

Franklin County, Ohio
**COVID- 19 COMMUNITY AFTER-ACTION
REPORT & IMPROVEMENT PLAN**



Franklin County
**BOARD OF
COMMISSIONERS**



August 2022

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A Letter to the Franklin County Community

From the earliest stages of the COVID-19 pandemic in 2020, the actions and commitment of Franklin County’s public, private, and nonprofit sectors provided the foundation to effectively respond to and recover from COVID-19. The severity and duration of the COVID-19 pandemic laid a challenge of historic proportion at the feet of leaders around the world. While pandemic preparedness has been a priority for our region, our systems and personnel were stressed by the sustained response. Even so, our townships, villages, cities, county, elected officials, nonprofits, and private sector partners confronted this unprecedented event by joining together and applying our collective knowledge and skills to address the unique challenges of the pandemic. This After-Action Report takes a unique approach in evaluating the whole-community response to COVID-19. The sectors involved in the development of this report include public health, healthcare, government, public safety, education, and social services.

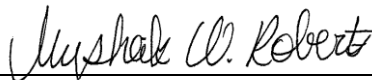
The leadership efforts of the Central Ohio Hospital Council, Columbus Public Health, Central Ohio Trauma System (COTS), Franklin County Emergency Management & Homeland Security, and Franklin County Public Health allowed for a sustained, collective approach to managing the impacts of a global health emergency in our county. These agencies used their Incident Command Systems, Public Health Emergency Preparedness and Core Capabilities, and adjusted their systems and response structure as necessary. As we identify new or emerging needs associated with the pandemic and its cascading impacts, we are committed to continuously evaluating our response and recovery efforts, applying best practices, and incorporating lessons learned.

Much can be learned from the COVID-19 response and recovery thus far. This After-Action Report highlights the critical aspects of the response and the successful activities of partner agencies and organizations. Areas for improvement are identified, providing a foundation upon which to incorporate lessons learned and design future best practices. Finally, to evaluate the ongoing need for each recommended action in the Improvement Plan, lead agencies have been identified to ensure accountability for process improvements.

We would like to express our immense gratitude to the many stakeholders involved in the after-action review process. Their time and transparency contributed not only to the development of this report but to creating thoughtful outcomes and improvement steps. We also extend a sincere thank you to the Franklin County Board of Commissioners funding the development of this report through the American Rescue Plan Act. We sincerely appreciate the commitment of all partners to implementing the improvement plan and fortifying our pandemic and all-hazards preparedness posture for Franklin County, Ohio.



Jeff Klinger
President and CEO
Central Ohio Hospital
Council



Dr. Mysheika Roberts
Health Commissioner
Columbus Public Health



Sherri Kovach, MS, BSN,
RN, EMT
President, COTS



Jeff Young
Director
Franklin County Emergency
Management & Homeland
Security



Joe Mazzola
Health Commissioner
Franklin County Public Health



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Table of Contents

1. Introduction	1
1.1. Franklin County, Ohio, Community Response	1
1.2. Public Health Emergency Preparedness and Response Capabilities	5
2. After-Action Review	8
2.1. COVID-19 Preparedness and Response Best Practices	8
2.2. Primary Strengths	9
2.3. Primary Areas for Improvement.....	9
3. Analysis.....	11
3.1. Multi-Agency Coordination.....	11
3.2. Information Sharing	18
3.3. Policy Changes.....	20
3.4. Planning, Training, and Exercises.....	22
3.5. Recovery.....	25
4. Conclusion.....	27
Appendix A: Improvement Plan.....	A-1
Appendix B: After-Action Review Methods.....	B-1
Appendix C: Participating Agencies	C-1
Appendix D: Public Survey	D-1
Appendix E: Incident Timeline.....	E-1
Appendix F: Endnotes to Timeline	F-1

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1. Introduction

In early 2020, the novel coronavirus (SARS-CoV-2) was detected in the United States with the first Ohio case of the disease known as COVID-19 confirmed on March 9, 2020. On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic, but the State of Ohio had already initiated response actions. On March 3, 2020, Governor Mike DeWine announced the cancellation of the Arnold Sports Expo, indicating the severity of COVID-19 and officials' concerns about its potential impacts to Ohio residents. Following the Expo cancellation, Governor DeWine signed Executive Order 2020-01D on March 9, declaring a state of emergency in Ohio.

COVID-19 has affected nearly all facets of life for the people of Franklin County and as a result, has required the most significant, sustained response and recovery effort for a public health emergency in history. Due to this large-scale effort, the Franklin County Board of Commissioners along with city and county response partners determined the need for the creation of a community-wide analysis of response and recovery actions to better inform preparedness actions for future emergencies and public health disasters. This Franklin County, Ohio, COVID-19 Community After-Action Report (AAR) and Improvement Plan (IP) identifies action items to help formalize processes identified as strengths in the after-action review process and to improve limitations observed during the pandemic. Recommendations are based on a capability analysis of area preparedness, response, and recovery programs.

1.1. Franklin County, Ohio, Community Response

In January 2020, public health agencies across the country began receiving reports of the novel coronavirus. Columbus Public Health, leveraging previous experience with emerging pathogens, activated its Incident Command System on January 24. The Ohio Department of Health hosted the first statewide COVID-19 call with public health departments and healthcare providers on January 28, setting the stage for an early, proactive response to the pandemic. On February 28, the Central Ohio Trauma System (COTS) Healthcare Incident Liaison, a 24/7 function supporting the Regional Healthcare Emergency Preparedness Coalition and Southeast/Southeast Central Ohio Healthcare Coalition, was activated. Franklin County Public Health (FCPH) quickly followed by activating their Incident Command System (ICS) structure on March 3. Franklin County agencies, stakeholder partners, and healthcare systems moved into response mode to proactively contain and mitigate the pandemic even before Ohio's first official case of COVID-19 was detected. March 3, 2020, marked a significant milestone in the region due to Governor DeWine's intention to cancel the Arnold Sports Expo. Although this cancellation was later amended to allow some events to continue without spectators, many participants in the AAR process noted March 3 as the "before and after" COVID-19 date. Figure 1, Figure 2, Figure 3, and Figure 4 highlight important dates in the Franklin County community response to COVID-19. The full timeline is included in Appendix E: . The Franklin County community response included standing up testing sites; personal protective equipment (PPE) purchasing, warehousing, and distribution; healthcare provision; virtual educational services; food distribution; and vaccination sites among other important operations. As of June 2022, Franklin County has seen over 323,000 COVID-19 cases, 2,800 COVID-19 attributed deaths, and over 892,000 people have received at least one dose of a vaccine. The entirety of the Franklin County community responded proactively and collaboratively, a model response with significant strengths and minimal areas for improvement for future response and recovery operations.

FRANKLIN COUNTY COVID TIMELINE

JANUARY 9, 2020

The World Health Organization (WHO) traces Wuhan pneumonia illness to a new coronavirus.

JANUARY 28, 2020

The Ohio Department of Health (ODH) hosts first statewide call with local health departments and healthcare providers regarding the novel coronavirus now designated as COVID-19.

JANUARY 31, 2020

The Secretary of the U.S. Department of Health and Human Services declares a public health emergency in response to COVID-19.

FEBRUARY 26, 2020

The Centers for Disease Control and Prevention (CDC) confirms possible instance of community spread of COVID-19 in the U.S.

MARCH 3, 2020

Ohio Governor Mike DeWine, in conjunction with ODH, Columbus Public Health (CPH), and the mayor of the City of Columbus, announces his intention to cancel the Arnold Sports and Fitness Expo. Franklin County Public Health (FCPH) activates their Incident Command System.

MARCH 9, 2020

ODH confirms the first case of COVID-19 in Ohio in Cuyahoga County. Governor DeWine signs Executive Order 2020-01D declaring a state of emergency.

MARCH 12, 2020

ODH issues order limiting and/or prohibiting mass gatherings, defined as 100 or more persons, in the State of Ohio effective immediately.

MARCH 14, 2020

ODH orders the closure of all K-12 schools in the State of Ohio beginning March 17, 2020 and extending through April 3, 2020.

JANUARY 24, 2020

Columbus Public Health (CPH) activates its Incident Command Structure..

JANUARY 30, 2020

The WHO declares COVID-19 a public health emergency of international concern.

FEBRUARY 11, 2020

The WHO officially announces a name for the new virus as COVID-19.

FEBRUARY 28, 2020

Central Ohio Trauma Council (COTS) Healthcare Incident Liaison, a 24/7 function supporting the Regional Healthcare Emergency Preparedness Coalition and Southeast/Southeast Central Ohio Healthcare Coalition, is activated.

MARCH 5, 2020

ODH hosts the Governor's Summit on COVID-19 Preparedness, a meeting with the Governor, cabinet agency directors, local health department commissioners, and their staff. Ohio Department of Health permits eight events at the Arnold Sports and Fitness Expo to continue with spectators but bans spectators from all other events, effectively canceling the Expo portion of the weekend.

MARCH 11, 2020

The WHO declares COVID-19 a pandemic.

MARCH 13, 2020

U.S. President Donald J. Trump declares a national emergency in response to the COVID-19 outbreak.

MARCH 15, 2020

States in the U.S. begin to announce shutdowns to reduce the spread of COVID-19. Notable examples include New York's public-school system and Ohio's restaurants and bars.

Figure 1: Franklin County COVID-19 Timeline, January 9, 2020, to March 15, 2020

FRANKLIN COUNTY COVID TIMELINE

MARCH 17, 2020

Governor DeWine issues Executive Order 2020-04D establishing a temporary pandemic childcare license. ODH issues order cancelling all non-essential or elective surgeries to preserve the supply of personal protective equipment. ODH amends order limiting and/or prohibiting mass gatherings to 50 or more persons effective immediately. The first human trial for a vaccine against COVID-19 begins in the U.S.

MARCH 19, 2020

COTS begins planning for an alternate care site in anticipation of a surge in case counts and overwhelmed hospital systems.

MARCH 24, 2020

ODH issues order closing facilities providing childcare services.

MARCH 30, 2020

ODH amends the closure of all K-12 schools order extending it through May 1, 2020.

APRIL 2, 2020

ODH amends Stay at Home order extending it until May 1, 2020.

APRIL 7, 2020

The Greater Columbus Convention Center is readied as an alternate care site for operations beginning April 10 if needed.

APRIL 30, 2020

ODH issues Stay Safe Ohio order reopening specific businesses and providing reopening guidance.

MAY 19, 2020

Governor DeWine issues Ohioans Protecting Ohioans Urgent Health Advisory replacing the Stay Safe order issued on April 30.

JUNE 8, 2020

Demobilization of the alternate care site begins with equipment removal.

MARCH 18, 2020

City of Columbus Mayor Andrew Ginther declares a state of emergency. Franklin County Public Health declares a public health emergency.

MARCH 22, 2020

Governor DeWine and ODH announce statewide Stay at Home order to begin at 11:59 pm on March 23, 2020 and remaining in effect until April 6, 2020.

MARCH 27, 2020

President Trump and Congress approve a \$2.2 trillion Coronavirus Aid, Relief, and Economic Security Act (CARES) aid package to assist individuals and companies with COVID-19 impacts.

APRIL 1, 2020

Governor DeWine mobilizes members of the Ohio National Guard to assist hospitals with staffing shortages.

APRIL 3, 2020

The CDC issues guidance recommending people wear a mask outside of their home.

APRIL 29, 2020

ODH again amends the closure of all K-12 schools order extending it through June 30, 2020.

MAY 14, 2020

ODH issues Dine Safe Ohio order reopening restaurants and bars to dine in service with exceptions.

MAY 29, 2020

ODH issues order reopening facilities providing childcare services with exceptions and providing reopening requirements.

JULY 2, 2020

Governor DeWine announces the new Ohio Public Health Advisory System to help make clear the risk of COVID-19 in counties on Ohio. The color-coded system is built on data to assess COVID-19 spread. Franklin County is at Level 3, Red and approaching Level 4, purple. Columbus Mayor Ginther signs executive order mandating facial coverings in public beginning July 3.

