Basic information, as well as national and global details, is best found here:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Locally, we are working together with our county emergency management agency, public safety forces, healthcare providers, the Ohio Department of Health (ODH) and the Centers for Disease Control and Prevention (CDC) to prepare for the potential presence of Coronavirus in Cuyahoga County.

In terms of information and disease surveillance, we are connecting with ODH and CDC to obtain daily updates and insight. We will issue more information to all partners as the need arises. We will also provide updates at www.ccbh.net and our social media accounts.

CCEOC IAP, 3/12/2020

INCIDENT OBJECTIVES (ICS 202)

<p>1. Incident Name: Coronavirus 2020</p>	<p>2. Operational Date From: 3/12/2020 Date To: Date Period: Time From: 0700 Time To: 1900</p>
<p>3. Objective(s):</p> <ul style="list-style-type: none"> -Maintain situational awareness of the State and National status of Coronavirus -Coordinate planning and information sharing with health partners and first responder community -Provide correct and up-to-date information to the public -Monitor social media for misinformation -Ensure healthcare providers report suspected cases to the correct agency in a timely fashion 	
<p>4. Operational Period Command Emphasis:</p> <p>The novel Coronavirus induces public panic in any region where a suspected case presents. Thus, public information coordination will be a large part of this operational period.</p>	
<p>General Situational Awareness Cuyahoga County EOC Activated at a Monitoring level on 1/29/2020 with operations happening virtually. Unified Command was established between Cleveland Department of Public Health and Cuyahoga County Board of Health with Cleveland OEM, Cuyahoga County OEM, City of Cleveland Communications, and Cuyahoga County Communications supporting coordination. During this phase, we had an ~20 person e-mail group coordinating information. At the end of February, we scheduled an in-person coordination meeting with Health Departments, Emergency Management, and City and County Communications departments for March 4th to identify trigger points for expanding or consolidating efforts. During that meeting, we gained consensus on using a joint Emergency Operations Center at the County EOC with the City of Cleveland operating from the same room as opposed to opening two EOCs. We also determined there was a need to establish a Joint Information Center, regardless of Emergency Operations Center physical activation or not. We scheduled a JIC coordination meeting for Monday morning on 3/9/2020 to prepare for opening on Tuesday 3/10/2020 to support</p>	

1. Incident Name: Coronavirus 2020	2. Operational Date From: 3/12/2020 Date To: _____ Period: Time From: 0700 Time To: 1900																			
coordinated messaging. When alerted of the cases within the County, we added a partial EOC activation starting Monday 3/9/2020 in advance of the announcement of the cases in Cuyahoga County. We expanded the representation in the EOC on Tuesday to include RTA, Fire Chief's Association, Police Chief's Association, Center for Health Affairs (Hospitals), Cuyahoga County Board of Health, Cleveland Department of Public Health, Northeast Ohio Regional Fusion Center, Northeast Ohio Sewer District, Ohio EMA, County Communications, and City of Cleveland Communications. We will be expanding to include American Red Cross moving forward.																				
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located at: _____																				
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> ICS 203</td> <td style="width: 33%;"><input type="checkbox"/> ICS 207</td> <td style="width: 34%;"><u>Other Attachments:</u></td> </tr> <tr> <td><input type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 208</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> Map/Chart</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td colspan="3">Forecast/Tides/Currents</td> </tr> <tr> <td><input type="checkbox"/> ICS 206</td> <td></td> <td><input type="checkbox"/> _____</td> </tr> </table>			<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>	<input type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather	<input type="checkbox"/> _____	Forecast/Tides/Currents			<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____
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Forecast/Tides/Currents																				
<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____																		
7. Prepared by: Name: Mark Christie Position/Title: PSC Signature: _____																				
8. Approved by Incident Commander: Name: Terry Allan/ Merle Signature: _____ Gordon via E-Mail																				
ICS 202	IAP Page 1	Date/Time: 1/30/2020 12:00 PM																		

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Coronavirus 2020		2. Operational Period: Date From: 3/12/2020 Date To: 3/12/2020 Time From: 0700 Time To: 1900	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs	Terry Allan	Chief	
	Merle Gordon	Deputy	
Deputy		Staging Area	
Safety Officer		Branch	City of Cleveland
Public Info. Officer		Branch Director	Persis Sosiak
Liaison Officer		Deputy	Shaddy Swade
4. Agency/Organization Representatives:		Division/Group	Epidemiology
Agency/Organization	Name	Division/Group	Public Information
ESF4	Asst. Chief Heath	Division/Group	
ESF3	Kay Forwick (NEORS)	Division/Group	
ESF3	Dave Marquard (County PW)	Division/Group	
NEORFC	Mike Herb	Branch	C u y a h o g a C o u n t y
211	Matt Trahan	Branch Director	Rebecca Hysing
OEMA	Michelle Sowers	Deputy	Heidi Scaife
5. Planning Section:		Division/Group	Epidemiology
Chief	Serena Steele	Division/Group	PIO-CCBH
Deputy		Division/Group	PIO-County
Resources Unit		Division/Group	OEM
Situation Unit	Adam Griffith	Division/Group	CHA
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief	Bryan Kloss	Division/Group	
Deputy		Air Operations Branch	

Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit			

1. Incident Name: Coronavirus 2020		2. Operational Period:		Date From: 3/12/2020	Date To: 3/12/2020
				Time From: 0700	Time To: 1900
Facilities Unit		8. Finance/Administration Section:			
Ground Support Unit		Chief			
Service Branch		Deputy			
Director		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit		Cost Unit			
9. Prepared by: Name: Mark Christie Position/Title: PSC Signature: _____					
ICS 203	IAP Page	Date/Time: 2/3/2020 12:00 PM			

COMMUNICATIONS LIST (ICS 205A)

