ONEIDA COUNTY
PUBLIC HEALTH EMERGENCY PREPAREDNESS AND
RESPONSE PLAN (PHEPRP)
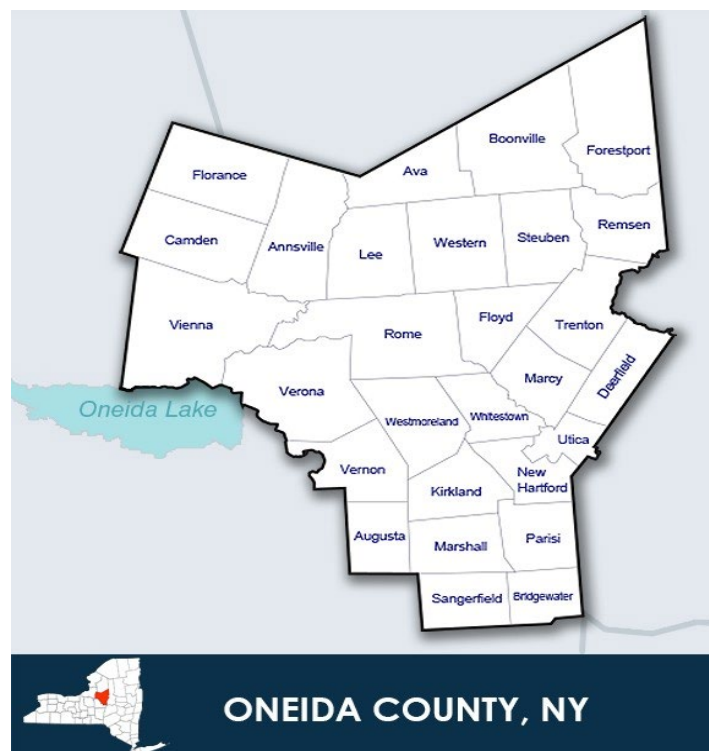
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ADMINISTRATION

Signatory Page

The signature attests that this plan has been approved and represents the most current version. All previous versions are obsolete.

_____   _____

Director of Public Health   Date

Record of Change

Page(s)	Date of Change	Individual Making Change	Description of Change
4	5/20/2019	Lisa Worden/ Robin Calandra	Added Signature page
	6/18/19	Lisa Worden/Robin Calandra	Updated Plan all sections and Appendix
14	8/18/20	Robin Calandra	Added where training materials can be found
All	08/2025	Lynn Harney	Formatting of whole plan

Plan Distribution

This plan will be distributed at the discretion of the Oneida County Public Health Director but will minimally include:

Physical Copy:
- Oneida County Health Department
  185 Genesee St. 5 FL Utica, NY
  Emergency Preparedness Program Coordinator's office in a labeled binder in large cabinet drawer
- 406 Elizabeth St. 2 FL Utica, NY
  Director of Clinic Services' office in a labeled binder on the bookshelf

Electronic Copy:
- Oneida County Health Department Common Drive "J"
- Oneida County Office of Emergency Management
- Oneida County Executive's Office
- NYSDOH Regional Office, Syracuse
- Regional Health Emergency Preparedness Coalition (HEPC)

Public Copy:

Once plan is finalized, a redacted copy of the PHEPRP will be available to the public on the county website [Emergency Preparedness | Oneida County](#).

All new staff with identified roles in response are required to review the plan within six months of hire. Existing staff on the Public Health Incident Response Team (PHIRT) will work together to review and update the plan in part or as identified below and based on need.

Review and Update

The Public Health Emergency Preparedness and Response Plan (PHEPRP) is intended to be a dynamic document requiring periodic updating. The Oneida County Public Health Emergency Response Program (PHIRT) Team and identified planning partners will review and update the plan as follows:

- Base plan – required every 2 years
- Contact information will be updated as needed
- As indicated by the After-Action Report (AAR) or Improvement Plan (IP) of exercise, drill, and/or real emergency

Acknowledgement

This plan was developed with contributions from the following:

Oneida County:

- Oneida County Executive
- Oneida County Department of Health
- Oneida County Office of Emergency Management
- Oneida County Department of Social Services
- Oneida County Department of Mental Health
- Oneida County Office for the Aging
- Oneida County Sheriff's Office
- Oneida County Local Police Departments
- Oneida County Local Fire Departments
- MVHS /Wynn Hospital
- Rome Health

Miscellaneous Agencies/Organizations:

- American Red Cross
- Herkimer Oneida Organizations Active in Disaster (HOOAD)
- Health Emergency Preparedness Coalition (HEPC)

Executive Summary

OCHD provides services focusing on improving the health and well-being of the individuals, families, and greater community of Oneida County. OCHD accomplishes this task by consistently assessing and addressing the health needs of the community through the offering of routine services, policy and plan development and implementation, and by preparing for and responding to emergencies.

An emergency can occur at any time, suddenly and without warning. Proper planning is essential to minimize the impact of any emergency on the community. The PHEPRP is designed to facilitate a timely, effective, efficient, and coordinated emergency response to events affecting the population within Oneida County.