Figure 2: Franklin County COVID-19 Timeline, March 17, 2020, to July 2, 2020



Figure 3: Franklin County COVID-19 Timeline, July 8, 2020, to May 13, 2021

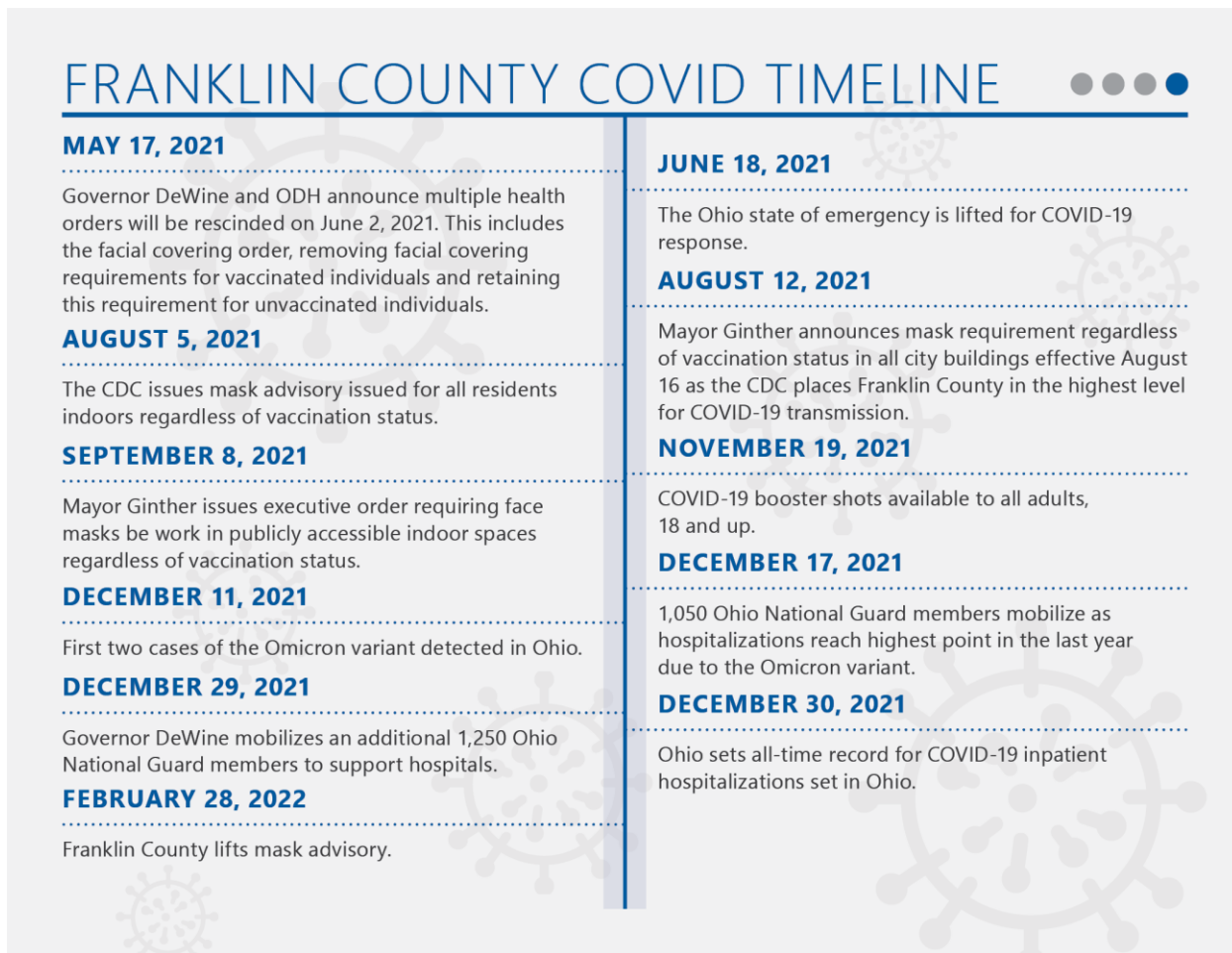


Figure 4: Franklin County COVID-19 Timeline, May 17, 2021 to December 30, 2021

1.2. Public Health Emergency Preparedness and Response Capabilities

As all communities throughout the United States learned in 2020, public health systems are integral in disaster and emergency preparedness and response operations. Initial response operations will always begin at the local level, but coordination and collaboration with additional local jurisdictions, partner agencies, the state, and federal agencies is paramount to ensure robust preparedness and response efforts. The Public Health Emergency Preparedness (PHEP) Capabilities are “interrelated capability standards designed to advance the emergency preparedness and response capacity of state and local public health systems.”¹ The 15 capabilities defined by the Centers for Disease Control and Prevention (CDC) are priority elements and activities essential to public health. FCPH has added “Equity” as a 16th capability to ensure essential services are delivered to residents based on the social determinants of health. Examples of incorporating equity into emergency preparedness measures includes locating public services in accessible areas and facilities as seen with testing and vaccination efforts, communicating public information in various ways to include non-English speakers, the deaf and hearing impaired communities, and individuals without access to the internet, and providing transportation options. By increasing the equity focus of preparedness efforts, response operations will serve greater portions of the population.

¹ Centers for Disease Control and Prevention (CDC). (2018). *Public health emergency preparedness and response capabilities*. Atlanta, GA: U.S. Department of Health and Human Services

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan

Each strength and area for improvement in Section 3 aligns with at least one PHEP capability and also identifies core capabilities associated with the National Preparedness Goal established by the Federal Emergency Management Agency (FEMA). The core capabilities are critical elements that increase both preparedness and response capabilities. Evaluating current emergency preparedness and response capacity by applying the PHEP and core capability standards to this AAR will help improve the community's preparedness efforts for the next emergency or disaster. Figure 5 and Figure 6 depict the crossover of PHEP capabilities and core capabilities by FEMA Mission Area.








PHEP CAPABILITIES	PREVENTION	PROTECTION	MITIGATION	RESPONSE	RECOVERY
 Community Preparedness			Community Resilience Risk + Disaster Resilience Assessment		
EQUITY PLANNING					
 Community Recovery			Risk + Disaster Resilience Assessment Long-Term Vulnerability Reduction		Economic Recovery Health + Social Services
EQUITY PLANNING					
 Emergency Operations Coordination	Operational Coordination				
 Emergency Public Information + Warning	Public Information + Warning				
EQUITY					
 Fatality Management				Fatality Management Services	
 Information Sharing	Intelligence + Information Sharing	Intelligence + Information Sharing	Threats + Hazard Identification	Situational Assessment	
 Mass Care			Mass Care Services		
EQUITY					

Figure 5: PHEP/Core Capabilities Crosswalk, Part 1

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan









PHEP CAPABILITIES	PREVENTION	PROTECTION	MITIGATION	RESPONSE	RECOVERY
 Medical Countermeasure Dispensing + Administration				Public Health, Health Care + Emergency Medical Services	
 Medical Materiel Management Distribution		Supply Chain Integrity + Security		Logistics + Supply Chain Management Public Health, Health Care + Emergency Medical Services	
EQUITY					
 Medical Surge				Public Health, Health Care + Emergency Medical Services	
 Nonpharmaceutical Interventions				Mass Care Services	Health + Social Services
 Public Health Laboratory Testing	Screening, Search + Detection			Public Health, Health Care + Emergency Medical Services	
 Public Health Surveillance + Epidemiological Investigation	Screening, Search, + Detection Forensics + Attribution	Interdiction + Disruption		Public Health, Health Care + Emergency Medical Services	Health + Social Services
 Responder Safety + Health				Environmental Response/ Health + Safety	
 Volunteer Management				Operational Coordination Mass Care Services	Health + Social Services

Figure 6: PHEP/Core Capabilities Crosswalk, Part 2

2. After-Action Review

The impact of the COVID-19 pandemic established the need for an after-action review of lessons learned, best practices, and areas of improvement for response and recovery actions taken from January 2020 through December 2021. The Franklin County, Ohio, COVID-19 After-Action Report (AAR) was developed through the combined efforts of an AAR Advisory Group, consisting of representatives from the Central Ohio Hospital Council (COHC); CPH; COTS; FCPH; and Franklin County Emergency Management & Homeland Security (FCEM&HS); local jurisdictions, community-based organizations, nonprofit organizations, and health system partners. Their focus is on evaluating the strengths, areas for improvement, corrective actions, and steps necessary to advance the whole community's preparedness based on the response to the COVID-19 pandemic. The AAR may guide future investment prioritization and formalization of planning processes as well as identify gaps to be addressed by the various stakeholders. The AAR is supported by an Improvement Plan (IP) for tracking implementation of future actions.

2.1. COVID-19 Preparedness and Response Best Practices

Although disasters and emergencies affect jurisdictions differently, there are preparedness and response operations that can be defined as best practices. As COVID-19 created a national emergency, many other jurisdictions and entities have completed AARs assessing COVID-19 operations. This section provides a summary of best practices that are recommended for implementation at all levels of government, various partner agencies, and private sector stakeholders as applicable.

Early establishment of Unified Command: Various jurisdictions effectively established a Unified Command between public health and emergency management early in the COVID-19 response. Jurisdictions who collaborated and established Unified Command and coordinated meetings, decision-making, and incident priorities were better positioned to support a long-term response and recovery effort.

Communication with external partners: Jurisdictions and their communities benefitted greatly from an increase in engagement with non-traditional partners and stakeholder groups throughout the COVID-19 pandemic. In order to ensure high priority information was delivered efficiently and with proper coordination, jurisdictions held coordination calls with non-traditional groups to maximize their efforts. In these calls, crucial information such as establishing clear lines of communication and setting expectations for response efforts were shared among different networks.

Joint Information System: Jurisdictions that established a multi-agency Joint Information System (JIS) experienced more accurate, efficient, and effective public messaging. Officials that established clear messaging for agencies and partners created an effective mode of communication. The Joint Information System and associated communication structures separated politics and science, which allowed health experts to release accurate information to stakeholders. These collaboration opportunities included virtual calls where agency leaders would receive information specific to public health.

Use of Incident Command System (ICS): Jurisdictions used ICS as the framework for assisting with planning, operations, and logistics during response. The implementation of ICS allowed for the establishment of a unified organizational structure and allowed for better jurisdiction-wide situational awareness.

Adaptations and transition to virtual platforms: Many jurisdictions effectively transitioned essential functions to a virtual workspace without much difficulty at the onset of the COVID-19 pandemic. The virtual platforms assisted jurisdictions with best practice mitigation efforts in allowing for the implementation of social distancing and telework options. In-person meetings quickly transitioned to virtual settings and led to safer practices and effective continuity of operations during the pandemic. Not all jurisdictions established telework policies prior to the pandemic; however, most quickly adopted these policies with leadership and IT support and equipment.

Leveraging private sector innovation: Some jurisdictions managed to alleviate PPE shortages by establishing new partnerships and adopting innovative practices. 3D printers and businesses that could adapt production floors were called to action to produce gowns, face masks, and hand sanitizer. Most notable in Franklin County was Battelle’s efforts to sanitize N-95s for reuse.

2.2. Primary Strengths

The major strengths identified for the Franklin County community response to the COVID-19 pandemic are noted below:

Partnerships with local jurisdictions, community and nonprofit organizations, healthcare systems, and volunteer organizations.

Hospital system collaboration should serve as a national model and has already been reviewed by the State of Ohio and the federal government.

2.3. Primary Areas for Improvement

The primary areas for improvement identified for the Franklin County community response to the COVID-19 pandemic are noted below:

Incorporating a **formalized command and control structure** and ICS principles.

Jurisdictional boundaries of the two health departments caused confusion and left some potential resources untapped.

Table 1 summarizes the strengths and areas for improvement, which are detailed in the analysis section.

Table 1: Summary of Strengths and Areas for Improvement

Topic	Strengths	Areas for Improvement
Multi-Agency Coordination	Strong collaboration with new and established partners	Understanding of health district jurisdictional boundaries
	Personal protective equipment resource management	Inclusion of additional agencies in ICS structure
	Hospital system collaboration	Unified command
	Alternate care site operations	
	Utilization of the National Guard	
Information Sharing	Conference calls with local jurisdictions, response partners, and community organizations	Timing and format of policy guidance and releases
	Issuance of complimentary guidance	Healthcare reporting systems and requirements
Policy Changes	Adaptation to teleworking	Identification of essential staff and departments
Planning	Equity factors in planning measures	All-hazards approach to emergency operations and response plans

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan

Topic	Strengths	Areas for Improvement
		Training for essential staff and elected/appointed officials
		Training in new technology and software platforms
		Continuity of Operations plans
		Points-of-Dispensing planning
Recovery		Childcare
		Community mental health
		Lost learning

3. Analysis

The analysis section reviews the major strengths and areas for improvement identified throughout the AAR process. Each observation is presented as a strength or an area for improvement, identifies associated PHEP and core capabilities, is based on observations documented through the data collection process, and if appropriate, presents recommendations that are specific and actionable. The observations are presented in five sections:

- Multi-Agency Coordination
- Information Sharing
- Policy Changes
- Planning
- Recovery

The full list of corrective activities and responsible parties is located in Appendix A: Improvement Plan.

3.1. Multi-Agency Coordination

This section provides strengths and areas for improvement related to coordination efforts of the multiple response partners, jurisdictions, and sectors during the COVID-19 pandemic.

3.1.1. Strength: Strong Collaboration with New and Established Partners

Observation: Agencies and organizations in Franklin County collaborated in new and innovative ways with established and new partners to ensure a robust, whole-community response to the pandemic.

Core Capability: Operational Coordination

PHEP Capabilities: Emergency Operations Coordination, Mass Care, Volunteer Management

Analysis: The level of collaboration between Franklin County stakeholders was the most common strength documented in the survey and interview process for this AAR and should be documented as a best practice for communities nationwide. The whole-community response was extraordinary, and existing partnerships were strengthened while new ones formed. Stakeholders' positive attitudes when asked to support various efforts ensured all mitigation, preparedness, and response operations demonstrated a commitment to support the whole community. Stakeholders were also willing to adapt as better options were presented such as resource management strategies for PPE (see **3.1.2**) or FCPH transitioning administration of the Medical Reserve Corps to FCEM&HS. Competing healthcare systems formed partnerships (see **3.1.3**) and fire departments covered staffing shortages in neighboring jurisdictions when necessary. Fire departments and emergency medical services (EMS) providers also collaborated to administer vaccines due to the State Board of Emergency Medical, Fire, and Transportation Services and the Ohio Department of Public Safety expanding the EMS Scope of Practice.

Mass testing and vaccination efforts particularly benefitted from the robust collaboration efforts in the county. The hospital systems and CPH collaborated on drive-thru testing at the Celeste Center at the Ohio Fairgrounds, the Columbus Public Library and Columbus Recreation and Parks distributed at-home testing kits provided by the health departments, and FCPH partnered with the Board of Elections and Mid-Ohio Food Collective to host vaccination sites. The commitment, dedication, and flexibility of all partners in Franklin County was the primary factor in the overall success of the response and recovery effort.