1. Incident Name: COVID - 19	2. Operational Period:	Date From: 3/12/2020 Time From: 0700	Date To: 3/12/2020 Time To: 1900
3. Basic Local Communications Information:			
Incident Assigned Position	Name (Alphabetized)	Method(s) of Contact (phone, pager, cell, etc.)	
Unified Command	Terry Allan	tallan@ccbh.net	
Unified Command	Merle Gordon	mgordon@city.cleveland.oh.us	
Planning Section Chief	Kevin Friis	kfriis@cuyahogacounty.us	
County-Branch Director	Rebecca Hysing	Rhysing@ccbh.net	
County Deputy Branch Director	Heidi Scaife	hscaife@ccbh.net	
CCBH-PIO	Kevin Brennan	kbrennan@ccbh.net	
CCBH-Epidemiology	Jackie Napolitano	jnapolitano@ccbh.net	
CCBH-Epidemiology	Tara Hanchar	thanchar@ccbh.net	
CCBH-Epidemiology	Amy Anter	aanter@ccbh.net	
County-PIO	Miranda Kortan	mkortan@cuyahogacounty.us	
County-OEM (ESF 5)	Mark Christie	mchristie@cuyahogacounty.us	
Cleveland-Branch Director	Persis Sosiak	PSosiak@city.cleveland.oh.us	
Cleveland- Deputy Branch Director	Shaddy Swade	sswade@city.cleveland.oh.us	
CDPH-PIO	Adam Nation	anation@city.cleveland.oh.us	
CDPH- Epidemiology	Katie Romig	kromig@city.cleveland.oh.us	
Cleveland-OEM	Fred Szabo	Fszabo3@city.cleveland.oh.us	

Center for Health Affairs	Beth Gatlin	Beth.gatlin@chanet.org
Center for Health Affaris	Andrea Bishop	Andrea.bishop@chanet.org
County-PSJS (ESF 5)	Alex Pellom	
County-OEM (ESF 5)	Serena Steele	ssteele@cuyahogacounty.us
County-OEM (ESF 5)	Adam Griffith	agriffith@cuyahogacountf.us
GCRTA (ESF 1, 13)	Kim Jackson	kijackson@gcrta.org
NEORS (ESF 3)	Kay Forwick	forwickk@neorsd.org

1. Incident Name: COVID - 19		2. Operational Date From: 3/12/2020 Date To: 3/12/2020	
		Period: Time From: 0700 Time To: 1900	
NEORS (ESF 3)	John Corn	cornj@neorsd.org	
County-PW (ESF 4)	Dave Marquad	Dmarquad1@cuyahogacounty.us	
County-PW (ESF 4)	Jim Hazimihalis	jhazimihalis@cuyahogacounty.us	
CCFCA (ESF 4)	Asst. Chief Heath	esf4@cuyahogacounty.us	
CCFCA (ESF 4)	Asst. Chief Wheeler	esf4@cuyahogacounty.us	
CCBH (ESF 8)	Tom Fink	tfink@ccbh.net	
CDPH (ESF 8)	Kate Pifer		
County-Comm. (ESF15)	Eliza Wing	ewing@cuyahogacounty.us	
County-Comm. (ESF 15)	Scott Mahoney	smahoney@cuyahogacounty.us	
County-Comm. (ESF 15)	Devyn Gianetti	dgianetti@cuyahogacounty.us	
County-Comm. (ESF 15)	Dale Armbruster	darmbruster@cuyahogacounty.us	
4. Prepared by: Name: Adam Griffith Position/Title: CCOEM / ESF 2 Signature:			
ICS 205A	IAP Page	Date/Time: 3/12/2020 12:00 AM	

COMMUNICATIONS LIST (ICS 205A)

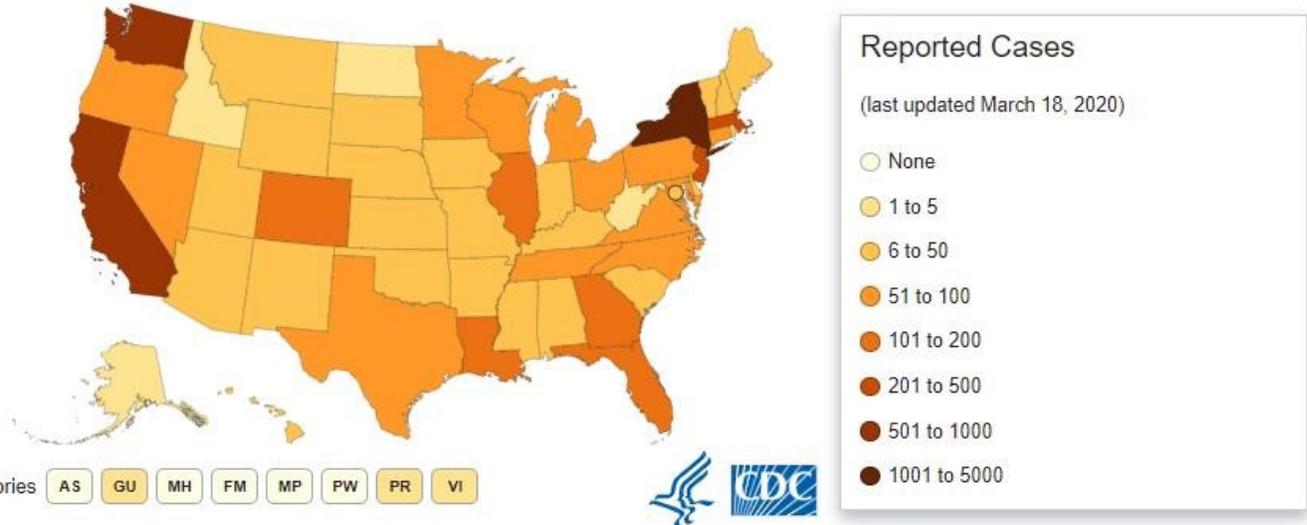
1. Incident Name: COVID - 19	2. Operational Period:	Date From: 3/12/2020 Time From: 0700	Date To: 3/12/2020 Time To: 1900
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3. Basic Local Communications Information:		
Incident Assigned Position	Name (Alphabetized)	Method(s) of Contact (phone, pager, cell, etc.)
UW/211	Matt Trahan	mtrahan@unitedwaycleveland.org
NEORFC	Mike Herb	
Ohio EMA	Michelle Sowers	
ARC (ESF 6)	Rick Whitehead	Richard.whitehead@redcross.org