Authority

In addition to the authorities described in Oneida County's Comprehensive Emergency Management Plan (OC CEMP), the following applies directly to Oneida County Health Department interactions when addressing emergencies:

SECTION UNDER REVIEW BY NYSDOH LEGAL COUNSEL

New York State Executive Law Section 23 provides legal authority for counties and local governments to prepare comprehensive emergency management plans.

New York State Executive Law Section 20 establishes that it shall be the policy of New York State that:

- Local government and emergency service organizations will continue their essential role as the first line of defense in times of disaster, and that the state provides appropriate supportive services to the extent necessary.

- Local chief executives will take an active and personal role in the development and implementation of disaster preparedness programs and be vested with authority and responsibility to ensure the success of such programs.

State and local natural disaster and emergency response functions be coordinated using recognized practices in incident management to bring the fullest protection and benefit to the people. Oneida County Executive Order No. 3 of 2017 establishes the following requirements:

- Acknowledges state policy that the Chief Executive of the County of Oneida is responsible for the execution and implementation of provisions that require the utilization of all existing county resources and the services available through county offices, departments, boards, commissions, or agencies.

The County Executive will establish and direct County agencies and the public officers to perform specific duties to execute and implement the relevant emergency management provision of New York State Executive Law Article 2-B.

All officers of Oneida County shall continue regular county government operations. All county officers and agencies shall be responsible for plans and training to provide an efficient and coordinated response to emergencies.

Plan Activation

- Public Health Director, in coordination with the Oneida County Executive, will activate this and additional emergency response plans and protocols when an emergency or disaster occurs, or is imminent, requiring a coordinated response to support health and medical needs.
- The County Executive/Chief Presiding Officer may request and accept assistance from any other political subdivision on such terms and conditions as may be mutually agreed to by the requesting and assisting political subdivision.
- Upon receipt of a request for assistance from any political subdivision the County Executive/Chief Presiding Officer may lend, or lease, resources to promote public welfare and protect the interests of the requested political subdivision consistent with agreed terms and conditions.
- Guidelines for mutual aid assistance are detailed in the Oneida County Mutual Aid Evacuation & Supply Plan.
- Mutual aid resources are in The Oneida County PHAD Plan.

The plan will be implemented in coordination with the simultaneous activation of the OC CEMP.

Related Plans

The PHEPRP is a related plan to the OC CEMP, maintained by the Oneida County Office of Emergency Management (OEM).

A list of related plans, policies, and regulations can be found in **Appendix (A) Related Plans.**

INTRODUCTION

The Oneida County Health Department (OCHD) is the lead administrative and planning agency responsible for providing services consistent with maintaining and improving the health and safety of those within the jurisdiction, including the provision of public health emergency preparedness and response. OCHD is led by the Public Health Director who is responsible for safeguarding the public's health. The Public Health Director reports to the County Executive.

Oneida County remains vulnerable to flooding and winter storms and addresses these potential incidents by maintaining and updating a comprehensive plan through collaborative efforts with partner agencies to prepare for, respond to, and recover from emergencies.

Purpose

The purpose of this plan is to provide a framework and guidelines for OCHD in relation to the preparation for, response to, and mitigation from disasters and other emergencies, in conjunction with the OC CEMP, PHEP and other local and regional plans. PHEPRP outlines the roles and responsibilities specific to those of the staff and volunteers of OCHD during an emergency.

Scope

The PHEPRP is an all-hazards based planning and operations document that describes the management of public health emergencies that could affect Oneida County. Although this plan outlines the general approach to emergency response, it is not a stand-alone document. Instead, it is designed to be used with functional/support annexes, hazard-specific annexes, appendices, and attachments.

Objectives

> OCHD will:
> - Implement this plan to respond to health-related emergencies.
> - Pre-determine staff roles and responsibilities as they relate to emergency management functions.
> - Reduce vulnerability of community illness, injury, or loss of life resulting from natural, technological, or man-made emergencies by preparing department staff to carry out prompt and efficient response and recovery activities.
> - Response activities will be phased appropriately and scalable to ensure that the health and medical needs of the community are met throughout the emergency/disaster.
> - Implement this plan in coordination with the simultaneous activation of the OC CEMP.

Preparedness

OCHD will:
- Use health-related lessons learned from previous emergencies and exercises (locally and elsewhere) to pre-determine the possible impacts to public health and the healthcare system and varying types and intensities of potential emergencies.
- Identify the potential needs of the community and prioritize health and medical resources to meet the anticipated needs.
- Work to ensure a professionally and personally prepared workforce.
- Establish and maintain partnerships with local not for profit/non-governmental community organizations, private sector, and volunteer organizations to assist them in pre-event education and planning activities to lessen the impact of disasters.
- Develop procedures for rapid and orderly restoration of programs and initiation of community responsibilities, giving priority to people directly affected by the emergency.
- Define actions and activities that will be needed to coordinate with the public, interagency and intergovernmental assistance in the event of a significant emergency.

All OCHD employees will have a working knowledge of PHEPRP. They complete basic training related to their emergency operations assignment, including National Incident Management System (NIMS) and Incident Command System (ICS) Training. These training courses can be found on the New York State Department of Health (NYSDOH) Learning Management System. Required Trainings are FEMA IS 100, Introduction to Incident Command; FEMA IS 700 A national Incident Management System (NIMS); FEMA IS 907 Active Shooter-What You Can Do and Psychological First Aid Training.