Recommendations:

- a. Each stakeholder organization should identify agency/organization emergency support capabilities, develop contact lists, and document participation in any new or existing partnerships.
- b. Identify and codify specific roles and responsibilities into agency/organization emergency plans and annexes that might not have existed prior to the pandemic response.
- c. Develop a Community Partner working group through FCEM&HS to socialize plans and train on preparedness and response efforts.
- d. Review and update mutual aid agreements and develop new mutual aid agreements based on the partnerships created during the COVID-19 response.
- e. Public health agencies should encourage laws and policies at the state level be amended to allow for greater Fire and EMS flexibility outside of an emergency declaration.

3.1.2. Strength: Personal Protective Equipment Resource Management

Observation: PPE warehousing efforts were effective due to a multi-agency partnership between CPH, FCEM&HS, and the Medical Reserve Corps.

Core Capabilities: Logistics and Supply Chain Management, Public Health, Healthcare, and Emergency Medical Services



PHEP Capabilities: Medical Materiel Management and Distribution, Emergency Operations Coordination

Analysis: The State of Ohio required each local health district (LHD) to identify a receiving location for the PPE distributed from the state to the LHDs. Neither CPH nor FCPH maintains a dedicated warehousing space and due to a lack of available, appropriate warehouse space and staff capacity, FCPH and CPH collaborated on PPE storage and distribution resulting in a more efficient operation. The warehouse space CPH identified and leased from the City of Columbus was more suitable for COVID-19 response operations due to the substantial amounts of PPE being delivered and the need for mass distribution in a drive-through format. Both FCPH and the Educational Service Center (ESC) turned over their allotted PPE distributions to the CPH warehouse and CPH, FCEM&HS, and the Medical Reserve Corps worked together to track inventory, manage PPE distribution requests, pull and sort requested items, and distribute to the public. The centralized PPE warehouse allowed for better awareness of the number of available items in the county and prevented the public from needing to request PPE from multiple sources.

Figure 7: Joint PPE Warehouse

In addition to the collaborative warehousing efforts, FCEM&HS developed an online SharePoint form for PPE requests that mirrored the ICS 213RR form. The SharePoint form was easier for nongovernmental agencies to use and allowed for simpler data manipulation and resource tracking on the back end since the request could be downloaded into an Excel spreadsheet. It also allowed for a more streamlined update process as requests were submitted in real time as opposed to gathering multiple paper forms and staff inputting requests into a spreadsheet. Overall, the move to a

technology-based PPE requests form increased efficiencies in use of staff time and provided a better real-time view of requests.

Recommendations:

- a. Identify permanent warehousing locations for each LHD to utilize as dedicated public health space, and as applicable acquire Inventory Management System and storage space needed for future responses.
- b. Standardize the online ICS 213RR form process for future response operations.
- c. Develop longevity plan for warehousing operations to include upgrading equipment like storage racks, forklifts, and transportation options.

3.1.3. Strength: Hospital System Collaboration

Observation: The collaboration between the healthcare systems in Franklin County was a best practice and should serve as a national model.

Core Capabilities: Operational Communications, Operational Coordination

PHEP Capabilities: Emergency Operations Coordination, Information Sharing

Analysis: COTS initiated response operations at the end of February 2020, and their ability to serve as a centralized coordinating entity for the region was extremely effective. COTS regions already had a baseline understanding of response partners and existing resources and the formation of larger zones as directed by the Governor helped provide situational awareness and information sharing capabilities across hospitals in the entire state. The creation of the Surge Operations Call Center used by the three adult hospital systems for patient transfers was so successful it continues to be implemented for other events and incidents.



Figure 8: Area Hospital Representatives Discuss the Alternate Care Site Before It Opens

In addition to COTS operations, the four hospital systems in Franklin County collaborated to an extraordinary level. Conference calls brought together public health agencies and Chief Medical Officers to provide situational awareness of patient counts, treatment possibilities, resources, and PPE needs. Planning documents were shared among systems when necessary, something most AAR participants noted had not happened previously. Hospitals collaborated on visitor policies and mitigation measures to ensure consistent messaging across all hospital systems, partnered to operate the alternate care site (ACS) at the Convention Center, and participated in resource sharing and patient transfers when necessary.

Recommendations:

- a. Continue hospital leadership coordination meetings at a frequency appropriate to current events.
- b. Formalize processes for information sharing and policy collaboration across the Franklin County and COTS communities.

3.1.4. Strength: Alternate Care Site Operations

Observation: An alternate care site was quickly established with excellent coordination from the whole community.

Core Capabilities: Planning, Operational Coordination

PHEP Capability: Medical Surge

Analysis: Early in pandemic response operations, concern for the operational capacity of the hospital systems was a priority for public health and emergency management leadership. As Franklin County and the State of Ohio reviewed response operations in various parts of the United States COTS initiated development of an alternate care site in the event the local hospitals were overwhelmed with patients. Perhaps the most impressive example of the whole community collaboration in Franklin County is the rapid establishment of the alternate care site at the Greater Columbus Convention Center (GCCC). COTS worked with the four hospital systems to determine standard operating procedures, cost sharing measures, equipment needs, and layout. FCEM&HS worked with the GCCC, which was available due to the statewide shut down order, to rent the space utilizing funds from the Franklin County Board of County Commissioners. ACS site coordination began on March 19, 2020, and it was operational by April 10. While the alternate care site was ultimately not needed, the coordination and forethought of Franklin County partners positioned the county to be capable of providing care outside of a hospital setting.



Figure 9: Patient Room Setup in the Greater Columbus Convention Center

Recommendations:

- a. Identify potential locations for an alternate care site in the event the GCCC is unavailable.
- b. Adopt a formal alternate care site plan, documenting the setup process for use in future scenarios.
- c. Assign roles and responsibilities for participating agencies in alternate care site plans.

3.1.5. Strength: Utilization of the Ohio National Guard

Observation: The Ohio National Guard (ONG) assisted with staff augmentation at various times and for various stakeholders during response operations.

Core Capabilities: Operational Coordination, Public Health, Healthcare, and Emergency Medical Services

PHEP Capabilities: Medical Materiel Management and Distribution, Medical Countermeasure Dispensing and Administration, Medical Surge



Figure 10: Ohio National Guard soldier supporting the hospital mission

Analysis: The ONG was deployed multiple times to assist various stakeholders with staff augmentation due to staffing shortages and increased healthcare sites. The ONG was tapped to assist with the surge hospital at GCCC during initial COVID-19 response operations and again to assist hospitals and healthcare facilities during later surges of the virus. ONG members assisted with inventory management systems at some healthcare facilities allowing licensed, trained staff to focus on medical provision. Additionally, some ONG members assisted with testing and vaccination and food distribution efforts. Ultimately, the ability to augment technical staff with ONG members kept healthcare providers open and response operations going during the worst of the staffing shortages.

While the healthcare sector did consistently report the benefits of the ONG, the ability for the public sector to engage with the ONG was challenging, especially at the start of the pandemic. Many agencies needed staff assistance and the ONG could serve many roles with little training, such as mass testing and vaccination sites, call centers, or warehousing efforts. Additionally, activation requirements were initially unclear. Additional response capabilities for augmentation by the ONG should be documented for future pandemic or catastrophic incident response and activation procedures for the ONG should also be clarified.

Recommendations:

- a. Identify roles and responsibilities the Ohio National Guard could assist with during emergency response operations of catastrophic incidents.
- b. Incorporate the Ohio National Guard, when appropriate, into roles and responsibilities sections of emergency operations plans. ONG assistance will only be available when a disaster declaration is issued.
- c. Establish training and exercise opportunities incorporating the Ohio National Guard to continue familiarization with the roles the ONG can provide in the event of a disaster declaration.

3.1.6. Area for Improvement: Understanding of Health District Jurisdictional Boundaries

Observation: Franklin County Public Health and Columbus Public Health have different jurisdictional boundaries. This is not always understood by the public, and it hampered potential collaboration with untapped resources.

Core Capability: Operational Coordination

PHEP Capability: Emergency Operations Coordination

Analysis: FCPH and CPH have similar missions in supporting public health for their jurisdictions but face uniquely different challenges in terms of numbers of employees, staff capacity, operations, and number of jurisdictions they serve as health authorities. CPH has a large population under two governments, the City of Columbus and the City of Worthington, as compared to FCPH which covers a smaller population, but is comprised of over 41 individual townships, villages, and subdivisions all with their own individual laws, regulations, and local government agencies. While normally these distinctions and boundaries are appropriate, in the case of a public health emergency affecting the entirety of the county (and state), it caused some confusion and excluded some jurisdictions from contributing to the response efforts. Municipalities and townships may have been able to help from a staffing, planning, facilities, or resource perspective. For example, medical offices in surrounding jurisdictions could have served as testing and vaccination sites, but the only guidance available was to have them register as a volunteer with the Medical Reserve Corps. Due to the jurisdictional boundaries, critical information related to cross-jurisdictional capacity and resources was not known and potential resource sharing was untapped. (Sections 3.1.7 and 3.1.8 discuss incorporating additional partners into response and forming a county-wide command group.)

An additional issue identified was the perception of FCPH deference to CPH. While collaboration was important for presenting a unified response and consistent messaging, some of the FCPH jurisdictions felt FCPH should focus on their various jurisdictions' needs and follow each specific jurisdiction's data when developing and implementing policy. While this was never a possibility as guidance released by FCPH and CPH was in line with ODH's guidance, and COVID-19 is a virus that did not follow jurisdictional boundaries, additional communication was needed to explain the collaborative guidance from FCPH and CPH to the various Franklin County jurisdictions.

Recommendation:

- a. Consider developing a Public Health Coordination Framework to align resources, situational awareness, and messaging during a catastrophic event or incident affecting the entire county.
- b. Create educational awareness campaigns regarding the authority and responsibilities of each health department for use during non-response times.

3.1.7. Area for Improvement: Inclusion of Additional Partners in ICS Structure

Observation: Franklin County Public Health implemented ICS with mostly internal staff for two years, which placed significant strain on public health programs and capabilities.

Core Capabilities: Operational Coordination, Planning

PHEP Capability: Emergency Operations Coordination

Analysis: FCPH did not incorporate additional agencies or jurisdictional partners into their ICS structure. While a shorter, less severe emergency may be effectively managed using internal staff, the prolonged exhaustive response to COVID-19 placed strain on other public health programs while employees paused

their usual roles to assume their ICS role. Additionally, because FCPH was using only internal employees, their capacity was limited simply because of staffing numbers. This was evident initially in denied testing and vaccination site requests from jurisdictional partners due to the lack of capacity within FCPH to staff these sites. FCPH should partner with their jurisdictions in supporting sites with needed resources (e.g., PPE, testing and/or vaccination kits), but not necessarily staff them, to increase response capacity. Additionally, each jurisdiction FCPH serves as health authority for should identify a public health liaison who could be used to augment FCPH staff during response operations. Outside partners should be incorporated into the response structure to allow for ICS roles to rotate, or to fill steady state roles, and to allow FCPH to coordinate with partner jurisdictions more effectively.

Recommendations:

- a. Hire an additional full-time FCPH staff member for each position (epidemiology, planning, communications) with the capability and capacity to be incorporated into ICS.
- b. Document health jurisdiction (cities, townships, and villages) partner roles and responsibilities in emergency operations plans.
- c. Identify non-governmental agencies and organizations in partner jurisdictions with capacity and ability to assist with response operations.
- d. Prepare appropriate ICS rotation schedules and adequate training to be prepared for long-duration response and recovery activities.
- e. Offer personalized public health preparedness fee-for-service(s) e.g.(Continuity of Operations Planning, Emergency Response Planning, Emergency Preparedness Training, etc.) to jurisdictional partners and identify an Emergency Preparedness liaison between each jurisdiction and FCPH.
- f. Establish departmental plans that identify alternatives in staffing, and provide personnel in such positions with the training and resources needed to address emergency duties while maintaining normal operations.

3.1.8. Area for Improvement: Unified Command

Observation: Franklin County lacked a formal, operational command structure with a singular Incident Commander or Unified Command with supporting Command and General Staff.

Core Capabilities: Operational Coordination, Planning

PHEP Capability: Emergency Operations Coordination

Analysis: As pandemic response operations ramped up, agencies moved into internal ICS structures but did not form Unified or Area Command to oversee response for the county as a whole. Each agency maintained its own individuality, creating a delicate balance to not cross boundaries or overstep. Some agencies and partner jurisdictions were confused about who was in charge or where to go for various items or guidance due to the lack of a singular operational organization, including a command structure, with defined roles and responsibilities to implement COVID-19 response activities. This led to reactive problem solving of individual issues rather than proactive planning for evenly distributed responsibilities and a uniform, strategic, and solution-oriented approach. In a widespread emergency like COVID-19, a Unified or Area Command should be established to present a singular response group to the community. Unified or Area Command would also clarify responsibilities by providing a bridge between tactical response and strategic decisions, establishing clear lines of communication, and integrating support departments to ease the burden of responsibility (as mentioned in **3.1.7**).

Recommendations:

- a. Include a singular county-wide command structure in formal emergency operations planning.

- b. Identify departments and jurisdictions with limited response roles and incorporate them into the incident command structure to augment staff.
- c. Determine the minimum qualifications for staffing each Command and General Staff position, and train and assign staff accordingly.
- d. Provide ICS training and opportunities to exercise key skills to develop Incident Commanders and Command and General Staff personnel.

3.2. Information Sharing

This section provides strengths and areas for improvement related to information sharing, both internal and public information, throughout the COVID-19 pandemic.

3.2.1. *Strength: Conference Calls with Local Jurisdictions, Response Partners, and Community Organizations*

Observation: The frequency of communication and broad participant lists allowed for abundant information sharing.