4. Prepared by: Name: Adam Griffith Position/Title: CCOEM / ESF 2 Signature:		
ICS 205A	IAP Page	Date/Time: 3/12/2020 12:00 AM

CCEOC IAP, 3/19/2020

INCIDENT BRIEFING (ICS 201)

1. Incident Name: Coronavirus 2020	2. Incident Number: N/A	3. Date/Time Initiated: Date: 1/30/2020-TBD
4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment): <h2>COVID-19 Cases in the U.S.</h2> <p>Cases in U.S. > Situation Summary ></p>  <p>Reported Cases (last updated March 18, 2020)</p> <ul style="list-style-type: none">None1 to 56 to 5051 to 100101 to 200201 to 500501 to 10001001 to 5000 <p>Territories AS GU MH FM MP PW PR VI</p> <p>Source: https://www.cdc.gov/coronavirus/2019-ncov/index.html, as of 3/18/2020</p>		

5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): CDC is responding to an outbreak of a respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in more than 150 locations internationally, including in the United States. On March 11, WHO publicly characterized COVID-19 as a pandemic. On March 13, the President of the United States declared the COVID-19 outbreak a national emergency. All 50 states in the U.S. have positive cases.

Health and Safety:

- Stay home when you are sick
- Avoid contact with people who are sick
- Get adequate sleep and eat well-balanced meals
- Wash hands often with water and soap (20 seconds or longer)
- Dry hands with a clean towel or air dry your hands
- Cover your mouth with a tissue or sleeve when coughing or sneezing
- Avoid touching your eyes, nose, mouth with unwashed hands or after touching surfaces
- Clean and disinfect "High-Touch" surfaces often
- Call before visiting your doctor
- Practice good hygiene habits

6. Prepared by: Name: John O'Donnell_____ Position/Title: _____ Signature: _____

ICS 201, Page 1

Date/Time: 3/19/2020

Updated by FDA 2/2011

<p>ICS 202- Incident Objectives</p>	<p>1. Incident Name Coronavirus 2020</p>	<p>2. Date Prepared: 3/19/2020</p>	<p>3. Ops Period: 0800-1700</p>									
<p>4. General Control Objectives For The Incident (Include Alternatives):</p> <ul style="list-style-type: none"> • Maintain situational awareness of the State and National status of Coronavirus • Coordinate planning and information sharing with health partners and first responder community • Provide correct and up-to-date information to the public • Monitor social media for misinformation • Ensure healthcare providers report suspected cases to the correct agency in a timely fashion • Establish Donations Management Drop-Site at Harvard Garage for PPE collection 												
<p>5. Operational Period Command Emphasis:</p> <p>The novel Coronavirus induces public panic in any region where a suspected case presents. Thus, public information coordination will be a large part of this operational period.</p>												
<p>6. General Situational Awareness</p> <p>Cuyahoga County EOC Activated at a Monitoring level on 1/29/2020 with operations happening virtually. Unified Command was established between Cleveland Department of Public Health and Cuyahoga County Board of Health with Cleveland OEM, Cuyahoga County OEM, City of Cleveland Communications, and Cuyahoga County Communications supporting coordination. During this phase, we had a ~20 person email group coordinating information. At the end of February, we scheduled an in-person coordination meeting with Health Departments, Emergency Management, and City and County Communications departments for March 4th to identify trigger points for expanding our consolidating efforts. During that meeting, we gained consensus on using a joint Emergency Operations Center at the County EOC with the City of Cleveland operating from the same room as opposed to opening two EOCs. We also determined there was a need to establish a Joint Information Center, regardless of Emergency Operations Center physical activation or not. We scheduled a JIC coordination meeting for Monday morning on 3/9/2020 to prepare for opening on Tuesday 3/10/2020 to support coordinated messaging.</p> <p>When alerted of the positive coronavirus cases within the County, we added a partial EOC activation starting Monday 3/9/2020. We expanded the representation in the EOC on Tuesday 3/10/2020 to include RTA, Fire Chief's Association, Center for Health Affairs, Cuyahoga County Board of Health, Cleveland Department of Public Health, Northeast Ohio Regional Fusion Center, Northeast Ohio Sewer District, Ohio EMA, County Communications, and City of Cleveland Communications. Red Cross was invited to staff on 3/12. EOC operations moved to completely virtual over the weekend on March 14-15. Beginning on Monday 3/16 EOC operations scaled back in-person operations and requested many partners to staff virtually. This has continued throughout the week.</p>												
<p>8. ATTACHMENTS (X IF ATTACHED)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> Organization List - ICS 203</td> <td style="width: 33%;"><input type="checkbox"/> Medical Plan - ICS 206</td> <td style="width: 33%;"><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Division Assignment Lists - ICS 204</td> <td><input type="checkbox"/> Incident Map</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Communications Plan - ICS 205</td> <td><input type="checkbox"/> Traffic Plan</td> <td><input type="checkbox"/> _____</td> </tr> </table>				<input checked="" type="checkbox"/> Organization List - ICS 203	<input type="checkbox"/> Medical Plan - ICS 206	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Division Assignment Lists - ICS 204	<input type="checkbox"/> Incident Map	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Communications Plan - ICS 205	<input type="checkbox"/> Traffic Plan	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> Organization List - ICS 203	<input type="checkbox"/> Medical Plan - ICS 206	<input type="checkbox"/> _____										
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<input checked="" type="checkbox"/> Communications Plan - ICS 205	<input type="checkbox"/> Traffic Plan	<input type="checkbox"/> _____										
<p>9. Prepared By: John O'Donnell</p>	<p>10. Approved By (Unified Command): Terry Allan, Merle Gordon, via email</p>											