Response

OCHD will:
- Provide departmental representation at the County EOC.
- Provide support to evacuation operations in close coordination with response partners.
- Coordinate and provide support [1] for emergency congregate sheltering operations initiated by OEM and managed by the American Red Cross Chapter or other designated organization.

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[1] *Examples of shelter support may include (but not limited to) food safety inspection, nurses for basic health and medical support, or assisting with shelter registration triage to ensure that people are placed in the appropriate facilities if they cannot be cared for at an emergency shelter.*

- Assist with facilitating requests for additional medical or non-medical. volunteers through the NYSDOH ServNY volunteer recruitment program.
- Establish surveillance activities to assess the health and medical impact.
- Provide public health and safety education and messaging.
- Establish on-going and consistent reporting and situational awareness communication lines with local agencies providing services to County populations considered "vulnerable", "at risk", or "challenged."
- Determine operational status of local hospitals, healthcare and long-term care facilities in the impacted area.
- Establish a flow of pertinent information for command personnel and maintain communications with community partners, e.g., Hospital infection control nurses, urgent care, primary care, etc.
- In cooperation with OEM, Coordinate and approve requests, acquisition, storage, transport, release, and distribution of needed resources (manpower, equipment, and supplies) to support health and medical response activities.
- Coordinate the provision of vaccinations and/or other treatment modalities should it be necessary to control or limit the spread of a communicable disease or other public health incident.
- Support other response/operations branches or agencies at the County EOC as needed.

Recovery

OEM is the leading agency responsible for implementing recovery operations within Oneida County.

OCHD will:
- Identify and prioritize objectives for the mid-term and long-term recovery of health and medical needs of Oneida County.
- Assist local hospitals, healthcare and long-term care facilities in the impacted area return to normal operations or assist in the coordination of recovery issues.
- Determine what resources, including personnel, are needed to return impacted areas to normal operation.
- Coordinate County Health and medical response and recovery activities with health and medical response agencies.
- Act as a liaison to the technical specialists needed for control of the incident.
- Monitor, track, and ensure maintenance of sanitary conditions and coordination of environmental services in the event of an outbreak or incident.
- Enforce provisions of Public Health Law, State Sanitary Code, and the Oneida County Sanitary Code.
- Identify staff and materials for local Disaster Recovery Center activities, and request duplication services or supplemental materials (e.g., mold, food safety) from the NYSDOH Regional Office.

- Support mobile health assessment teams to provide information to residents and volunteer clean-up or "muck out" crews.
- Coordinate local environmental health needs with NYSDOH District and Regional Offices.
- Determine need for continued outreach and public education on public health issues related to the event and recovery.

Mitigation

OCHD will:
- Coordinate with OEM to assess short and long-term mitigation measures to reduce the impact of the emergency/disaster on the County's critical infrastructure and key resources.
- Perform assessments of the emergency's impact on the OCHD capability to perform required services, damage to community health and medical infrastructure of the community and effect upon people within the impacted area.
- Use an After-Action Report (AAR) process to identify OCHD tasks or improvement actions that will assist in the recognition and implementation of mitigation efforts before the next major emergency.

Oneida County Profile

OC CEMP http://ocgov.net/sites/default/files/E911/CEMP/911%20-%20CEMP%20-%202019.pdf and CEPA is where more information can be found pertaining to the County. These plans focus on health-specific hazards/threats and those that can have an impact on the healthcare industry.

Geography/Topography Information

Oneida County, NY is the 16th most populated county in New York and boarders Herkimer County, NY, east; Lewis County, NY, north; Madison County, NY, southwest; Oswego County, NY, west and Otsego County, NY, southeast. The Oneida Indian Nation owns tribal land in Verona, Oneida, and Canastota NY, which is in both Madison and Oneida Counties. It is comprised of 3 cities, Utica, Rome and Sherrill (considered the smallest city in New York State). There are also 26 towns and 19 villages, totaling 48 different municipalities that comprise a total of 1,257.11 square miles of which 1,212.70 square miles is land area and 44.41 square miles of water area. Over sixty percent (64.5%) of the Oneida County's population resides in urban areas and 35.5% in rural areas; population density is 187.3 persons per square mile.

 Governance structure:
- Oneida County Executive, Public Health Director, etc.

- 26 Towns, 3 Cities, 16 Villages and 11 Hamlets – 3 Mayors, 23 legislators, etc.
- All hospitals, healthcare facilities, clinics, community health centers, and military installations.
- Unique characteristics to the jurisdiction that will help explain its approach to preparedness planning.

Demographic information

Population of Oneida County as of 2017 was 231,332; this was a decline from 232,858 in 2016. The population of Oneida County is 83% White, 5.67% Black, 5.21 % Hispanic, 11.8 % of the people in Oneida County NY speak a non-English language, and as of 2016 96.2% are U.S. citizens, which is higher than the national average of 93%. In 2015 the percentage of citizens was 96.1% which means the rate of citizenship has been growing. Oneida County, NY has a large population of military The most common foreign languages in Oneida County, NY are Spanish (7,580 speakers), Serbo-Croatian (3487speakers), and other Asian (2,930 speakers), but compared to other places, Oneida County, NY has a relative high number of Serbo-Croatian(3,487 speakers) Mon-Khmer, Cambodian (684 speakers), and other Asian (2,930 speakers). Approximately 17.0% of Oneida County's population is aged 65 and older; 59.0% are between the ages of 20 and 64; and 24.0% aged 0 to 19. The median age in Oneida County is 41.1.Land area is 1212.4300, population density (per square mile) 193.699. The median household income grew from $48,246 to $49,838, a 3.3 % increase.