Core Capabilities: Operational Coordination, Operational Communications, Situational Assessment

PHEP Capabilities: Emergency Operations Coordination, Information Sharing

Analysis: Due to the dynamic nature of the pandemic and evolving guidelines and protocols, stakeholder coordination calls were conducted with representatives from across the county. The inclusion of mayors, city managers, school superintendents, volunteer organizations, and health and medical partners provided comprehensive and collaborative forums for the region's response to the COVID-19 pandemic. The various calls allowed for two-way communication, with various stakeholders sharing information and participant feedback and questions. Most of these calls had not been conducted before and the extraordinary benefit these calls brought to the community was the second most common strength mentioned during data collection for this report. Every participant agreed these calls should be formalized and continue in some format. As pandemic operations scale back, the frequency of calls can be reduced, and the subject matter may change, but bringing together these various groups to provide information and allow for discussions was invaluable.

Recommendations:

- a. Each agency should formalize their conference call groups by creating participant lists and standardizing meeting names.
- b. Continue calls to retain engagement by participating organizations by adjusting meeting frequency to reflect the current environment.
- c. Codify and integrate coordination call procedures into organization emergency plans and annexes.
- d. Incorporate template agendas for coordination calls into standard operating procedures and job aids.
- e. Stakeholder agencies should maintain contact lists and provide updates as needed.

3.2.2. *Strength: Issuance of Complimentary Guidance*

Observation: Guidance issued from both health departments was aligned with orders from the Ohio Department of Health and guidance from the CDC.

Core Capabilities: Operational Coordination, Situational Assessment

PHEP Capabilities: Emergency Operations Coordination, Information Sharing, Equity

Analysis: FCPH and CPH regularly issued and updated executive guidance providing direction for businesses, hospitals, school districts, and jurisdictional departments regarding operating parameters and protective measures. Adjustments to policies and executive orders were based on guidance from the federal and state governments, such as executive orders by the State of Ohio and evolving guidance from the CDC related to protective measures such as face coverings and social distancing. FCPH and CPH took great care to discuss the guidance before release to ensure consistent messaging from both health departments.

Recommendations:

- a. Codify and integrate the processes for issuance of orders and guidance in plans.
- b. Provide technical assistance for jurisdictions related to orders and guidance affecting the entire county.

3.2.3. Area for Improvement: Timing and Format of Policy and Guidance Releases

Observation: Executive orders and policy changes were released publicly statewide before informing local jurisdictions and without any guidance for implementing the restrictions.

Core Capabilities: Operational Coordination, Situational Assessment

PHEP Capabilities: Emergency Operations Coordination, Information Sharing

Analysis: The 2 p.m. press conferences with Governor DeWine and the Ohio Department of Health were the most mentioned challenge in surveys and interviews. Executive orders and policy changes were released publicly statewide at these press conferences without informing local jurisdictions beforehand. The general public and local stakeholders would receive updates to policy guidance and/or new restrictions at the same time; this provided no time for the local jurisdictions, schools, or healthcare systems to prepare for questions from the public. No implementation guidance was provided ahead of time, and these entities were often unable to provide an acceptable response. This created significant frustration between the general public and local agencies and hindered trust building.

Recommendation:

- a. Work with state partners to advocate for the need to share information prior to public press conferences, and determine appropriate local courses of action.

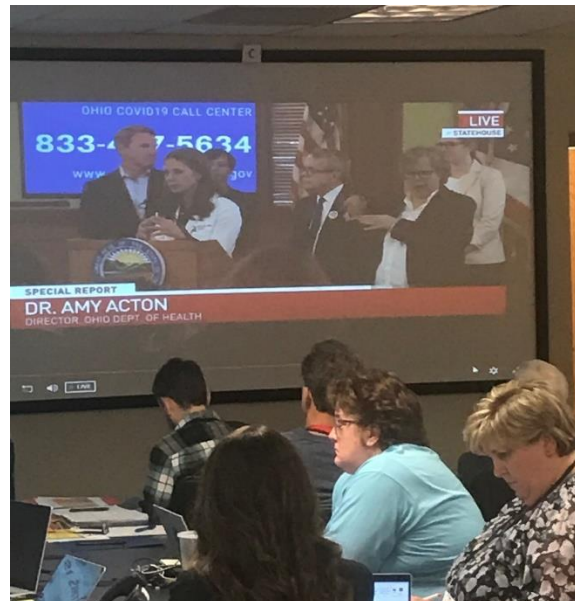


Figure 11: The Franklin County Emergency Operations Center staff watch Governor DeWine's press conference early in the COVID-19 response.

3.2.4. Area for Improvement: Healthcare Reporting Systems and Requirements

Observation: The lack of standardized data reporting requirements and a single reporting location were inefficient and caused frustration for the healthcare systems responsible for patient care.

Core Capabilities: Situational Assessment, Operational Communications

PHEP Capability: Information Sharing

Analysis: At the onset of the pandemic, hospitals were required to provide updates to the Ohio Hospital Association (OHA) and Ohio Department of Health (ODH) at varying intervals with differing data metrics. Smaller hospital systems with fewer numbers of COVID-19 patients may not have experienced difficulty with the duplicative reporting, but the demand was strenuous on the larger hospitals systems, especially those in Franklin County. Nurses tasked with patient care were also tasked with updating the multiple systems, which ultimately resulted in duplicative work as there was not a single data collection point or lead reporter. OHA and ODH also had different data inputs requirements, creating a heavy data management lift for overtaxed healthcare workers.

Additionally, the Coalition Disaster Information Management System (COHDIMS) status board utilizes SharePoint, which is not user friendly for mobile devices or when experiencing high user volumes. Strengthened security settings flags the site as secure, preventing access from certain devices, and the system slows down as more users log on. The large volumes of data being reported also slowed the site down.

Recommendations:

- a. Identify a single reporting software for all state agencies to reference during emergency response operations.
- b. Upgrade COHDIMS software to handle high volumes of users and reporting.
- c. Train users on dashboard use and reporting requirements to ensure consistent data collection.

3.3. Policy Changes

This section provides strengths and areas for improvement related to policy changes during the COVID-19 pandemic.

3.3.1. Strength: Adaptation to Teleworking

Observation: Work-from-home procedures implemented at the onset of the COVID-19 pandemic helped Franklin County stakeholders continue providing essential functions and continuity of operations throughout the response.

Core Capability: Planning, Operational Coordination

PHEP Capability: Emergency Operations Coordination, Equity

Analysis: Telework policies allowed stakeholders to follow best practice mitigation strategies for COVID-19 and continue to conduct essential functions allowing for effective continuity of services and operations. Most feedback indicated organizations will continue to incorporate telework in some capacity, be it a full-time or a hybrid model. Telework polices should be supported and encouraged as they can be leveraged following other disasters as seen around the United States. Franklin County and partner jurisdictions may

consider conducting a policy review to determine which COVID-19-driven policies should be codified city-wide and in departmental continuity of operations plans.

Policy adjustments as mitigations measures in response to COVID-19 may increase an organization's continuity of operations posture for other types of emergencies. Organizations may consider conducting a policy review to determine which COVID-19-driven policies should be codified in continuity of operations plans.

Recommendations:

- a. All Franklin County agencies, organizations, and partners should develop and adopt telework policies if possible.
- b. Continue supporting existing telework procedures to ensure familiarity with the processes and platforms.
- c. Ensure Continuity of Operations/emergency plans include telework as a primary option for employees to continue supporting the implementation of essential functions and appropriate emergency response support.

3.3.2. Area for Improvement: Identification of Essential Staff and Departments

Observation: Franklin County jurisdictions do not identify essential staff during the hiring process, nor do all departments develop essential staffing plans.

Core Capabilities: Planning, Operational Coordination

PHEP Capability: Emergency Operations Coordination

Analysis: Agencies, departments, and partner jurisdictions within Franklin County do not define essential staff by department. This as an area for improvement in order to increase available staff for the next emergency and to increase staff understanding of emergency operations. The implementation of categories of essential personnel or tier levels could also assist with continuity of operations and increase staffing for the emergency operations center (EOC). (See 3.4.3 for training for essential staff.)

Some large jurisdictions with significant threats and hazards assign a category or "tier" of response status for all employees upon hire. For example, Tier 1 employees include all classified personnel in public safety response agencies, such as Police, Fire, and EM&HS, who are active in all emergency situations. Tier 2 employees include staff in departments that serve a critical function in one or more annexes to Franklin County Emergency Operations Plan and are activated upon request of FCEM&HS. Tier 3 employees do not have a pre-defined emergency response role but could participate in response support through just-in-time training.

Recommendations:

- a. Assign all public jurisdiction staff a tier level or category upon hire, so employees are aware of their expected participation levels during an emergency.
- b. Require all departments and jurisdictions to identify an emergency response team for participation in emergencies.

3.4. Planning, Training, and Exercises

This section provides strengths and areas for improvement related to planning, training, and exercise activities in response to the COVID-19 pandemic.

3.4.1. Strength: Equity Factors in Planning Measures

Observation: Various Franklin County stakeholders incorporated equity-focused metrics when making planning and response decisions and issuing guidance.

Core Capability: Planning

PHEP Capabilities: Information Sharing, Equity

Analysis: Almost all interview participants mentioned incorporating equity factors into planning decisions in some format. CPH's partnership with The Ohio State University College of Public Health included GIS mapping with layers for Social Vulnerability Index (SVI), COVID-19 positivity rate, and vaccination rate. This helped CPH locate future testing and vaccination sites. FCPH formed an Equity Advisory Council to assist with best practices for messaging to various communities using representatives of those communities. School districts and the Mid-Ohio Food Collective used their own data and metrics to distribute technology for virtual learning and place food distribution sites. Existing health equity disparities were reaffirmed by COVID-19, and the knowledge stakeholders had regarding these disparities was validated. To continue improving public health outcomes in the region, stakeholders must continue to incorporate an equity focus into all planning, response, and recovery measures.

Recommendation:

- a. Expand inclusion of equity measures into all planning activities and response operations.

3.4.2. Area for Improvement: All-Hazards Approach to Emergency Operations and Response Plans.

Observation: Stakeholders mentioned emergency operations plans for specific incidents as opposed to the all-hazards approach now recognized as a best practice.

Core Capability: Planning

PHEP Capability: Community Preparedness

Analysis: Numerous interview participants indicated their agencies and organizations had plans for specific disasters as opposed to a comprehensive emergency operations plan. Many response operations will cross between incidents and an all-hazards plan will better prepare an agency or organization for the risks they face. For example, a tornado-damaged building and a flood-damaged building both result in loss of building space for response operations. A single all-hazard plan can address preparedness and response needs and identify potential partners and their roles and responsibilities in a single document as opposed to various, incident specific plans.

Recommendation:

- a. Build emergency plans using a risk based, all-hazard approach to increase preparedness and response capabilities.

3.4.3. Area for Improvement: Training for Essential Staff and Elected/Appointed Officials

Observation: Individuals had not received enough training to be comfortable in their assigned ICS roles, and senior level staff and elected/appointed officials were not aware of the ICS structure used in emergency response.

Core Capabilities: Operational Coordination, Planning

PHEP Capability: Emergency Operations Coordination

Analysis: Emergency operations plans exist for the majority of the stakeholders participating in this AAR; however, many of those with identified roles and responsibilities were not aware of the plans, the processes, and the structure for implementation of these response plans. Additionally, individuals with assigned ICS roles needed more training on their roles to ensure comfort and knowledge with the new role. Best efforts should be made to assign individuals to ICS roles where their knowledge, skills, and abilities are best utilized.

Recommendations:

- a. Provide emergency operations training to all essential personnel.
- b. Update plans and hold quarterly EOC trainings to ensure every department understands their responsibilities in steady state as well as in emergencies and disasters.
- c. Develop training for elected and appointed officials to complete during the on-boarding process and require refresher training.
- d. Incorporate essential staff and elected/appointed officials in exercises.
- e. Offer ICS training to staff with identified ICS roles on a consistent basis to ensure familiarity and comfort with ICS and their assigned roles.

3.4.4. Area for Improvement: Training on New Technology and Software Programs

Observation: The move to teleworking was beneficial but initially slow as users learned how to operate new technology and software programs.

Core Capabilities: Operational Coordination, Planning

PHEP Capability: Community Preparedness

Analysis: The learning curve for adoption of new software technologies in the virtual environment was initially steep. Although most agencies and organizations have fully incorporated new software into their daily operations, there is still more that can be done to utilize the technology to its full capacity. Additionally, trainings to familiarize employees with the new software are beneficial as these programs will remain in use.

Recommendation:

- a. IT departments should develop video trainings on how to use newly adopted software (e.g., Teams, SharePoint, and Zoom).

3.4.5. Area for Improvement: Continuity of Operations Plans

Observation: Continuity of Operations (COOP) plans have not been widely developed with identified mission-essential functions.

Core Capabilities: Operational Coordination, Planning

PHEP Capabilities: Emergency Operations Coordination, Community Preparedness

Analysis: Many stakeholders either do not have COOP plans, or the existing COOP plans are outdated. The observed limitations of the COOP plans meant staff are unsure how to respond to disruption, resulting in ad-hoc response operations. Identifying mission-essential functions (MEFs) is a key element of continuity planning, and doing so would help the stakeholders prioritize capabilities, resources, staff, and efforts during response and recovery operations with long-lasting and wide-ranging impacts, such as the COVID-19 pandemic.