ICS 203-ORGANIZATION ASSIGNMENT LIST		9. Operations Section		
1. Incident Name: Coronavirus 2020		Chief		
		Deputy		
		a. Branch I - Cleveland		
2. Date: 3/19/2020	3. Time:	Branch Director		
		Deputy		
4. Operational Period: 0800-1700		Division/Group	PIO	Adam Nation
		Division/Group		
5. Incident Commander and Staff		Division/Group		
Incident Commander	Terry Allan, Merle Gordon (virtual)	Division/Group		
Deputy		Division/Group		
Safety Officer		b. Branch II – Cuyahoga County		
Information Officer		Branch Director	Rebecca Hysing	
Liaison Officer		Deputy	Jim Armstrong	
6. Agency Representatives		Division/Group	PIO-CCBH	Kevin Brennan (virtual)
Agency	Name	Division/Group	PIO County C	Eliza Wing (virtual)
ESF 4	Bill Turner	Division/Group	OEM	Bryan Kloss
ESF 6	Rick Whitehead, ARC (virtual)	Division/Group		
ESF 6	Louise, 2-1-1 (virtual)	Division/Group		
ESF 8	Tracey Pate, CHA (virtual)	c. Branch III – Donations		
		Branch Director		
7. Planning Section		Deputy		
Chief	Mark Christie	Division/Group	PPE Drop Site	Serena Steele
Deputy	John O'Donnell	Division/Group		
Resources Unit	Lindy Burt	Division/Group		
Situation Unit	Sara Lippi (virtual)	Division/Group		
Documentation Unit		Division/Group		
Demobilization Unit		d. Air Operations Branch		
Technical Specialists		Air Ops Branch Dir		
Human Resources		Air Attack Sup		
Training		Air Support Sup		
8. Logistics Section		10. Finance Section		
Chief	Kevin Friis	Chief	Mary Beth Vaughn	
Deputy		Deputy		
Supply Unit		Time Unit		
Facilities Unit		Procurement Unit		
Ground Support Unit				
Communications Unit		Cost Unit		
Medical Unit				
Security Unit		Prepared by: John O'Donnell, 3/19/2020		
Food Unit				

ICS 205- INCIDENT RADIO COMMUNICATIONS PLAN			1. Incident Name: Coronavirus 2020	2. Date/Time Prepared: 3/19/2020	3. Operational Period Date/Time
4. BASIC RADIO CHANNEL UTILIZATION					
Zone Group	Function	Channel	Assignment		Remarks
M10	Operational	XMTAC1	Operations		CECOMS Hailing (monitored 24/7)
M22	Operational	XEMACONE	Operational		OEMA Watch Office (monitored 24/7)
M10	Operational	XMTAC8	Operational		EOC Hailing: requested 24/7
Z1	Operational	CUYEM-1	Tactical		CCOEM and PSJS staff
5. Prepared By (Communications Unit): Adam Griffith, 3/16/2020					

APPENDIX F: EVENT TIMELINE

The following is timeline of key events in reverse order between the dates of December 31, 2019 to June 30, 2020. Lines highlighted in blue represent Ohio Governor and Director Health Orders.

Month	Date	Origin	Item	Details / Action Requested
June	6/30/2020	Ohio Department of Health Public Health Order	Director's Order to Extend the Expiration Date of Various Orders	All existing health orders remain in effect as Ohio heads into the holiday weekend with expiration date listed as July 7, 2020.
	06/30/2020	Ohio Department of Health Public Health Order	Directors Order provides Guidance for Contact Sport Practices and non-contact Sport Competitions, with exceptions	
	06/16/2020	Ohio Department of Health Public Health Order	Director's Order that Reopens County Fairs and Animal Exhibitions, with exceptions	
	6/04/2020	Ohio Department of Health Public Health Order	Third Amended Director's Order to Limit Access to Ohio's Nursing Homes and Similar Facilities, with Exceptions. Effective June 8, 2020	This order allows properly prepared assisted living facilities and intermediate care facilities for individuals with developmental disabilities to begin to allow outdoor visitation on June 8. The lifted restrictions do not yet apply to nursing homes.
	06/04/2020	Ohio Department of Health Public Health Order	Director's Order that reopens Youth Day Camps and Residential Camps with exceptions	
	06/02/2020	Ohio Department of Health Public Health Order	Director's Order that Amends the Requirements for Nonessential Surgeries and Procedures	
May	05/29/2020	Ohio Department of Health Public Health Order	Director's Order that reopens facilities providing child care services, with exceptions	
	05/27/2020	Ohio Department of Health Public Health Order	Director's Order for the Testing of Residents and staff at all nursing homes	Each nursing home licensed by ODH or certified by the US Department of Health and Human Services, Centers for Medicare and Medicaid Services or by the Ohio Department of Medicaid, shall require its employees to be tested

Month	Date	Origin	Item	Details / Action Requested
	05/22/2020	Ohio Department of Health Public Health Order	Director's Order that reopens gyms, dance instruction studios and other personal fitness venues, with exceptions	
	05/21/2020		Restoration of inside restaurant dining	
	05/20/2020	Ohio Department of Health Public Health Order	Director's Order that reopens campgrounds, with exceptions	
	05/20/2020	Ohio Department of Health Public Health Order	Urgent Health Advisory: Ohioans protecting Ohioans. Elements of the previous Stay-at-Home order became "strong recommendations."	Recommends Ohioans continue to stay home as much as possible, maintains mandates limiting large groups and requiring safe business conditions to prevent the spread of COVID-19
	05/15/2020	Ohio Department of Health Public Health Order- Reopen business order	Restoration of outside bar and restaurant dining	
	05/15/2020	Ohio Department of Health Public Health Order- Reopen business order	Restoration of personal care service operations: hair salons, massage,	
	05/14/2020	Ohio Department of Health Public Health Order	Director's Dine Safe Ohio Order	Restaurants and Bars to reopen as long as workplace safety standards in place
	05/12/2020	Ohio Department of Health Public Health Order- Reopen business order	Restoration of Retail establishments and facilities	
	5/11/2020	OPHCS Alert: Ohio Receipt, Stage, Store (RSS) warehouse	Completing an eighth push of specimen collection kits, shipped to identified county health departments today (5/11/20), for arrival tomorrow (5/12/20).	Awareness of resource arrival and potential for assistance for distribution. This allocation to follow the same formula based on point estimates of hospital beds, long-term care (LTC) facilities, law enforcement personnel, emergency medical services (EMS) personnel and healthcare personnel within the entire county.
	05/11/2020		Several countries, such as Spain, Iran, Italy, Denmark, Israel, Germany, New Zealand, and Thailand, begin to ease their lockdown restrictions.	
	05/04/2020	Ohio Department of Health Public Health Order- Reopen business order	Restoration of General Office and Manufacturing Operations	