Special Populations

- **Turning Stone Resort Casino** is a resort owned and operated by the Oneida Indian Nation in Verona, New York. The Oneida Indian Nation has been a driving force of economic growth in the region for more than two decades. With 4,750 employees, the Oneida Indian Nation is one of the largest employers in Central New York and remains committed to creating new employment opportunities in the area. The resort is a popular tourist destination in central New York State. The Oneida Indian Nation themselves currently have 1000 members. The Turning Stone Casino and Resort could utilize 150,000 gallons of water per day from a 1,000,000-gallon water tower owned by the Town of Verona and has an additional pumping station allowing it to access up to 600,000 gallons of water per day. Three large hotels are in the facility along with several hotels surrounding the facility, an RV Park and numerous restaurants.

- **The Boilermaker Road Race** hosts over 19,000 runners per year. The Boilermaker is always run on the second Sunday of July. The weekend offers events for participants of every age and skill level. It is held in Utica, NY, with a host of activities for runners, the community, sponsors and volunteers.

- **Boonville Oneida County Fair** is held annually in July for one week. During the event's week-long run, approximately 48,000 people attended the fair this year 2025.

- **Vernon Downs** is nestled in the beautiful rolling hills of Central New York, Vernon Down Casino Hotel offers a long running history of fast paced Harness Racing. From April- November you can enjoy the finest races in the area. It is also a casino all year long, as well as a hotel.

- **Adirondack Bank Center,** the Utica Memorial Auditorium is a multi-purpose arena in Utica, New York, with a capacity to hold 5,700 people for concerts, sports events, and other events for all to enjoy.

- **Ride for Missing Children** occurs every June. More than 450 Ride for Missing Children riders will travel 90 miles and visit select schools on a journey through Oneida, Verona, Rome, Oriskany, Whitesboro, Utica, Frankfort, Ilion and New Hartford to promote awareness and hope in the plight of missing and exploited children.

- **Woodman's Field Days** is held in Boonville NY and occurs annually every third full weekend in August. Entertainment includes log skidding, greased poll climbing, tug-o-war, food/concession stands, souvenirs and much more.

- **Canal Festival** is held in Rome, NY, annually at the beginning of August for 3 days. There is plenty of entertainment such as music, fireworks, rides, waterski show, food, arts and crafts.

- **Honor America Days** is a Parade (Rome NY) in July, begins on North James St opposite Rome Memorial Hospital and continues south past the intersections of Cedar, Oak, Walnut, Sycamore, Pine, Locust, Linden, Maple and Garden as the units positioned on those streets join the parade when the last unit of each street passes by. The parade remains on North James St. past the intersections of Bloomfield and Thomas. All turn right on to West Embargo, go past N Washington, and are recognized as they pass the reviewing stand opposite the Rome VFW building, and turn left on to North George St. The Parade ends as it passes the George/Liberty intersection. At 8pm, Symphonia performs at Fort Stanwix National Monument, along with cannon fire. There is also a 5k run.

- **St. Patrick Day Parade:** is in Utica, NY and held in March annually on Genesee St. There is also a 1-mile road race. It is held minutes before the parade starts. At 7:30 am the parade route Genesee St. from the Parkway

Burrstone Rd. north to Eagle St. will be closed. At 9 a.m., the entire parade route Genesee St. from the Parkway Burrstone Rd. north to Lafayette St. will be closed off. No cross traffic.

- **Utica Rome Speedway** is the home to many events from July to October, dirt car racing, kart way racing, Motocross racing, Monster mash, truck pulling.

- **Verona Beach State Park** is located on the eastern shore of Oneida Lake and is a picnicker's and camper's delight. Verona Beach has shaded picnic areas, and the campground is adjacent to the beach with an excellent view of the water. The lake, Black Creek, cattail marshes, and bottom land hardwood swamps give Verona Beach one of the most diverse aquatic habitats in the Central Region, and well worth a hike on the "Woods and Wetland" nature trail. The winter season hosts snowmobilers, cross-country skiers and ice fishermen. The eastern portion of the park is open for hunting deer, small game, and waterfowl, in season.

- **Sylvan Beach** is nestled on the eastern shore of Oneida Lake. Sylvan Beach is a resort community offering a full array of fun activities for every season. The lake is a popular location for walleye & bass fishing, boating, and swimming in the warmer months. Sylvan Beach is packed with fabulous restaurants, gift shops, rental cottages and an exciting amusement park.

- **Lake Delta State Park** is located on a peninsula extending into Delta Reservoir. You'll find the terrain is wooded and generally flat. Year-round visitors can enjoy the day in one of many picnic areas, or on one of the many hiking and nature trails. There is also boat launch and shoreline fishing for trout, pike, bass, bullhead and perch. Campers can enjoy 101 tent, trailer or RV camping sites and there is a sandy beach with swimming in the summer. During the winter months visitors come to cross country ski on the trails.