Recommendations:

- a. Establish a county-wide approach for developing and maintaining departmental COOP plans on a consistent basis so they can be easily implemented during future responses.
- b. Develop departmental COOP annexes to establish a consolidated approach, and identify MEFs for each county department.
- c. Ensure county COOP plans establish a consolidated approach and identify key data and decision-making points regarding the need for COOP and prioritizing MEFs for the county (e.g., based on legal or state-mandated requirements).
- d. Provide discussion-based exercises to test and validate COOP plans.
- e. Identify areas to incorporate COOP planning and processes into the county's daily operations.
- f. Encourage businesses to develop and implement COOP plans to increase business resiliency in the Franklin County region.

3.4.6. Area for Improvement: Points-of-Dispensing Planning

Observation: Some Points-of-Dispensing (POD) sites on school grounds were unable to operate when school was in session, and numerous additional PODs had to be identified to meet demand.

Core Capability: Planning

PHEP Capabilities: Medical Countermeasure Dispensing and Administration, Equity

Analysis: Previous POD planning included schools as designated locations; however, when it came time to operate these PODs, school districts requested the sites be opened and closed within a week and were especially hesitant to open while school was in session. As the need for testing and vaccination extended far longer than a week, some school PODs affiliated with FCPH were unable to open.

There were however POD successes utilizing on the fly planning efforts and these should be recognized. CPH's collaboration with the hospital systems at the Celeste Center and the Ohio State University's clinic at the Schottenstein Center are two examples. Additionally, numerous community sites in Franklin County operated as vaccination centers. The processes to identify these sites and execute operations should be documented and incorporated as updated POD plans.

Recommendations:

- a. Identify more suitable FCPH POD locations to ensure year-round access and functionality. Consider using fire stations, building on established relationships with local fire departments.
- b. Sustain use of SVI to locate PODs in underserved areas to reduce barriers to access.

3.5. Recovery

This section provides areas for improvement related to human and social services recovery following the COVID-19 pandemic. It is important to note that these issues are societal in nature, have unequal impacts on the community, and cannot be solved by a single entity. Additionally, it is important for any recovery work to be done in coordination with other existing groups in the Franklin County community to ensure efficient use of funding and reduce any duplicative efforts. The Recovery and Resiliency Committee developed a community investment framework in November 2021 and efforts stemming from this AAR should work in coordination with recommendations in the [Recovery and Resiliency Advisory Committee Final Report and Recommendations](#).

3.5.1. Area for Improvement: Childcare

Observation: The pandemic compounded the already challenged childcare sector, impacting school preparedness and social and behavioral learning of children, women’s participation in the workplace, and the economy.

Core Capability: Health and Social Services

PHEP Capabilities: Community Recovery, Equity

Analysis: The pandemic’s impact on childcare brought about a better understanding that childcare is critical infrastructure in the United States. As many childcare operators closed during the pandemic and large numbers of women left the workforce, the economy suffered. Employers are still experiencing staffing shortages as many of the women who desire to return to work are unable due to the high cost of childcare and the low availability of providers. Childcare impacts the current and future workforce and is part of the small business economy. Addressing this need will benefit the entire Franklin County community.

Recommendations:

- a. Provide training for childcare operators in business operations and government permitting requirements.
- b. Research and identify potential funding solutions to lower childcare costs.

3.5.2. Area for Improvement: Community Mental Health

Observation: COVID-19 impacted the mental health of the community in various ways, and impacts will continue to present as society transitions to a new normal.

Core Capability: Health and Social Services

PHEP Capabilities: Community Recovery, Equity, Mass Care

Analysis: COVID-19 impacted the Franklin County community in various ways. From response agencies working long hours and healthcare providers tasked with providing care for an unknown virus to the general public social distancing from families and friends, the toll on mental health is not surprising. Nearly every interview participant mentioned mental health as a future impact that will need to be addressed. The impacts

will affect both children and adults, men and women, and require significantly increased opportunities to meet treatment needs.

Recommendations:

- a. Research and identify potential funding solutions for opportunities to address mental health.
- b. Response agencies should incorporate mental health opportunities in the form of days off, bonus pay, and/or employee assistance programs.

3.5.3. Area for Improvement: Lost Learning

Observation: Closing schools in spring 2020 and extended virtual learning have impacted school preparedness and the social and behavioral learning of children.

Core Capability: Health and Social Services

PHEP Capabilities: Community Recovery, Equity, Mass Care

Analysis: AAR participants in the educational sector all mentioned the impact remote learning had on the student population. Although districts were able to implement virtual learning in successful ways, the long-term impacts of isolation are beginning to appear. Learning, social emotional construction, behavior, executive function, ability to focus, and learning outcomes are all skills acquired in a classroom surrounded by other individuals. Participants also noted the uneven impacts to school aged children as some districts were able to return the classroom earlier than others. Mitigating these impacts will require increased investment in the *most impacted* communities.

Recommendations:

- a. Research and identify potential funding solutions to increase program offerings focused on lost learning.
- b. Research and identify potential funding solutions to increase program offerings focused on social and behavioral learning.
- c. Develop a plan focused on equitable solutions for assisting the most-impacted school districts.

4. Conclusion

The Franklin County community continues its response to the COVID-19 pandemic. This AAR provides key findings that demonstrate strengths for codification as best practices and areas for improvement that can be addressed immediately, further improving the community's current response to the pandemic and future responses to emergencies and disasters. It should also be noted that the Recovery section cannot be solved by one single entity and the responsibility is on the entire Franklin County community to address these gaps.

Franklin County stakeholders are encouraged to use the findings in this report to further refine response and recovery efforts related to the COVID-19 pandemic, as well as the plans, procedures, and training needed to support other emergency response efforts. As the pandemic is an ongoing incident, the community will benefit from continually evaluating its response, making appropriate operational adjustments, and conducting a final assessment of the response to the pandemic after the public health emergency ends. The findings of this AAR have been incorporated into the attached improvement plan (IP), which will help guide efforts to build on the information identified and analyzed in this report.

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Appendix A: Improvement Plan

This Improvement Plan (IP) was developed for the Franklin County community as part of the after-action review process. Observations and recommendations in the IP were established through a collaborative planning effort with key stakeholders.