Month	Date	Origin	Item	Details / Action Requested
	05/01/2020	Ohio Department of Health Public Health Order- Reopen business order	Restoration of Elective Surgeries	
	05/01/2020	Ohio Department of Health Public Health Order	Director's Order that Reopens Businesses, with Exceptions, and Continues a Stay healthy and Safe at Home Order	Begin to lift the mandatory requirements and restrictions that were needed during the initial phase of the COVID-19 pandemic.
April	04/30/2020	Governor DeWine and Director Acton	Amended the Stay-at-Home Order and extended it to May 29, calling it the "Stay Safe Order."	Some businesses were allowed to open on a limited basis, including dentists and veterinarians on May 1, manufacturing, distribution, construction, and general offices on May 4, with employees working from home if possible, and retail businesses on May 12 with employees and customers wearing masks.
	04/29/2020	Ohio Department of Health Bureau of Health Preparedness	Announced solicitation for the HPP Supplemental Funds (SU) for the coronavirus response	
	04/29/2020	Ohio Department of Health Public Health Order	Second Amended Order the Closure of All K-12 Schools in the State of Ohio	Remain closed to students until 11:59 PM on June 30, 2020
	04/22/2020		The Ohio Department of Health establishes a tier system to prioritize testing	
	04/20/2020	Governor State of Ohio Mike DeWine	Governor DeWine announced that Ohio's K-12 schools would remain closed for the remainder of the academic year.	
	04/20/2020	Ohio Department of Health Public Health Order	Rescinding Director's Order for Performing COVID-19 Testing	Permitting hospitals and physicians to access and use commercial labs for the analysis of COVID- 19 tests
	04/16/2020	Governor State of Ohio Mike DeWine	Governor DeWine announced that Ohio would start re-opening on May 1. DeWine announced that he would work closely with the Governors of Illinois, Indiana, Kentucky, Michigan, Minnesota, and Wisconsin to reopen the region's economy in a coordinated way.	Ohio: DeWine shares additional details on how the state will re-open. Phase one of the re- opening will begin on May 1.

Month	Date	Origin	Item	Details / Action Requested
	04/15/2020	Ohio Department of Health Public Health Order	Director's Order to Notify Residents, Guardians and Sponsors of Positive or Probable Cases of COVID-19	
	04/14/2020	Ohio Department of Health Public Health Order	Director's Order to Release Information to Ohio's First Responders	COVID-19 release of protected health information to Ohio's first responders
	04/06/2020	Governor State of Ohio Mike DeWine	DeWine named six facilities that will be converted into health care facilities if necessary: the Dayton Convention Center, the Duke Energy Center in Cincinnati, the Greater Columbus Convention Center, Seagate Convention Center in Toledo, Case Western Reserve University's Health Education Campus in Cleveland, and the Covelli Convention Center in Youngstown. Also on April 6, Ohio House Speaker Larry Householder named 24 lawmakers to a task force dedicated to studying how the House can speed up economic recovery.	
	04/04/2020	Governor State of Ohio Mike DeWine	On April 4 Ohio recommended the wearing of cloth face masks when leaving home as a way to protect others. DeWine signed an executive order removing training requirements for mental health and marriage counselors to make telehealth visits more easily accessible.	
	04/03/2020	Governor State of Ohio Mike DeWine	DeWine extended Ohio's Stay at Home order through May 1 with new restrictions: campgrounds must close, all retail businesses must post signs limiting how many are allowed in at one time, and wedding receptions are limited to 10 people. The order also establishes a state board to evaluate what is and is not an essential business.	

Month	Date	Origin	Item	Details / Action Requested
	04/02/2020	Ohio Department of Health Public Health Order	Amended Directors' Stay at Home Order	More clarity definition essential businesses/work
	04/02/2020	Governor State of Ohio Mike DeWine	Announced during his daily press conference that there is a new method to divide the state into hospital capacity regions.	Introduction of statewide hospital system by Zones
	04/02/2020		The world passes 1 million COVID-19 infections.	
	04/01/2020	Ohio Department of Health Public Health Order	Director's Order for Performing COVID-19 Testing	To maximize the testing volume in Ohio. Priorities 1 and 2
March	03/31/2020	Ohio Department of Health Public Health Order	Order to require an inventory of all ventilators in Ohio	
	03/31/2020	Ohio Department of Health Public Health Order	Order for non-congregate sheltering to be utilized throughout Ohio	
	03/31/2020		More than 1/3 of humanity is under some form of lockdown.	
	03/30/2020	Ohio Department of Health Public Health Order – Directors Order	Amended Order the Closure of All K-12 School in the State of Ohio	All school buildings remain closed to students until 11:59 PM May 1, 2020
	03/28/2020	Governor State of Ohio Mike DeWine	DeWine asked the FDA to issue an emergency waiver for the use of new technology that can sterilize face masks.	
	03/27/2020	Director Acton	Said the state was at that time expecting cases to peak in mid-May at 10,000 new cases per day.	
	03/26/2020	Ohio Department of Health Public Health Order – Directors Order	Amended Order to Close Older Adult Day Care Services and Senior Centers	Ohio Department of Aging given authority to answer questions in writing and consistent with this order
	03/26/2020	Governor State of Ohio Mike DeWine	DeWine ordered most childcare facilities to close beginning March 26. The State of Ohio Board of Pharmacy approved restrictions on the dispensing of chloroquine and hydroxychloroquine to treat COVID-19.	Acton announced that 17, 316 Ohioans had been tested.
	03/26/2020	Situational Update	Total confirmed cases in the US reach 82,404 — the highest in the world — surpassing China's 81,782 and Italy's 80,589.	