- **Remsen Barn Festival of Arts** ss held in Remsen, NY during the month of September. Barn Fest weekend, Main Street will be closed from the Prospect Street intersection to the northernmost driveway of Remsen Central School. Remsen Barn Festival is a juried arts and crafts festival with a wide range of exhibitors and has a variety of food and entertainment which includes arts and crafts, a farmers' market, country cooking, entertainment etc.

- **Colleges** There are multiple colleges in Oneida County, NY. The largest universities are Utica University with 1,346 graduates, Mohawk Valley Community College with 1,340 graduates, SUNY Polytechnic Institute with

700 graduates and Hamilton College with 611 graduates. Utica also is home to Munson, a regional fine arts center.

At-Risk Individuals/Vulnerable Populations

Senior and Elderly Population
Oneida County has a large aging population that is expected to increase over the next decade. Oneida County Office for the Aging & Continuing Care (OFA-OCC) directly provides case management services and has partnered with the North Utica Senior Citizen's Recreation Center to provide necessary additional Case Management services to the elders and disabled throughout Oneida County. There are seven Oneida County Senior Centers within the county's borders. There are (7) Assisted Living Facilities in Oneida County:

- Cedar Brook ALPS at Sitrin Home in New Hartford (17 beds)
- Oneida Center ALPS in Utica (87 beds)
- Presbyterian Residential Community ALPS in New Hartford (42 beds)
- Terrace at Woodland ALPS in Rome (16 beds)
- Willow Park ALPS in Utica (30 beds)
- West Side Senior Center, Utica
- Noyes Manor Apartments, Sherrill

OFA-OCC partnered with (4) community providers throughout Oneida County for Social Adult Day Care Services programming at locations spread throughout the county:

- Senior Citizens Center in Rome
- Lutheran Home in Clinton
- Resource Center for Independent Living in Utica
- Presbyterian Home in New Hartford

Senior Centers throughout Oneida County:

- Ava Dorfman Senior Center - Rome
- Boonville Senior Center
- New Hartford Adult Dining
- North Utica Senior Center
- Noyes Manor Apartments
- Parkway Senior Center
- Perretta Twin Towers – Utica
- South Rome Senior Citizens
- West Side Senior Center – Utica

Refugee Population

The City of Utica has been a host to more than 16,500 refugees, the fourth highest concentration of refugees in the U.S. The City of Utica has a refugee population of nearly 12% and the county overall has a refugee population of 7.5%. Initially, most of these refugees came from Bosnia, the former Soviet Union, and Vietnam. The most recent influx of refugees is from Southern Somalia in Africa, Burma and Bhutan.

- Cultural observances and religious customs are often still practiced by many of the refugees in the county and should be considered during emergency situations.

- Oneida County has a significant and growing Latino population which accounts for 4.8% of the county population in 2012.

- There are over 40 different languages in the City of Utica School District alone.

Rural Populations

33% of the Oneida County's population lives in rural areas. Oneida County's rural communities are seeing an increase in Amish and Mennonite families. According to a local Amish Bishop (see: Working with Amish Settlements in Oneida County: Tips for Healthcare Professionals, December 2013, Heather Bernard, RN, BS, CIC, Loyola University Chicago) the Amish in Oneida County reside in settlements in Augusta (approximately 175 population), Ava (approximately 160 population), Poland/Deerfield (approximately 200 population), and Holland Patent (approximately 195 population) for a total of approximately 730 with approximately 160 school-aged children.

- Each Amish community is ruled by one bishop, two ministers, and one deacon. There are currently only two Bishops in Oneida County, one in the Holland Patent area and one in the Lee Center area.

- Amish settlements in Oneida County have an emergency fund that they use for healthcare provisions during emergencies within each settlement. Amish leaders report that the average Amish family makes an annually income of $20,000 to $30,000 and has an average of 10-12 children. (Kraybill, D., Johnson-Weiner, K., & Nolt, S., 2013).

- The Amish typically have no more than an eighth-grade education and English is normally a second language, and they can easily be intimidated by the often impersonal, difficult language, and high-tech world of traditional hospitals.

- Amish and Mennonite Children in Oneida County may not be fully vaccinated against communicable diseases. Public-health officials have spent time

educating Mennonite and Amish about vaccination laws and regulation information can be found on this website.
https://www.health.ny.gov/prevention/immunization/laws_regs.htm

- Because of Oneida County's size, time and distance can present a problem for many of the rural residents who often do not have access to a broad variety of services (specialty care, public transportation, etc.).

- Transportation is a barrier to accessing healthcare among the Amish. It can be very time consuming for the Amish to arrange transportation to obtain services (Amish Health Focus Group Summary Findings, 2009). The Amish do not have phone services in their homes and are not able to call for help without finding someone with a phone.

Prison Populations

There are several correctional facilities located in Oneida County:

- **Mid-State Correctional Facility** is in Marcy, between Rome and Utica. It consists of over 1,000 acres (4.0 km^2) of land. Mid-State is medium security facility for men with an inmate population of approximately 1,700 inmates (2007). The facility also includes a maximum-security facility (S-Block) with 174 beds and a Special Housing Unit (SHU) with a capacity of 58. Mid-state has a higher percentage of inmates with mental illness than other facilities in New York and its population demographics are more mixed than most other prisons in New York.