Table 2: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.1.1 (a)	Emergency Operations Coordination, Mass Care, Volunteer Management	Operational Coordination	Agencies and organizations in Franklin County collaborated in new and innovative ways with established and new partners to ensure a robust, whole-community response to the pandemic.	Each stakeholder organization should identify agency/organization emergency support capabilities, develop contact lists, and document participation in any new or existing partnerships.	All			
3.1.1 (b)	Emergency Operations Coordination, Mass Care, Volunteer Management	Operational Coordination	Agencies and organizations in Franklin County collaborated in new and innovative ways with established and new partners to ensure a robust, whole-community response to the pandemic.	Identify and codify specific roles and responsibilities into agency/organization emergency plans and annexes that might not have existed prior to the pandemic response.	All			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.1.1 (c)	Emergency Operations Coordination, Mass Care, Volunteer Management	Operational Coordination	Agencies and organizations in Franklin County collaborated in new and innovative ways with established and new partners to ensure a robust, whole-community response to the pandemic.	Develop a Community Partner working group through FCEM&HS to socialize plans and train on preparedness and response efforts.	FCEM&HS			
3.1.1 (d)	Emergency Operations Coordination, Mass Care, Volunteer Management	Operational Coordination	Agencies and organizations in Franklin County collaborated in new and innovative ways with established and new partners to ensure a robust, whole-community response to the pandemic.	Review and update mutual aid agreements and develop new mutual aid agreements based on the partnerships created during the COVID-19 response.	All			
3.1.1 (e)	Emergency Operations Coordination, Mass Care, Volunteer Management	Operational Coordination	Agencies and organizations in Franklin County collaborated in new and innovative ways with established and new partners to ensure a robust, whole-community response to the pandemic.	Public health agencies should encourage laws and policies at the state level be amended to allow for greater Fire and EMS flexibility outside of an emergency declaration.	FCPH;CPH			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.1.2 (a)	Medical Materiel Management and Distribution, Emergency Operations Coordination	Logistics and Supply Chain Management, Public Health, Healthcare, and Emergency Medical Services	PPE warehousing efforts were effective due to a multi-agency partnership between CPH, FCEM&HS, and the Medical Reserve Corps.	Identify permanent warehousing locations for each LHD to utilize as dedicated public health space, and as applicable acquire Inventory Management System and storage space needed for future responses.	FCPH;CPH; FCEM&HS			
3.1.2 (b)	Medical Materiel Management and Distribution, Emergency Operations Coordination	Logistics and Supply Chain Management, Public Health, Healthcare, and Emergency Medical Services	PPE warehousing efforts were effective due to a multi-agency partnership between CPH, FCEM&HS, and the Medical Reserve Corps.	Standardize the online ICS 213RR form process for future response operations.	FCEM&HS			
3.1.2 (c)	Medical Materiel Management and Distribution, Emergency Operations Coordination	Logistics and Supply Chain Management, Public Health, Healthcare, and Emergency Medical Services	PPE warehousing efforts were effective due to a multi-agency partnership between CPH, FCEM&HS, and the Medical Reserve Corps.	Develop longevity plan for warehousing operations to include upgrading equipment like storage racks, forklifts, and transportation options.	CPH (with City of Columbus); FCPH; FCEM&HS			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.1.3 (a)	Emergency Operations Coordination, Information Sharing	Operational Communications, Operational Coordination	The collaboration between the healthcare systems in Franklin County was a best practice and should serve as a national model.	Continue hospital leadership coordination meetings at a frequency appropriate to current events.	COHC			
3.1.3 (b)	Emergency Operations Coordination, Information Sharing	Operational Communications, Operational Coordination	The collaboration between the healthcare systems in Franklin County was a best practice and should serve as a national model.	Formalize processes for information sharing and policy collaboration across the Franklin County and COTS communities.	COTS; FCPH; CPH			
3.1.4 (a)	Medical Surge	Planning, Operational Coordination	An alternate care site was quickly established with excellent coordination from the whole community.	Identify potential locations for an alternate care site in the event the GCCC is unavailable.	COTS			
3.1.4 (b)	Medical Surge	Planning, Operational Coordination	An alternate care site was quickly established with excellent coordination from the whole community.	Adopt a formal alternate care site plan, documenting the setup process for use in future scenarios.	COTS			
3.1.4 (c)	Medical Surge	Planning, Operational Coordination	An alternate care site was quickly established with excellent coordination from the whole community.	Assign roles and responsibilities for participating agencies in alternate care site plans.	COTS			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.1.5 (a)	Medical Materiel Management and Distribution, Medical Countermeasure Dispensing and Administration, Medical Surge	Operational Coordination, Public Health, Healthcare, and Emergency Medical Services	The Ohio National Guard (ONG) assisted with staff augmentation at various times and for various stakeholders during response operations.	Identify roles and responsibilities the ONG could assist with during emergency response to catastrophic incidents.				
3.1.5 (b)	Medical Materiel Management and Distribution, Medical Countermeasure Dispensing and Administration, Medical Surge	Operational Coordination, Public Health, Healthcare, and Emergency Medical Services	The ONG assisted with staff augmentation at various times and for various stakeholders during response operations.	Incorporate the Ohio National Guard, when appropriate, into roles and responsibilities sections of emergency operations plans. ONG assistance will only be available when a disaster declaration is issued.	FCEM&HS			
3.1.5 (c)	Medical Materiel Management and Distribution, Medical Countermeasure Dispensing and Administration, Medical Surge	Operational Coordination, Public Health, Healthcare, and Emergency Medical Services	The ONG assisted with staff augmentation at various times and for various stakeholders during response operations.	Establish training and exercise opportunities incorporating the ONG to continue familiarization with the roles the ONG can provide in the event of a disaster declaration.	FCEM&HS			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.1.6 (a)	Emergency Operations Coordination	Operational Coordination	CPH and FCPH have different jurisdictional boundaries. This is not always understood by the public, and it hampered potential collaboration with untapped resources.	Consider developing a Public Health Coordination Framework to align resources, situational awareness, and messaging during a catastrophic event or incident when affecting the entire county.	FCPH; CPH			
3.1.6 (b)	Emergency Operations Coordination	Operational Coordination	CPH and FCPH have different jurisdictional boundaries. This is not always understood by the public, and it hampered potential collaboration with untapped resources.	Create educational awareness campaigns regarding the authority and responsibilities of each health department for use during non-response times.	FCPH; CPH			
3.1.7 (a)	Emergency Operations Coordination	Operational Coordination, Planning	Franklin County Public Health implemented ICS with mostly internal staff for two years, which placed significant strain on public health programs and capabilities.	Hire an additional full-time FCPH staff member for each position (epidemiology, planning, communications) with the capability and capacity to be incorporated into ICS.	FCPH			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.1.7 (b)	Emergency Operations Coordination	Operational Coordination, Planning	Franklin County Public Health implemented ICS with mostly internal staff for two years, which placed significant strain on public health programs and capabilities.	Document health jurisdiction (cities, townships, and villages) partner roles and responsibilities in emergency operations plans.	FCPH			
3.1.7 (c)	Emergency Operations Coordination	Operational Coordination, Planning	Franklin County Public Health implemented ICS with mostly internal staff for two years, which placed significant strain on public health programs and capabilities.	Identify non-governmental agencies and organizations in partner jurisdictions with capacity and ability to assist with response operations.	FCPH			
3.1.7 (d)	Emergency Operations Coordination	Operational Coordination, Planning	Franklin County Public Health implemented ICS with mostly internal staff for two years, which placed significant strain on public health programs and capabilities.	Prepare appropriate ICS rotation schedules and adequate training to be prepared for long-duration response and recovery activities.	FCPH			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.1.7 (e)	Emergency Operations Coordination	Operational Coordination, Planning	Franklin County Public Health implemented ICS with mostly internal staff for two years, which placed signification strain on public health programs and capabilities.	Offer personalized public health preparedness fee-for-service(s) e.g.(Continuity of Operations Planning, Emergency Response Planning, Emergency Preparedness Training, etc.) to jurisdictional partners and identify an Emergency Preparedness liaison between each jurisdiction and FCPH.	FCPH			
3.1.7 (f)	Emergency Operations Coordination	Operational Coordination, Planning	Franklin County Public Health implemented ICS with mostly internal staff for two years, which placed signification strain on public health programs and capabilities.	Establish departmental plans that identify alternatives in staffing, and provide personnel in such positions with the training and resources needed to address emergency duties while maintaining normal operations	FCPH			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.1.8 (a)	Emergency Operations Coordination	Operational Coordination, Planning	Franklin County lacked a formal, operational command structure without a clear Incident Commander or Unified Command with supporting Command and General Staff.	Include a singular county-wide command structure in formal emergency operations planning.	FCEM&HS			
3.1.8 (b)	Emergency Operations Coordination	Operational Coordination, Planning	Franklin County lacked a formal, operational command structure without a clear Incident Commander or Unified Command with supporting Command and General Staff.	Identify departments and jurisdictions with limited response roles and incorporate them into the incident management structure to augment staff.	FCEM&HS			
3.1.8 (c)	Emergency Operations Coordination	Operational Coordination, Planning	Franklin County lacked a formal, operational command structure without a clear Incident Commander or Unified Command with supporting Command and General Staff.	Determine the minimum qualifications for staffing each Command and General Staff position, and train and assign staff accordingly.	All			
3.1.8 (d)	Emergency Operations Coordination	Operational Coordination, Planning	Franklin County lacked a formal, operational command structure without a clear Incident Commander or Unified Command with supporting Command and General Staff.	Provide ICS training and opportunities to exercise key skills to develop Incident Commanders and Command and General Staff personnel.	FCEM&HS			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.2.1 (a)	Emergency Operations Coordination, Information Sharing	Operational Coordination, Operational Communications, Situational Assessment	The frequency of communication and broad participant lists allowed for abundant information sharing.	Each agency should formalize their conference call groups by creating participant lists and standardizing meeting names.	All			
3.2.1 (b)	Emergency Operations Coordination, Information Sharing	Operational Coordination, Operational Communications, Situational Assessment	The frequency of communication and broad participant lists allowed for abundant information sharing.	Continue calls to retain engagement by participating organizations by adjusting meeting frequency to reflect the current environment.	All			
3.2.1 (c)	Emergency Operations Coordination, Information Sharing	Operational Coordination, Operational Communications, Situational Assessment	The frequency of communication and broad participant lists allowed for abundant information sharing.	Codify and integrate coordination call procedures into organization emergency plans and annexes.	All			
3.2.1 (d)	Emergency Operations Coordination, Information Sharing	Operational Coordination, Operational Communications, Situational Assessment	The frequency of communication and broad participant lists allowed for abundant information sharing.	Incorporate template agendas for coordination calls into standard operating procedures and job aids.	All			
3.2.1 (e)	Emergency Operations Coordination, Information Sharing	Operational Coordination, Operational Communications, Situational Assessment	The frequency of communication and broad participant lists allowed for abundant information sharing.	Stakeholder agencies should maintain contact lists and provide updates as needed.	All			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.2.2 (a)	Emergency Operations Coordination, Information Sharing, Equity	Operational Coordination, Situational Assessment	Guidance issued from both health departments was aligned with orders from the Ohio Department of Health and guidance from the CDC.	Codify and integrate the processes for issuance of orders and guidance in plans.	FCPH; CPH			
3.2.2 (b)	Emergency Operations Coordination, Information Sharing, Equity	Operational Coordination, Situational Assessment	Guidance issued from both health departments was aligned with orders from the Ohio Department of Health and guidance from the CDC.	Provide technical assistance for jurisdictions related to orders and guidance affecting the entire county.	FCPH; CPH			
3.2.3 (a)	Emergency Operations Coordination, Information Sharing	Operational Coordination, Situational Assessment	Executive orders and policy changes were released publicly statewide before informing local jurisdictions and without any guidance for implementing the restriction	Work with state partners to advocate for the need to share information prior to public press conferences, and determine appropriate local courses of action.	All			
3.2.4 (a)	Information Sharing	Situational Assessment, Operational Communications	The lack of standardized data reporting requirements and a single reporting location was inefficient and caused frustration for the healthcare systems responsible for patient care.	Develop a single reporting software for all state agencies to reference during emergency response operations.	COTS			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.2.4 (b)	Information Sharing	Situational Assessment, Operational Communications	The lack of standardized data reporting requirements and a single reporting location was inefficient and caused frustration from the healthcare systems responsible for patient care.	Upgrade COHDIMS software to handle high volumes of users and reporting.	COTS			
3.2.4 (c)	Information Sharing	Situational Assessment, Operational Communications	The lack of standardized data reporting requirements and a single reporting location was inefficient and caused frustration from the healthcare systems responsible for patient care.	Train users on dashboard use and reporting requirements to ensure consistent data collection.	COTS			
3.3.1 (a)	Emergency Operations Coordination, Equity	Planning, Operational Coordination	Work-from-home procedures implemented at the onset of the COVID-19 pandemic helped Franklin County stakeholders continue providing essential functions and continuity of operations throughout the response.	All Franklin County agencies, organizations, and partners should develop and adopt telework policies if possible.	All			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.3.1 (b)	Emergency Operations Coordination, Equity	Planning, Operational Coordination	Work-from-home procedures implemented at the onset of the COVID-19 pandemic helped Franklin County stakeholders continue providing essential functions and continuity of operations throughout the response.	Continue supporting existing telework procedures to ensure familiarity with the processes and platforms.	All			
3.3.1 (c)	Emergency Operations Coordination, Equity	Planning, Operational Coordination	Work-from-home procedures implemented at the onset of the COVID-19 pandemic helped Franklin County stakeholders continue providing essential functions and continuity of operations throughout the response.	Ensure Continuity of Operations plans/emergency plans include telework as a primary option for employees to continue supporting the implementation of essential functions and appropriate emergency response support.	All			
3.3.2 (a)	Emergency Operations Coordination	Planning, Operational Coordination	Franklin County jurisdictions do not identify essential staff during the hiring process and not all departments develop essential staffing plans.	Assign all public jurisdiction staff a tier level or category upon hire, so employees are aware of their expected participation levels during an emergency.	All			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.3.2 (b)	Emergency Operations Coordination	Planning, Operational Coordination	Franklin County jurisdictions do not identify essential staff during the hiring process and not all departments develop essential staffing plans.	Require all departments and jurisdictions to identify an emergency response team for participation in emergencies.	All			
3.4.1 (a)	Information Sharing, Equity	Planning	Various Franklin County stakeholders incorporated equity-focused metrics when making planning and response decisions and issuing guidance.	Expand inclusion of the equity measures into all planning activities and response operations.	FCPH;CPH			
3.4.2 (a)	Community Preparedness	Planning	Stakeholders mentioned developing emergency operations plans for specific incidents as opposed to the all-hazards approach now recognized as a best practice.	Build response plans using a risk based, all-hazard approach to increase preparedness and response capabilities.	All			
3.4.3 (a)	Emergency Operations Coordination	Operational Coordination, Planning	Individuals with assigned ICS roles had not received enough training to be comfortable in their roles and senior level staff and elected/appointed officials were not aware of the ICS structure used in emergency response.	Provide emergency operations training to all essential personnel.	FCEM&HS			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.4.3 (b)	Emergency Operations Coordination	Operational Coordination, Planning	Individuals with assigned ICS roles had not received enough training to be comfortable in their roles and senior level staff and elected/appointed officials were not aware of the ICS structure used in emergency response.	Update plans and hold quarterly EOC trainings to ensure every department understands their responsibilities in steady state as well as in emergencies and disasters.	FCEM&HS			
3.4.3 (c)	Emergency Operations Coordination	Operational Coordination, Planning	Individuals with assigned ICS roles had not received enough training to be comfortable in their roles and senior level staff and elected/appointed officials were not aware of the ICS structure used in emergency response.	Develop training for elected and appointed officials to complete during the on-boarding process and require refresher training.	FCEM&HS			
3.4.3 (d)	Emergency Operations Coordination	Operational Coordination, Planning	Individuals with assigned ICS roles had not received enough training to be comfortable in their roles and senior level staff and elected/appointed officials were not aware of the ICS structure used in emergency response.	Incorporate essential staff and elected/ appointed officials in exercises.	FCEM&HS			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.4.3 (e)	Emergency Operations Coordination	Operational Coordination, Planning	Individuals with assigned ICS roles had not received enough training to be comfortable in their roles and senior level staff and elected/appointed officials were not aware of the ICS structure used in emergency response.	Offer ICS training to staff with identified ICS roles on a consistent basis to ensure familiarity and comfort with ICS and their assigned roles.	FCEM&HS			
3.4.4 (a)	Community Preparedness	Operational Coordination, Planning	The move to teleworking was beneficial but initially slow as users learned how to operate new technology and software programs.	IT departments should develop video trainings on how to use newly adopted software (e.g., Teams, SharePoint, and Zoom).	All – IT departments			
3.4.5 (a)	Emergency Operations Coordination, Community Preparedness	Operational Coordination, Planning	Continuity of Operations (COOP) plans have not been widely developed with identified mission-essential functions.	Establish a county-wide approach for developing and maintaining departmental COOP plans on a consistent basis so they can be easily implemented during future responses.	All			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.4.5 (b)	Emergency Operations Coordination, Community Preparedness	Operational Coordination, Planning	Continuity of Operations (COOP) plans have not been widely developed with identified mission-essential functions.	Develop departmental COOP annexes to establish a consolidated approach, and identify MEFs for each county department.	All			
3.4.5 (c)	Emergency Operations Coordination, Community Preparedness	Operational Coordination, Planning	Continuity of Operations (COOP) plans have not been widely developed with identified mission-essential functions.	Ensure county COOP plans establish a consolidated approach and identify key data and decision-making points regarding the need for COOP and prioritizing MEFs for the county (e.g., based on legal or state-mandated requirements).	All			
3.4.5 (d)	Emergency Operations Coordination, Community Preparedness	Operational Coordination, Planning	Continuity of Operations (COOP) plans have not been widely developed with identified mission-essential functions.	Provide discussion-based exercises to test and validate COOP plans.	All			
3.4.5 (e)	Emergency Operations Coordination, Community Preparedness	Operational Coordination, Planning	Continuity of Operations (COOP) plans have not been widely developed with identified mission-essential functions.	Identify areas to incorporate COOP planning and processes into the county's daily operations.	All			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.4.5 (f)	Emergency Operations Coordination, Community Preparedness	Operational Coordination, Planning	Continuity of Operations (COOP) plans have not been widely developed with identified mission-essential functions.	Encourage businesses to develop and implement COOP plans to increase business resiliency in the Franklin County region.	All			
3.4.6 (a)	Medical Countermeasure Dispensing and Administration, Equity	Planning	Some Points-of-Dispensing (POD) sites on school grounds were unable to operate when school was in session, and numerous additional PODs had to be identified to meet demand.	Identify more suitable FCPH POD locations to ensure year-round access and functionality. Consider using fire stations, building on established relationships with local fire departments.	FCPH			
3.4.6 (b)	Medical Countermeasure Dispensing and Administration, Equity	Planning	Some Points-of-Dispensing (POD) sites on school grounds were unable to operate when school was in session, and numerous additional PODs had to be identified to meet demand.	Sustain use of SVI to locate PODs in underserved areas to reduce barriers to access.	FCPH; CPH			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.5.1 (a)	Community Recovery, Equity	Health and Social Services	The pandemic compounded the already challenged childcare sector, impacting school preparedness and social and behavioral learning of children, women's participation in the workplace, and the economy.	Provide training for childcare operators in business operations and government permitting requirements.	Action for Children; Jobs and Family Services			
3.5.1 (b)	Community Recovery, Equity	Health and Social Services	The pandemic compounded the already challenged childcare sector, impacting school preparedness and social and behavioral learning of children, women's participation in the workplace, and the economy.	Research and identify potential funding solutions to lower childcare costs.	Action for Children; Jobs and Family Services			
3.5.2 (a)	Community Recovery, Equity, Mass Care	Health and Social Services	COVID-19 impacted the mental health of the community in various ways, and impacts will continue to present as society transitions to a new normal.	Research and identify potential funding solutions for opportunities to address mental health.	Alcohol, Drug, and Mental Health Board of Franklin County			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

Reference	PHEP Capability	Core Capability	Observation	Recommended Action(s)	Lead Agency	Agency POC	Start Date	End Date
3.5.2 (b)	Community Recovery, Equity, Mass Care	Health and Social Services	COVID-19 impacted the mental health of the community in various ways, and impacts will continue to present as society transitions to a new normal.	Response agencies should incorporate mental health opportunities in the form of days off, bonus pay, and/or employee assistance programs.	All			
3.5.3 (a)	Community Recovery, Equity, Mass Care	Health and Social Services	Closing schools in spring 2020 and extended virtual learning have impacted school preparedness and the social and behavioral learning of children.	Research and identify potential funding solutions to increase program offerings focused on lost learning.	Educational Service Center of Central Ohio			
3.5.3 (b)	Community Recovery, Equity, Mass Care	Health and Social Services	Closing schools in spring 2020 and extended virtual learning have impacted school preparedness and the social and behavioral learning of children.	Research and identify potential funding solutions to increase program offerings focused on social and behavioral learning.	Educational Service Center of Central Ohio			
3.5.3 (c)	Community Recovery, Equity, Mass Care	Health and Social Services	Closing schools in spring 2020 and extended virtual learning have impacted school preparedness and the social and behavioral learning of children.	Develop a plan focused on equitable solutions for assisting the most-impacted school districts.	Educational Service Center of Central Ohio			

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix A: Improvement Plan

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Appendix B: After-Action Review Methods

The After-Action Review (AAR)/Improvement Plan (IP) is the result of a multi-step process from data collection through establishing the IP. The following overview notes the implementation of the approach.