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	03/25/2020		Ohio General Assembly passed House Bill 197, which does many things, such as extending primary voting to April 28, banning water utilities from disconnecting service, and waiving standardized testing for public schools.	
	03/25/2020	Ohio Department of Health Public Health Order	Order to Close Facilities Providing Child Care Services	
	03/24/2020	Director Acton	Estimated that Ohio was 7 to 14 days behind New York state, which at the time was overwhelmed. Based on modeling	
	03/24/2020	Lake County	Declared a state of emergency in response to COVID-19	
	03/24/2020	Geauga County	Declared a state of emergency in response to COVID-19	
	03/23/2020	Ohio Hospital Association (OHA), from desk of Mike Abrams	OHA today launched a new data reporting platform for hospitals to report bed availability and status of vital resources such as PPE, ventilators and specific types of health care professionals. All hospitals are expected to submit data daily by 8:30 a.m. starting 03/24/2020	This will allow for daily reporting of this data to hospitals, regions and state leadership. OHA understands you and your teams are under immense pressure right now, but completion of this daily survey is critical.
	03/23/2020		New York City confirms 21,000 cases, making it the epicenter of the outbreak in the US.	
	03/23/2020	Governor State of Ohio Mike DeWine	Announced March 23 a hiring freeze for the state, a freeze on new contract services, and a continuation of the freeze on state employee travel. He asked cabinet members to find budget cuts of 20%.	DeWine said that because of the economic fallout from the closures, the state would need to slow down the rate of spending...rather dramatically," announcing on [66] According to Lieutenant Governor Jon Husted, Ohio would at the request of the Trump administration desist from publicizing unemployment figures.

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	03/22/2020	ODH Public Health Order: Director's Stay at Home Order	Order: issued a statewide stay-at-home order to take effect from midnight on March 23 to through April 6, requiring the closure of nonessential businesses.	All persons are to stay at home unless engaged in essential work activity
	03/20/2020	Ohio Department of Health Public Health Order	Director's Order to close facilities providing older adult day care services and senior centers effective March 23, 2020.	
	03/19/2020	Governor State of Ohio Mike DeWine	Executive Order 2020-05D- to relax current administrative rules regarding healthcare providers ability to render services through telehealth	
	03/19/2020	Ohio Department of Health Public Health Order	Director's Order to cease business operations at hair salons, day spas, nail salons, barber shops, tattoo parlors, body piercing locations, tanning facilities and massage therapy locations	
	03/19/2020	Ashtabula County	Declared a state of emergency in response to COVID-19	
	03/19/2020		China reports no new locally spread infections for the first time since the pandemic began.	
	03/19/2020	Lorain County	Declared a state of emergency in response to COVID-19	
	03/19/2020	Governor State of Ohio Mike DeWine	Signed state active duty proclamation that will activate 300 personnel from the Ohio National Guard, as well as a contingent of Ohio Military Reserve personnel, to help with humanitarian efforts.	
	03/18/2020	Cuyahoga County	County Establishes Donation Collection Point for Personal Protective Equipment	To start receiving donations 03/19/2020. Detailing location, accepted supplies and hours of operation.
	03/18/2020	Governor State of Ohio Mike DeWine	Announced that 181 Bureau Motor Vehicles (BMV) locations will close until further notice	Businesses that do stay open will have to take every employee's temperature every day before they start work and send anyone with a temperature over 100.4F home; DeWine warned

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			Barbershops, salons, and tattoo parlors closed	that if businesses did not comply he would close all nonessential businesses.
	03/18/2020	Cuyahoga County EOC	County Establishes Donation Collection Point for Personal Protective Equipment	
	03/17/2020	Joint Director's Order	Order to Limit Access to Ohio's Nursing Homes and Similar Facilities (Amended)	To include Intermediate Care Facilities for Individuals with Intellectual Disabilities
	03/17/2020	Ohio Department of Health Director's Order	For Management of Non-essential Surgeries and Procedures throughout Ohio: effective 5:00 PM March 18, 2020 all non-essential elective surgeries and procedures that utilized PPE should not be conducted	For the purpose of preserving PPE and critical hospital capacity and resources within Ohio
	03/16/2020		DeWine banned gatherings of more than 50 people	
	03/16/2020	Ohio Department of Health Director's Order	Closing polling locations for the March 17, 2020 primary election. Ohio Primary Election postponed.	"During this time when we face an unprecedented public health crisis, to conduct an election tomorrow would force poll workers and voters to place themselves at an unacceptable health risk of contracting coronavirus," Gov. DeWine
	03/16/2020	ODH Director's Journal Entry	Amended Reporting Requirements for COVID-19 issued JAN 23, 2020.	Confirmed cases of COVID-19 be reported immediately as a Class A disease to local health district in which the person resided
	03/15/2020	Governor State of Ohio Mike DeWine and Director Acton	Ordered the closure of all bars and restaurants starting 9:00 PM EDT March 15, 2020	
	03/15/2020	CDC	Issued Interim Guidance for mass gatherings or large community events, stating that such events that consist of 50 or more people should be cancelled or postponed	
	03/15/2020	Ohio Department of Health Public Health Order	Health Director Order Limit Access Jails and detention Facilities	
	03/15/2020	Ohio Department of Health Public Health Order	Health Director Order Limit Food, Alcohol sales to Carry Out Delivery Only	