- **Mohawk Correctional Facility** in Rome is a 150-acre, medium security male prison situated on the southern portion of the Mohawk-Oneida campus and holds approximately 1,167 inmates (2010). The Walsh Regional Medical Unit (RMU), a 112-bed maximum security skilled nursing facility for inmates from DOCCS facilities in the central and western portions of the New York State, is located on Mohawk's grounds. Mohawk also maintains a 48-bed Special Housing Unit (SHU) for inmates in disciplinary confinement.

- **Marcy Correctional Facility** is a prison co-located with the Central New York Psychiatric Center, where incarcerated prisoners from state and local jurisdictions can be held and treated. At Mid-State Correctional Facility, the Psychiatric Center houses sex offenders civilly committed.

- **Oneida County Correction Facility** was formerly named Oneida County Jail or OCJ. It is comprised of numerous housing units. Some units contain between thirty and forty barred cells aligned in rows. Other units are open

dormitory style which house up to twenty-eight inmates. The jail also has housing "pods" which hold up to fifty-six inmates.

Access and Functional Needs (health) Populations
At least 15% of the Oneida County's population has some form of disability. Of those over age 65, approximately 36.6% are disabled, 12.7% of individuals between the ages of 18 to 64 are disabled and 6% of those less than 18 years old are disabled.

With a high number of elderly and unique individuals, Oneida County has several developmental and disability related services that can be drawn upon in emergencies that are listed below.

- **The Arc - Oneida-Lewis Chapter:** NYSARC provides a full spectrum of educational, vocational, residential, family support, service coordination, guardianship, respite care, recreational rehabilitation, day habilitation, clinical, senior, and children services to people with developmental disabilities and their families.

- **Central Association for the Blind and Visually Impaired:** Central Association for the Blind and Visually Impaired (CABVI) is a not-for-profit agency that serves people who are blind or visually impaired from newborns to elderly. CABVI offers comprehensive vision rehabilitation, employment, and technology services.

- **Central New York Developmental Services Office CNYDSO:** Central New York State Office for People with Developmental Disabilities provides individualized services for people with developmental disabilities and their families.

- **Family Advocates Center:** The Family Advocacy Center (FAC) is a not-for-profit agency located in Deerfield, New York, which serves individuals with developmental disabilities and their families. The agency provides information and referrals, advocacy, special education advocacy, Medicaid Service Coordination, training and workshops for parents and other professionals in special education, guardianship, SSI, etc.

- **Human Technologies Corporation:** Human Technologies Corporation (HTC) mission is to assist individuals with disabilities or other barriers to employment by providing training, work and supportive services and by providing counseling and clinical services for those seeking to improve the overall quality of their lives.

- **Resource Center for Independent Living:** The Resource Center for Independent Living (RCIL) is the largest of 37 independent living centers

(ILCs) in the state and one of over 400 nationally. RCIL is a community-based nonprofit agency offering a wide range of independent living and advocacy services for people with disabilities.

- **Upstate Caring Partners:** Upstate Caring Partners (UCP) has grown from a clinic for children with cerebral palsy into a comprehensive system of programs and services focused on meeting a variety of needs for people of all ages. UCP is a provider of direct-care services and programs for individuals who are physically, developmentally, or mentally challenged and their families. As direct-care and education centers, these include medical, clinical and therapeutic personnel, teachers, social service staff, maintenance, clerical and general support staff.

- **The Masonic Care Community of New York:** The Masonic Care Community of NY is a large, not for profit, nursing home located in East Utica and has a capacity of 320 beds on approximately 400 acres. The facility is open to everyone, and more than 500 elders call MCC home. The provider accepts both Medicare and Medicaid programs and provides resident and family counseling services.

Oneida County Health Department Organizational Overview

OCHD is mandated by the State of New York and obtains public health authority through State public health law.

The OCHD is led by the Public Health Director who is responsible for safeguarding the public's health.

The Public Health Director reports to the County Executive.

Organizational Structure-**Appendix C: Organizational Chart**

The OCHD consists of approximately 60 employees who are assigned to the following:

- **Administration**

  o Financial Services
  o Quality Improvement
  o Contract Management
  o Personnel Services
  o Medical Examiner Services
  o Public Health Emergency Response & Preparedness Program

- **Clinical Services**

    o Immunization Program
    o Tuberculosis Program
    o Hep B Perinatal Program
    o Communicable Disease Program
    o Maternal Child Health Services
    o Health Promotion Services
    o Health Education
    o Cancer Prevention Program
    o Car Seat Program
    o Creating Healthy Schools and Communities Program.

- **Environmental Health**

    o Community Sanitation Programs
    o Food Protection Program
    o Water Program
    o Rabies WNV & EEE Program
    o Childhood Lead Poisoning Primary Prevention Program
    o Secondary Lead Poisoning Prevention Program
    o Healthy Neighborhoods Program
    o Injury Prevention

- **Special Children Services**

    o Preschool Special Education Program
    o Children with Special Healthcare Needs Program
    o Early Intervention Program

- **Divisions total number of preparedness staff**:

    o 1 staff works in Emergency Preparedness, and we have the Oneida County Public Health Incident Response Team (PHIRT) that has approximately 18 members.