Step 1: Data Collection

The AAR data collection process used a combination of online surveys, review of departmental self-assessment documentation, teleconferences, one-on-one outreach, and meeting notes.

Survey Design

The Franklin County COVID-19 AAR Advisory Group issued a survey to agencies and organizations that supported and continue to support the area's response to the COVID-19 pandemic. The following survey was issued to agency and organization representatives on March 14, 2022, using an online survey tool. The survey remained open until April 29, 2022. Seventy-two survey responses were recorded.

Survey Outline

Data fields gathered for the AAR survey were as follows:

I. Section 1: Survey Respondent Information

*Denotes a required field for IEM's data collection records only

1. Name*
2. Email*
3. Title*
4. Department, Agency, Organization, or Company Name*
5. Department, Agency, Organization, or Company Type*
 - Public Health
 - Hospital
 - Long-Term Care Facility/Nursing Home
 - Community Health
 - Social Services
 - Fire/EMS
 - Police
 - Elected Official
 - Superintendent or Other School Affiliation
 - City, Township, or Village Administration
 - Government Agency

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix B: After-Action Review Methods

- Other

6. Describe your role in COVID-19 response.

II. Section 2: Evaluation of Activities – Coordination

1. Rate multi-agency coordination during the COVID-19 pandemic including coordination of requirements with various state and community mandates, and authority of various jurisdictions within Franklin County.

- Rated Scale: Did not observe, very poor, below average, average, above average, excellent

2. Describe any **strengths** or best practices you observed related to the county's multi-agency coordination.

- Open-ended comment box

3. Describe any **areas for improvement** or challenges you observed related to the county's multi-agency coordination.

- Open-ended comment box

4. Rate the ability to maintain critical county functions during the pandemic, while faced with staff outages due to illnesses and dependent care within Franklin County. Please highlight items for staffing coverage, task support across departments, and transition to telework.

- Rated Scale: Did not observe, very poor, below average, average, above average, excellent

5. Describe any **strengths** or best practices you observed related to the county's COOP/COG planning and implementation specific to the COVID-19 pandemic.

- Open-ended comment box

6. Describe any **areas for improvement** or unmet needs you observed related to the county's Continuity of Operations/Continuity of Government planning and implementation specific to the COVID-19 pandemic.

- Open-ended comment box

7. Rate the coordination within Franklin County and the health and medical systems (hospitals, long-term care facilities, nursing homes, doctor's offices) in response to the COVID-19.

- Rated Scale: Did not observe, very poor, below average, average, above average, excellent

8. Describe any **strengths** or best practices you observed related to coordination provided by the county to health and medical systems during the COVID-19 pandemic.

- Open-ended comment box

9. Describe any **areas for improvement** or challenges you observed related to coordination provided by the county to health and medical systems during the COVID-19 pandemic.

- Open-ended comment box

10. Rate the guidance and communication of health and medical systems (hospitals, long-term care facilities, nursing homes, doctor's offices) related to the implementation of crisis standards of care within Franklin County.

- **Rated Scale:** Did not observe, very poor, below average, average, above average, excellent

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix B: After-Action Review Methods

11. Describe any **strengths** or best practices you observed related to guidance and communication to health and medical systems related to the implementation of crisis standards of care during the COVID-19 pandemic.
 - Open-ended comment box
12. Describe any **areas for improvement** or challenges you observed related to guidance and communication to health and medical systems related to the implementation of crisis standards of care during the COVID-19 pandemic.
 - Open-ended comment box
13. Rate Franklin County's non-pharmaceutical interventions (quarantine and isolation, mask mandates, shut down orders) during the COVID-19 pandemic, including coordination with educational institutions, various state and community mandates, and authority of various jurisdictions.
 - **Rated Scale:** Did not observe, very poor, below average, average, above average, excellent
14. Describe any **strengths** or best practices you observed related to the county's non-pharmaceutical interventions.
 - Open-ended comment box
15. Describe any **areas for improvement** or challenges you observed related to the county's non-pharmaceutical interventions.
 - Open-ended comment box

III. Section 3: Evaluation of Activities – Resource Management

1. Rate the monitoring of the supply chain, including working with the private sector, and communicating any resource issues and challenges within Franklin County.
 - **Rated Scale:** Did not observe, very poor, below average, average, above average, excellent
2. Describe any **strengths** or best practices you observed related to the county's supply chain monitoring and communication process specific to the COVID-19 pandemic.
 - Open-ended comment box
3. Describe any **areas for improvement** or challenges you observed related to the county's supply chain monitoring and communication process specific to the COVID-19 pandemic.
 - Open-ended comment box
4. Rate the implementation of effective resource management (tracking, ordering, distribution) during the COVID-19 pandemic within in Franklin County.
 - **Rated Scale:** Did not observe, very poor, below average, average, above average, excellent
5. Describe any **strengths** or best practices you observed related to the county's resource management process specific to the COVID-19 pandemic.
 - Open-ended comment box
6. Describe any **areas for improvement** or challenges you observed related to the county's resource management process specific to the COVID-19 pandemic.
 - Open-ended comment box

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix B: After-Action Review Methods

7. Rate the appropriate tracking of spending and awareness of all available funding mechanisms to support effective disaster cost recovery within Franklin County.
 - **Rated Scale:** Did not observe, very poor, below average, average, above average, excellent
8. Describe any **strengths** or best practices you observed related to the county's management and tracking of pandemic-associated costs.
 - Open-ended comment box
9. Describe any **areas for improvement** or challenges you observed related to the county's management and tracking of pandemic-associated costs.
 - Open-ended comment box

IV. Section 4: Evaluation of Activities – Information and Services

1. Rate the actions to provide clear, culturally and linguistically appropriate public information, guidance, and protective action recommendations to the public specific to the COVID-19 pandemic, including addressing misinformation, and disseminating public information through channels and in formats and languages suitable for diverse audiences including people with disabilities and others with access and functional needs, limited English proficiency, low literacy, and people who face other challenges accessing information.
 - **Rated Scale:** Did not observe, very poor, below average, average, above average, excellent
2. Describe any **strengths** or best practices you observed related to the county's information sharing and public messaging.
 - Open-ended comment box
3. Describe any **strengths** or best practices you observed related to the county's information sharing and public messaging.
 - Open-ended comment box
4. Rate the programs within Franklin County related to social services and human needs to ensure basic needs, such as food and housing, were met throughout the COVID-19 pandemic.
 - **Rated Scale:** Did not observe, very poor, below average, average, above average, excellent
5. Describe any **strengths** or best practices you observed related to the county's information sharing and public messaging.
 - Open-ended comment box
6. Describe any **strengths** or best practices you observed related to the county's information sharing and public messaging.
 - Open-ended comment box
7. Please rate Franklin County's overall support for and provision of services to vulnerable and diverse populations in response to and recovery from COVID-19.
 - **Rated Scale:** Did not observe, very poor, below average, average, above average, excellent
8. Describe any **strengths** or best practices you observed related to the county's support for and provision of services to vulnerable and diverse populations in response to and recovery from COVID-19.
 - Open-ended comment box

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix B: After-Action Review Methods

9. Describe any **areas for improvement** or challenges you observed related support provided by the county specific to social services and human needs during the COVID-19 pandemic.
 - Open-ended comment box

V. Section 5: Evaluation of Activities – Testing and Vaccination

1. Rate Franklin County's implementation and maintenance of an effective COVID-19 testing program, including establishment of testing sites that serve under-resourced populations, such as those with limited transportation options, disabilities, or those living in remote or low-income areas.
 - **Rated Scale:** Did not observe, very poor, below average, average, above average, excellent
2. Describe any **strengths** or best practices you observed related to the county's COVID-19 testing program.
 - Open-ended comment box
3. Describe any **areas for improvement** or challenges you observed related to the county's COVID-19 testing program.
 - Open-ended comment box
4. Rate Franklin County's implementation and maintenance of an effective COVID-19 contact tracing program, including education of local communities about the importance of contact tracing, and identification of barriers and challenges to contact tracing.
 - **Rated Scale:** Did not observe, very poor, below average, average, above average, excellent
5. Describe any **strengths** or best practices you observed related to the county's COVID-19 contact tracing program.
 - Open-ended comment box
6. Describe any **areas for improvement** or challenges you observed related to the county's COVID-19 contact tracing program.
 - Open-ended comment box
7. Rate Franklin County's implementation and maintenance of an effective COVID-19 vaccination program, including establishing accessible vaccination sites, reaching the homebound, and providing targeted, culturally and linguistically appropriate public information to combat misinformation and vaccine hesitancy.
 - **Rated Scale:** Did not observe, very poor, below average, average, above average, excellent
8. Describe any **strengths** or best practices you observed related to the county's COVID-19 vaccination program.
 - Open-ended comment box
9. Describe any **areas for improvement** or challenges you observed related to the county's COVID-19 vaccination program.
 - Open-ended comment box

VI. Section 6: Overall Response and Additional Information

1. Rate Franklin County's overall response performance related to the COVID-19 pandemic.
 - **Rated Scale:** Did not observe, very poor, below average, average, above average, excellent

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix B: After-Action Review Methods

2. Describe any **strengths** or best practices you observed related to the county's overall response to the COVID-19 pandemic.
 - Open-ended comment box
3. Describe any **areas for improvement** or challenges you observed related to the county's overall response to the COVID-19 pandemic.
 - Open-ended comment box
4. Describe any **training** requirements you feel may assist in improving future catastrophic disaster response and recovery efforts.
 - Open-ended comment box
5. List any **resource requirements** (personnel or equipment) your department, agency, or organization may need to improve future response and recovery efforts.
 - Open-ended comment box
6. Please provide any additional comments here.
 - Open-ended comment box

Step 2: Interviews

Critical staff, primarily individuals who did not participate in the survey process, were selected for interviews to discuss the overall response, strengths, and areas of improvement. Questions were individually tailored to specific groups but were generally based on the list below.

1. Name
2. Agency and Title (Brief summary of job description)
3. What are the Critical Responsibilities of your agency/department?
4. How did your agency/department maintain operations in March 2020?
 - a. Did your agency implement a telework or hybrid model? Did employees continue to report to work?
 - b. Was staff equipped to work remotely or was equipment needed?
 - c. What challenges did your agency/department face in transitioning to remote work?
 - d. What solutions, if any, were implemented to mitigate challenges?
 - e. Does your agency/department have a Continuity of Operations plan?
5. Were there any processes/systems/tools/plans your agency/department implemented that improved response?
 - a. Do you believe any of the changes implemented will remain in place as your agency/department returns to a "new normal"?
6. Are there any new innovations or partnerships you would like to ensure are appropriately documented in your plans or are sustained through MOUs/MOAs?
7. How was information communicated, like closures, policy changes, and general COVID information to staff, students, the public, etc.?
8. Did your agency/department utilize new streams of funding like CARES or ARPA to supplement or continue operations?
9. Did your agency/department assist with testing and/or vaccination? How so?
10. How would you rate testing and vaccination communication to the public?

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix B: After-Action Review Methods

11. Did your agency/department have a role in providing human services support such as Feeding/Food Bank/School Meal Support/Unemployment Support/Vulnerable Populations/Non-Congregate Sheltering?
 - a. What were some successes or challenges experienced?
12. Did your agency/department have a role in health and medical services?
 - a. What were some successes or challenges experienced?
13. Based on your role and observations, what are some things you believe went well in response to COVID-19?
14. Based on your role and observations, what are some things you believe need to be improved on for pandemic and disaster response?
15. Are there any plans or training requirements you feel may assist in improving future preparedness and response efforts?
16. Are there any resources, such as personnel or equipment, your agency/department needs to improve future preparedness and response efforts?

Step 3: Data Analysis

Findings from the data collection process were analyzed to identify primary strengths and areas for improvement, which were used to group key observations and document corresponding core capabilities under each priority focus area.

Step 4: Establishing the Improvement Plan

Key observations and associated recommended actions were presented in the AAR and the appended IP. In addition, the IP prioritizes areas for improvement, indicates the agency or organization assigned to lead response to each identified sustainment opportunity and area for improvement, and establishes a timeline for completing associated actions (i.e., start and completion dates). Key stakeholders met on June 7, 2022, to assign responsibilities in the improvement plan.

Step 5: Implementing the Improvement Plan

The IP remains a living tool to help guide the process of addressing areas for improvement and will be used at follow-up meetings to check the status of outstanding areas for improvement and corresponding activities. The Advisory Group established for development of this AAR will continue to guide the improvement process, but responsible agencies and organizations will lead response to their assigned areas for improvement. The Advisory Group will establish an accountability process, involving quarterly meetings to assess progress with appropriate stakeholders.