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	03/14/2020	ODH Bureau Health Preparedness (BHP)	Implementation of COVID-19 Hospital SurgeNet Protocol	
	03/14/2020	Governor State of Ohio Mike DeWine and Director Acton	Recommended Ohioans postpone elective surgeries	
	03/14/2020	Joint Director's Order	Order to Limit Access to Ohio's Nursing Homes and Similar Facilities	
	03/14/2020	Ohio Department of Health Public Health Order	Order to Limit and/or Prohibit Mass Gatherings in the State of Ohio	
	03/14/2020	Ohio Department of Health Public Health Order	Health Screening for Admission to State Operated Psychiatric Hospitals or to DYS Facilities	
	03/14/2020	Ohio Department of Health Public Health Order	Order the Closure of All K-12 School in the State of Ohio	
	03/13/2020	Cuyahoga County EOC	Migrated to a full/virtual activation at 0700 on 3/13/2020 to reduce the footprint in the EOC and follow best practice of social distance.	
	03/13/2020	President Trump	President of the United States declared the COVID-19 outbreak a national emergency	
	03/12/2020	ODH and OHA	Guidance letter sent to healthcare facilities immediate actions for the conservation of personal protective equipment for all healthcare facilities in the state of Ohio due to ongoing COVID-19 response.	Lists links to references available through the CEC identifying steps that can be taken to conserve PPE. <ul style="list-style-type: none"> • Conventional • Contingency • Crisis
	03/12/2020		DeWine announced that all schools from K-12 would close for a 3-week break, starting March 16 Ohio Department of Health director Amy Acton instituted a ban on gatherings of more than 100, with exemptions for airports, workplaces, restaurants, religious gatherings, weddings and funerals	

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	03/11/2020		Cuyahoga County declared a state of emergency in response to COVID-19	
	03/11/2020		President Trump bans all travel from 26 European countries.	
	03/11/2020	World Health Organization (WHO) lead	Declares the COVID-19 outbreak a pandemic.	
	03/10/2020		Joint Information Center (JIC) open starting 3/10/2020. o Operating hours Monday-Friday from 9am-4pm o For Public Safety Partners o Separate notice to intended partners will be sent	
	03/09/2020	Ohio Emergency Management Agency (OEMA)	Activated the Emergency Operations Center	
	03/09/2020	Cuyahoga County Office Emergency Management (CCOEM)	The Cuyahoga County Emergency Operations Center (EOC) is activating in response to the COVID-19 incident (1 st 3 confirmed cases). Starting Tuesday, March 10th from 7am to 7pm. SitReps will be distributed at 11am and 7pm. Activation duration will be reassessed on Wednesday and either scaled up or down depending on need. Representatives have been requested from the agencies needed to staff the EOC at this time.	Emergency Support Function (ESF) Partners: <ul style="list-style-type: none"> •Cuyahoga County Board of Health •Cleveland Department of Public Health •Cleveland Office of Emergency Management •Cuyahoga County Fire Chiefs Association •Cuyahoga County Police Chiefs Association •Cuyahoga County Sheriff's Office •Center for Health Affairs •211 - United Way •Cuyahoga County Communications Office
	03/09/2020	ODH	Testing by ODH confirmed that 3 patients were positive for COVID-19 in The State of Ohio	
	03/09/2020	Governor State of Ohio Mike DeWine	Signed Executive Order 2020-01 D Declaration of State of Emergency for whole state of Ohio	Also, DeWine asked colleges and universities to go to online classes
	03/06/2020	ODH	Opened a call center to answer questions from the public regarding COVID-19	

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	03/05/2020	ODH	Hosted the Governors Summit on COVID-19 Preparedness for public health officials in the state	
	03/04/2020	Cuyahoga County and Cleveland response partners conference call	Determined that we move forward with establishing a Cuyahoga County Joint Information Center. <ul style="list-style-type: none"> • Creating an email list of PIOs, to include the Regional PH PIOs on the list • a local meeting scheduled on Friday to work out how we will be operationalizing • Anticipated that we will begin operations Monday, March 9 	
	03/04/2020	ODH HAN	There is a Governor's request that all hospitals update their Pediatric and Adult bed availability on SurgeNet by 3PM today. Please add a note in the notes section regarding the total number of isolation rooms that are available in your facility for adult and peds. This would be your physical capacity in the building and not due to the numbers of staff that are working today.	
	03/03/2020	Governor State of Ohio Mike DeWine	Cancelled the Arnold Classic	
	03/02/2020	ODH	Activated a Joint Information Center to coordinate COVID-19 communications	
	02/28/2020		"Gov. DeWine, Health Director Update COVID-19 Prevention and Preparedness Plan" was sent to a broad range of associations representing healthcare, dental, long-term care, K-12 schools, colleges and universities, business, public transit, faith-based organizations, non-profit organizations, and local governments	

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February	02/14/2020	ODH	Held conference call with health professionals across the state	To inform and engage the healthcare community in Ohio. Presentations provided by DOH, Hamilton County PH and Ohio State University
	02/13/2020	ODH	Conducted a Pandemic TTX with State agencies to review responsive actions should there be a pandemic in Ohio	
	02/12/2020		Coronavirus cases start to spike in South Korea.	
	02/11/2020	WHO	Announces that the disease caused by the novel coronavirus will be called "COVID-19."	
	02/10/2020	Rebecca Hysing, CCBH nCoV Coordination Email	Group: CCBH has activated it Emergency Response Plan and established ICS in order to support the ongoing traveler monitoring efforts. We will be working to update the Incident Action Plan to reflect these changes.	
	02/10/2020	NEO Regional Healthcare Coordinator, Beth Gatlin via email	Beginning this week February 10th 2020, ODH is launching a request for information (RFI) to maintain a common operating picture on hospital PPE needs.	<p>ODH recognizes the ongoing 2019-nCoV outbreak in China may have significant impacts to PPE and other resources in Ohio hospitals.</p> <p>ODH requests RHCs engage and survey private healthcare partners within their regions in order to support a common operating picture statewide on existing needs or notices of allocation.</p> <p>Therefore, I am requesting all hospitals fill out the attached form and return to me by Friday. This report will come out every Monday and be due back to me every Friday until PPE becomes more available. We need to monitor the supply situation very closely and make sure conservation measures are being looked at and implemented as necessary.</p>
	02/06/2020		A person in California dies from the coronavirus, the first known American death.	