Large scale or catastrophic events may impact contiguous counties to Oneida County. These large events may require collaboration and regional response, including sharing of personnel and assets.

OCHD will coordinate health related response activities with:

- Madison County, Department of Health, Office of Emergency Management

- Herkimer County, Department of Health, Office of Emergency Management
- Lewis County, Department of Health, Office of Emergency Management
- Oswego County, Department of Health, Office of Emergency Management
- Oneida Indian Nation
- Herkimer-Oneida Organizations Active in Disasters
- Oneida County Mitigation Planning Team
- Eastern Air Defense Sector
- Eastern Sub region Health Emergency Preparedness Coalition

SITUATION OVERVIEW

Hazard Analysis Summary

Under a declared emergency the County Emergency Operations Center (EOC) will be activated and will serve as the local coordinating point for response and operations at the county level. The EOC will be staffed with appropriate representatives and lead roles for the core functional response areas. The OCHD is the designated lead agency for local health or disaster events. OCHD will:

- Coordinates or provides the public health response, and/or supports the triage, treatment, and emergency medical transportation of victims of a county emergency or catastrophic event.
- Work with response partners to coordinate and implement the evacuation of victims/residents out of the impacted area before, during, and after the event.
- Support hospitals, long-term care facilities, and assisted living facilities.
- Provide support for County sheltering operations.
- Coordinate with local health and healthcare partners to re-establish all healthcare systems.
- Support other response/operations branches or agencies at the County EOC as needed.

Hazard Analysis/Vulnerability Assessment
The 2017 HAZNY Review determined that the hazards identified in the following groups pose special or unique risks for Oneida County.

Hazard Level Planning Considerations
- **High Hazard:** Hazards that pose the most significant risk and would have the greatest potential impact.
- **Moderately High Hazard:** Hazards that are a serious risk and could have significant consequences.
- **Moderately Low Hazard:** Hazards that could have serious consequences but are less likely to occur or would not always have widespread impacts.
- **Low Hazard:** The least likely hazards or those that would have minimal impacts

Table 1. Hazard Analysis Summary

Event	Probability *Low, Moderate, High*	Impact *Low, Moderate, Major, Catastrophic*	Potential LHD Response *Insert LHD role in the county response to the event*
Winter Storm Severe	High	Moderate to Major	Sheltering support, nursing support, food safety inspections, health assessments, disease surveillance
Ice Storm	High	Moderate to Major	Sheltering support, nursing support, food safety inspections, health assessments, disease surveillance
Severe Storm	High	Moderate to Major	Sheltering support, nursing support, food safety inspections, health assessments, disease surveillance
Flood	High	Moderate to Major	Special Needs Sheltering, Environmental, Epi, Assessments, Disease Surveillance, Possible Nursing Support
Fire	Moderate	Moderate to Major	Special Needs Sheltering, Possible Environmental if Permitted Facilities Damaged
Landslide	Low	Moderate to Major	Special Needs Sheltering, Possible Environmental if Permitted Facilities Damaged, Assessments
Epidemic	Moderate	Moderate to Major	Special Needs Sheltering, Warming Centers, Nursing Support, Environmental, Epi, Assessments, Disease Surveillance
Terrorism	Moderate	Moderate to Major	(Primary Hazmat Assessment Needed), Special Needs Sheltering, Environmental, Epi, Disease Surveillance
Hazardous Materials (In Transit)	Moderate	Moderate to Major	Primary Hazmat Assessment Needed), Special Needs Sheltering, Environmental, Epi, Disease Surveillance

Hazardous Materials (Fixed site)	Moderate	Moderate to Major	Primary Hazmat Assessment Needed), Special Needs Sheltering, Environmental, Epi, Disease Surveillance
Transportation Accident	Moderate	Low to Moderate	Special Needs Sheltering, Environmental, Epi, Assessments, Disease Surveillance
Utility Failure	Moderate	Low to Moderate	Special Needs Sheltering, Environmental
Extreme Temperatures	Moderate	Low to Moderate	Special Needs Sheltering, Nursing Support for Warming or Cooling Centers, Environmental, Epi, Assessments, Disease Surveillance
Water Supply	Moderate	Low to Moderate	Environmental, Epi, Assessments, Disease Surveillance
Contamination	Moderate	Low to Moderate	Possible Special Needs Sheltering, Possible Nursing Support, Environmental, Epi, Assessments, Disease Surveillance
Explosion	Moderate	Low to Moderate	Possible Special Needs Sheltering, Possible Nursing Support, Environmental, Epi, Assessments, Disease Surveillance
Tornado	Low	Low to Moderate	Special Needs Sheltering, Environmental, Epi, Assessments, Disease Surveillance
Hurricane	Low	Low to Moderate	Special Needs Sheltering, Nursing Support for Cooling Centers, Environmental, Epi, Assessments, Disease surveillance
Dam Failure	Moderate	Low to Moderate	Special Needs Sheltering, Environmental, Epi, Assessments, Disease Surveillance
Ice Jam	Moderate	Low to Moderate	Possible Special Needs Sheltering, Possible Environmental if Permitted Facilities Damaged, Assessments, Disease Surveillance

Wildfire	Low	Low to Moderate	Special Needs Sheltering, Possible Nursing Support, Environmental, Epi, Assessments, Disease Surveillance
Fuel Shortage	Moderate	Low	Possible Special Needs Sheltering, Possible Environmental for Permitted Facilities, Assessments
Drought	Low	Low	Special Needs Sheltering, Possible Nursing Support, Environmental, Epi, Assessments, Disease Surveillance

Please refer to Table 1 above: Hazard Analysis/Vulnerability Assessment

*Based on the 2017 HAZNY hazard analysis, the Modified HAZNY: Water Supply Contamination and Severe Storms and the 2012 OC CEMP.