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	02/05/2020	ODH	Began updating and notifying the media of the number of PUIs in Ohio every Tuesday and Thursday	
	02/03/2020	ODH	Trained over 140 personnel to staff a call center for COVID-19 in the event it was needed	
	02/01/2020	ODH HAN	Issued a statewide Health Alert Network to provide local health departments and healthcare providers with updated guidance for COVID-19 and revised Person Under Investigation (PUI) Criteria	
January	01/31/2020	President United States of America, Donald Trump	Bans foreign nationals from entering the US if they had been in China within the prior two weeks.	
	01/31/2020	Health and Human Services (HHS) Secretary, Alex M. Azar II	Declared a public health emergency for the United States to aid the nation's healthcare community in responding to COVID-19	
	01/30/2020	International Health Regulations Emergency Committee of the WHO	Declared the novel coronavirus outbreak (2019-nCoV) a Public Health Emergency of International Concern (PHEIC).	
	01/29/2020		Cuyahoga County EOC has established a monitoring level. Unified Command has been established with CCBH and CDPH, with Cleveland OEM and Cuyahoga County OEM supporting Joint Operations. Activity is currently being completed virtually. A physical presence in the EOC is not required at this time.	Operational Periods will be Thursday at 1pm to Monday at 1pm and Monday at 1pm to Thursday at 1pm. This will likely change if a Patient Under Investigation presents.
	01/28/2020	ODH	Hosted the first statewide call with local health departments and healthcare providers regarding COVID-19	
	01/28/2020		Miami University of Ohio announced two suspected cases of novel coronavirus (2019-nCoV) in two	ODH is engaging the Governor's office and Chancellor on engagement of universities and the international student bodies statewide.

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			students with travel from China. The students have been isolated and tested, awaiting results from the CDC.	
	01/28/2020	ODH HAN	Local health department calls with ODH increased to twice a week to keep everyone informed with the latest updates on the Coronavirus.	To keep everyone informed with the latest updates on the Coronavirus, ODH will be holding a conference call with all local partners two days a week starting tomorrow at 9 a.m. On the call we will discuss the latest preparations going on in preparedness, communication, legislative affairs and the Bureau of Infectious Diseases. The agenda is attached. Website Information for 2019 Novel Corona Virus (2019-nCoV) is in development
	01/23/2020		Chinese authorities place the city of Wuhan under quarantine — and the rest of the Hubei province days later.	As of January 23, 2020, Chinese health officials have reported hundreds of infections with 2019-nCoV in China, including outside of Hubei Province. Human infections with 2019-nCoV have been confirmed in Taiwan, Thailand, Japan and South Korea.
	01/23/2020	Ohio Department of Health Public Health Order – Director’s Journal Entry: Director Amy Acton	Order that confirmed or suspected cases of 2019-nCoV be reported immediately as a <i>Class A</i> disease to local health departments in which the person resides.	2019 novel Coronavirus (2019-nCoV) potential for epidemic spread
	01/21/2020		United States announced the first infection with 2019-nCoV detected in a traveler returning from Wuhan.	
	01/20/2020		The first US case is reported: a 35-year-old man in Snohomish County, Washington.	
	January 17, 2020, 2030 ET	Ohio Health Alert Network HAN 426 - CDC	Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China	
	01/17/2020	Contagion <i>Infectious Disease Today</i> Breaking News	The CDC has announced that travelers from Wuhan, China will undergo entry screening at airports in New York, San Francisco, and Los Angeles.	The Department of Homeland Security’s Customs and Border Protection (CBP) and the US Centers for Disease Control and Prevention (CDC) have announced the implementation of enhanced health screenings for travelers from

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				Wuhan, China, at 3 points of entry in order to detect travelers who are potentially ill.
	01/16/2020	NEO Regional Healthcare Coordinator, Beth Gatlin via email	FYI: They are starting PUI monitoring in 3 airports (JFK, LA and ??) for persons coming from China provinces, Thailand and one other country. There will be a media briefing etc. but just wanted to get it on your radar—so you can buff up your Ebola and OSP plans!! I don't have any other info about it.	
	01/13/2020		First case of confirmed infection detected outside of China.	On January 13, 2020 public health officials in Thailand confirmed detection of a human infection with 2019-nCoV in a traveler from Wuhan, China. This was the first confirmed case of 2019-nCoV documented outside China. On January 17, 2020 a second case was confirmed in Thailand, also in a returned traveler from Wuhan City. On January 15, 2020 health officials in Japan confirmed 2019-nCoV infection in a returned traveler from Wuhan City. These persons had onset dates after January 3, 2020. These cases did not report visiting the large seafood and animal market to which many cases in China have been linked.
	01/11/2020		China records its first death linked to the novel coronavirus.	
	01/08/2020, 1721 ET	Ohio Health Alert Network HAN 424 - CDC	Outbreak of Pneumonia of Unknown Etiology (PUE) in Wuhan, China	This HAN Advisory informs state and local health departments and health care providers about this outbreak and requests that health care providers ask patients with severe respiratory disease about travel history to Wuhan City. Wuhan City is a major transportation hub about 700 miles south of Beijing with a population of more than 11 million people. CDC has issued a level 1 travel notice (“practice usual precautions”) for this destination.
	01/07/2020		Chinese authorities identify the virus that caused the pneumonia-like illness	

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			as a new type of coronavirus (called novel coronavirus or nCoV).	
	01/05/2020	World Health Organization (WHO)	Pneumonia of unknown cause – China,	WHO posted an update on this situation, including an early risk assessment, which is available at: https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/
January	01/01/2020		Huanan Seafood Wholesale Market closes for sanitation and disinfection.	
December	12/31/2019		Chinese Health officials inform the WHO about a cluster of 41 patients with a mysterious pneumonia. Most are connected to Huanan Seafood Wholesale Market.	The World Health Organization China Country Office was alerted to the pneumonia outbreak of then-unknown etiology. According to a statement on the matter, several patients were vendors or dealers in the Huanan Seafood market.