HAZNY evaluates 32 potential hazards that could affect Oneida County and was first prepared by the Hazard Mitigation Planning Committee in 2007, and the results were included in the 2008 edition of the Oneida County Hazard Mitigation Plan. In 2011, the committee conducted a review of the HAZNY that produced a re-evaluation and modification of the analysis for 11 hazards. Noted below are the results of the baseline for 2007 HAZNY and the modifications made because of the 2011 review. A full update and revision of the HAZNY will be conducted when the Hazard Mitigation Plan is updated in 2013.

In examining the 32 potential hazards that could affect Oneida County, the HAZNY evaluates the following features associated with each hazard. Potential Impact - Would the hazard impact parts or all the County, Cascade Effects - Can hazard prompt or result in other risks and danger, Frequency - How often is the hazard likely to occur, Onset - Is their warning of the hazard, Duration - How long will the hazardous conditions last, Recovery - How long will it take for the community to recover from the hazard and Impact - what is the impact on life and safety, buildings and structures, community infrastructure and services?

The HAZNY produced the following results for Oneida County:

Indicators

Based upon analysis of local risks and capabilities, indicators describe trigger points that have been pre identified to warrant the possible activation of the PHEPRP in response to potential or occurring incidents within the jurisdiction. Severe weather alerts, intelligence indicators of an impending event or Emerging Infections Disease (EID) will require increased public health surveillance and may predicate plan activation. More specific details on indicators and recognition of events are further described in Appendix X.

Table 2. General Indicators of an emergency event:

Chemical, Biological, Radiological, Nuclear, or Explosive (CBRNE) Events *(Intentional or Accidental)*	Natural Events
Chemical • Including biotoxins, blister agents/vesicants, caustics (acids), choking/lung/pulmonary agents, incapacitating agents and nerve agents	**Weather Events** • Severe or prolonged seasonal weather with significant impact to multiple jurisdictions or an entire county • Single weather event that will have a catastrophic impact on the county or surrounding areas
Biological • U.S. Postal Service's (USPS) Biohazard Detection System (BDS) or Autonomous Detection System (ADS) activation • Identification of Centers for Disease Control and Prevention (CDC) classified as Category A Agent • Unexplained clusters of diseases	**Biological** • Emergent disease novel to population or geographic area • Identification of CDC classified Category A Agent • Unexplained clusters of diseases significantly above baseline levels
Explosive • Including surge events evolving from Mass Casualty Incidents (MCI)	
Radiological/Nuclear • Reactor or transportation accidents • Intentional radiological/nuclear explosive or exposure devices	

Planning Assumptions

1. Emergencies or disasters with public health implications will occur with little or no warning, requiring an immediate and potentially sustained response, and if necessary, until state and/or federal resources are requested and available.
2. Biological incidents involving a covert release, or an EID outbreak, will be slow to emerge within the community, resulting in serious illness and/or death, prior to recognition of the incident.

3. OEM is responsible for the activation of the Emergency Operations Center (EOC) and will facilitate all Oneida County Health Department requests for resources.
4. OCHD will exhaust local resources prior to implementing mutual aid agreements, and/or requesting assistance from the Health Emergency Preparedness Coalition (HEPC), the state, or the federal government.
5. Requested resources and support from any entity will not be immediately available upon request.
6. Responding staff are familiar with the Incident Command System (ICS).
7. Outbreaks of naturally or intentionally disbursed communicable disease will occur simultaneously throughout multiple jurisdictions which will limit local, state, and federal resources to support response and recovery efforts.
8. OCHD will make every effort possible to meet critical life sustaining needs using available resources, by activating mutual aid agreements, enacting volunteers, and through working with state and federal partners.
9. To ensure that elements of critical infrastructure and programs that are most directly involved in the response to basic human needs continue, certain public health programs will need to be suspended.
10. Healthcare workers and other first responders will be at a higher risk of exposure to contagion or illness than the general population, further straining the healthcare system.
11. The healthcare system will become overwhelmed, causing a cascading effect on those seeking medical attention for other (non-emergency) related illnesses and chronic diseases.
12. OCHD will recommend and support the implementation of protective actions to mitigate additional impact of disaster or emergency. This will include evacuation, isolation, quarantine, or social distancing measures.
13. Populations with AFN, or those considered At-Risk/Vulnerable, will be disproportionately impacted by an incident, and may have different needs than other populations.
14. Comprehensive public health information campaigns will need to be implemented to address the various communication needs of local stakeholders, the public, and response partners.
15. Additional plans, including OC CEMP, Public Health Asset Distribution Plan (PHAD), and the Mutual Aid Supply and Evacuation Plan (MAESP) will be used in conjunction with the response actions and components outlined in this PHEPRP.