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix B: After-Action Review Methods

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Appendix C: Participating Agencies

Partner Survey

Alcohol, Drug, and Mental Health Board of Franklin County
American Renal Associates – Kidney Center of Bexley
Basecamp Recovery Center
Bexley City Schools
Central Ohio Area Agency on Aging
Central Ohio Primary Care
City of Groveport
City of Westerville
Clinton Township
Ohio State University College of Public Health
Columbus Academy
Columbus State Community College
Common Pleas Court - General Division
Community Shelter Board
Central Ohio Trauma System (COTS)
Ethiopian Tewahedo Social Services
Franklin County Board of Developmental Disabilities
Franklin County Board of Health
Franklin County Children’s Services
Franklin County Clerk of Courts
Franklin County Emergency Management and Homeland Security
Franklin County Office on Aging
Franklin County Probate Court
Franklin County Public Defender Office
Franklin County Public Health
Franklin County Recorder’s Office
Franklin County Veterans Service Commission
Franklin Soil and Water Conservation District
Franklin University
Grove City Division of Police
Home Health Care Agency

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix C: Participating Agencies

Holy Spirit School
Horizon Science Academy Middle School
Madison Township
Mid-Ohio Food Collective
Mifflin Township
Minerva Park Fire Department
Mount Carmel Health System
New Albany-Plain Local Schools
Norwich Township Fire Department
Ohio Institute of Communities of Color
OhioHealth
One School Christian Academy
Paramount Home Health Services, LLC
Partnership4Success
Select Medical
SouthWestern City School District
Saint Andrew School
Saint Agatha School
Taylor Springs Health Campus
The Goddard School
Tree of Life Christian Schools
Truro Township Fire Department
United Way of Central Ohio
Upper Arlington Fire Division
Washington Township
Washington Township Fire Department
Westerville City Schools
Whitehall Division of Police
Worthington Christian Village

Interviews

Action for Children
Central Ohio Primary Care
City of Grandview Heights
City of Reynoldsburg
Central Ohio Hospital Council
Columbus Metropolitan Library
Columbus Public Health
Central Ohio Trauma System (COTS)
Dublin Police Department
Educational Service Center of Central Ohio
Franklin County
Franklin County Board of Commissioners
Franklin County Board of Development Disabilities
Franklin County Engineer's Office
Franklin County Emergency Management & Homeland Security
Franklin County Public Health
Mid-Ohio Food Collective
Mount Carmel Health System
Nationwide Children's
New Albany
New Albany-Plain Local Schools
OhioHealth System
Plain Township
Prairie Township
PrimaryOne Health
Southeast Healthcare
United Way of Central Ohio
Westerville City Schools
Wexner Medical Center
Worthington Christian Village

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix C: Participating Agencies

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Appendix D: Public Survey

COVID-19 recovery presents an opportunity for the Franklin County community to create a healthier, more sustainable future, and a community that is more resilient to pandemics and other catastrophic incidents. Recovery should be equitable and based on real life impacts. Two AAR participants, United Way of Central Ohio and Action for Children, conducted public surveys focused on COVID-19 impacts creating visibility for potential future issues. It is imperative that all recovery efforts use public survey data to ensure plans target experienced challenges and continue to survey the community as variants emerge and communities return to a “new normal”.

United Way of Central Ohio

In the summer of 2021, United Way of Central Ohio partnered with local organizations to survey how households had been impacted by the COVID-19 pandemic. The 2,466 participants are not a representative sample of the county population, but the results do provide insight into issues and impacts of the COVID-19 pandemic. Survey respondents indicated contracting COVID-19, mental health, and childcare/education were the top three concerns during the pandemic. Much of the data collection for this AAR indicated mental health and childcare remain top concerns for the future. Additionally, wages will continue to present an issue as many respondents of this survey indicated trouble finding a job that paid enough and also a reduction of savings. To read the entirety of the United Way report, please see [COVID-19 Impact Survey 2021 Franklin County, Ohio Results Report](#).

Action for Children

Action for Children created the Central Ohio Child Care Provider Survey in May 2020 to collect information about the impacts of COVID-19 to the childcare sector. The survey remains ongoing to continuously reassess impacts and recovery to and to inform Action for Children’s and other partners’ recovery efforts. The November 2021 data indicated staffing shortages and tuition increases are challenges continuously faced by the childcare sector. Additionally, the report highlights the unequal impacts and underscores the need to continue building equity into all plans and recovery operations. [The Action for Children Central Ohio Child Care Provider Survey](#) will continue to serve as an important resource for ensuring equitable recovery of a critical resource.

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix D: Public Survey

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Appendix E: Incident Timeline

2020

- **January 9:** The World Health Organization (WHO) traces Wuhan pneumonia illness to a new coronavirus.¹
- **January 17:** The Centers for Disease Control (CDC) and Department of Homeland Security's Customs and Border Protection (CBP) announce public health screenings to be set up at three U.S. airports.²
- **January 24:** The Ohio Department of Health (ODH) issues a Director's Journal entry making COVID-19 a Class A reportable disease.³
- **January 24:** Columbus Public Health (CPH) activates its Incident Command Structure.⁴
- **January 28:** The Ohio Department of Health hosts first statewide call with local health departments and healthcare providers regarding the novel coronavirus (now designated as COVID-19).⁵
- **January 30:** The WHO declares the novel coronavirus disease (now designated as COVID-19) a public health emergency of international concern.⁶
- **January 31:** The Secretary of the U.S. Department of Health and Human Services (DHHS) declares a public health emergency in response to COVID-19.⁷
- **February 11:** The WHO officially announces a name for this new disease as "COVID-19".⁸
- **February 26:** The CDC confirms possible instance of community spread of COVID-19 in the U.S.⁹
- **February 28:** Central Ohio Trauma Council (COTS) Healthcare Incident Liaison, a 24/7 function supporting the Regional Healthcare Emergency Preparedness Coalition and Southeast/Southeast Central Ohio Healthcare Coalition, is activated.¹⁰
- **March 3:** Ohio Governor Mike DeWine, in conjunction with ODH, Columbus Public Health (CPH), and the mayor of the City of Columbus, announces his intention to cancel the Arnold Sports and Fitness Expo. Franklin County Public Health (FCPH) activates their Incident Command System.¹¹
- **March 5:** The Ohio Department of Health hosts the Governor's Summit on COVID-19 Preparedness, a meeting with the Governor, cabinet agency directors, local health department commissioners, and their staff. Ohio Department of Health permits eight events at the Arnold Sports and Fitness Expo to continue with spectators but bans spectators from all other events, effectively cancelling the Expo portion of the weekend.¹²
- **March 7:** Governor DeWine, Health Director Announce COVID-19 Testing Protocol.¹³
- **March 9:** ODH confirms the first case of COVID-19 in Ohio in Cuyahoga County. Governor DeWine Signs Emergency Order Regarding Coronavirus Response.¹⁴
- **March 11:** The WHO declares COVID-19 a pandemic.¹⁵

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix E: Incident Timeline

- **March 12:** ODH issues order limiting and/or prohibiting mass gatherings, defined as 100 or more persons, in the State of Ohio effective immediately. FCPH reports first cases of COVID-19 outside the City of Columbus.¹⁶
- **March 13:** U.S. President Donald J. Trump declares a national emergency in response to the COVID-19 outbreak.¹⁷
- **March 14:** ODH orders the closure of all K-12 schools in the State of Ohio beginning March 17, 2020 and extending through April 3, 2020.¹⁸
- **March 14:** The CDC issues a no sail order for cruise ships in the U.S.¹⁹
- **March 15:** States in the U.S. begin to announce shutdowns to reduce the spread of COVID-19. Notable examples include New York's public-school system and Ohio's restaurants and bars.²⁰
- **March 17:** The first human trial for a vaccine against COVID-19 begins in the U.S.²¹ Governor DeWine issues Executive Order 2020-04D establishing a temporary pandemic childcare license. ODH amends order limiting and/or prohibiting mass gatherings to 50 or more persons effective immediately. FCPH announces first death attributed to COVID-19.
- **March 18:** City of Columbus Mayor Andrew Ginther declares a state of emergency. Franklin County Public Health declares a public health emergency.²²
- **March 19:** California is the first U.S. state to issue a Stay-at-Home Order.²³ Following a directive from FCPH and CPH, COTS begins planning for an alternate care site in anticipation of a surge in case counts and overwhelmed hospital systems.
- **March 22:** Governor DeWine and ODH announce statewide Stay at Home order to begin at 11:59 pm on March 23, 2020 and remain in effect until April 6, 2020.²⁴
- **March 24:** ODH issues order closing facilities providing childcare services.²⁵
- **March 27:** President Trump and Congress approve a \$2.2 trillion Coronavirus Aid, Relief, and Economic Security Act (CARES) aid package to assist individuals and companies with COVID-19 impacts.²⁶
- **March 30:** ODH amends the closure of all K-12 schools order extending it through May 1, 2020.²⁷
- **April 1:** Governor DeWine mobilizes members of the Ohio National Guard to assist hospitals with staffing shortages.²⁸
- **April 2:** The WHO reports evidence of transmission from symptomatic, pre-symptomatic and asymptomatic people infected with COVID-19.²⁹ ODH amends Stay at Home order extending it until May 1, 2020.
- **April 3:** The CDC issues guidance that recommends people to wear a mask outside of their home.³⁰
- **April 7:** The Greater Columbus Convention Center is readied as an alternate care site for operations beginning April 10 if needed.³¹
- **April 29:** ODH again amends the closure of all K-12 schools order extending it through June 30, 2020.³²
- **April 30:** President Trump launches Operation Warp Speed, an initiative to produce a vaccine for the coronavirus as quick as possible with CDC as an integral member.³³ ODH issues Stay Safe Ohio order reopening specific businesses and providing reopening guidance.
- **May 9:** The U.S. unemployment reaches 14.7%, the highest since the great depression.³⁴

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix E: Incident Timeline

- **May 14:** ODH issues Dine Safe Ohio order reopening restaurants and bare to dine in service with exceptions.³⁵
- **May 19:** Governor DeWine issues Ohioans Protecting Ohioans Urgent Health Advisory replacing the Stay Safe order issued on April 30.³⁶
- **May 29:** ODH issues order reopening facilities providing childcare services with exceptions and providing reopening requirements.³⁷
- **June 8:** Demobilization of the alternate care site begins with equipment removal.³⁸
- **June 25:** The CDC expands list of people at risk of severe COVID-19 illness.³⁹
- **July 2:** Governor DeWine announces the new Ohio Public Health Advisory System to help make clear the risk of COVID-19 in counties on Ohio. The color-coded system is built on data to assess COVID-19 spread. Franklin County is at Level 3, Red and approaching Level 4, purple. Columbus Mayor Ginther signs executive order mandating facial coverings in public beginning July 3.⁴⁰
- **July 8:** ODH orders all persons to wear facial coverings in the seven Level 3 advisory counties, including Franklin, effective July 10.⁴¹
- **July 14:** Franklin County Board of Health adopts order requiring facial Coverings⁴².
- **July 23:** Ohio statewide mask mandate begins.⁴³
- **August 4:** Governor DeWine announces ODH will issue a health order requiring K-12 children wear a facial covering while in school.⁴⁴
- **September 16:** The Trump Administration releases a vaccine distribution plan to make the vaccine available and free for all Americans by January 2021.⁴⁵
- **September 23:** The DHHS announces \$200 million from the CDC to local jurisdictions for COVID-19 Vaccine Preparedness.⁴⁶
- **November 1:** The CDC announces an end for the no sail order for the cruise industry in the U.S.⁴⁷
- **November 19:** ODH issues Stay at Home Tonight order establishing a statewide curfew from 10:00 PM – 5:00 AM to remain in effect for 21 days. CPH and FCPH issue Stay at Home Advisory in support. The Ohio Public Health Advisory System designates Franklin County as Level 4 “Purple”, the most severe rating.⁴⁸
- **December 3:** Franklin County moves to Level 3 “Red” designation in the Ohio Public Health Advisory System.⁴⁹
- **December 10:** ODH extends Stay at Home Tonight order for an additional 21 days.⁵⁰
- **December 11:** The Food and Drug Administration (FDA) issues an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine.⁵¹
- **December 14:** The Ohio State University Wexner Medical Center receives first doses of the COVID-19 vaccine.⁵²
- **December 18:** The FDA issues an EUA for the Moderna COVID-19 vaccine.⁵³
- **December 23:** COVID-19 vaccinations begin with the healthcare sector and nursing homes.⁵⁴
- **December 26:** CPH drive-thru vaccine clinic opens at the Celeste Center.⁵⁵
- **December 31:** The WHO issues its first emergency use validation for a COVID-19 vaccine and emphasizes need for equitable global access.⁵⁶

2021

- **January 5:** The Federal Emergency Management Agency (FEMA) modifies Allocation Order on exports such as personal protective equipment, scarce health resources, and medical resources to ensure that these resources are widely available to the American public.⁵⁷
- **January 7:** The CDC releases the Comprehensive COVID-19 Quarantine vs Isolation guide that provides a detailed understanding for the procedures of isolation and quarantine for vaccinated and unvaccinated.⁵⁸
- **January 8:** FEMA establishes the Emergency Management Priorities and Allocations System.⁵⁹
- **January 18:** Phase 1B vaccinations begin in Columbus and Franklin County.⁶⁰
- **January 22:** ODH extends Stay at Home Tonight order until January 30, 2021.⁶¹
- **January 27:** ODH extends Stay at Home Tonight order until February 11, 2021 and changes the curfew hours to 11:00 AM – 5:00 AM.⁶²
- **January 29:** The CDC issues an order requiring the wearing of masks by people on public transportation conveyances or on the premises of transportation hubs to prevent spread of the virus that causes COVID-19.⁶³
- **January 29:** FEMA announced a six (6) month extension of the Emergency Non-Congregate Sheltering during the COVID-19 Public Health Emergency and eases reporting requirements.⁶⁴
- **February 1:** The DHS releases a statement supporting equal access to COVID-19 vaccines and vaccine distribution sites.⁶⁵
- **February 2:** The CDC issues an order requiring that masks be worn on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs, such as airports and bus stations.⁶⁶
- **February 8:** Vaccine is made available to individuals 65 and over.⁶⁷
- **February 11:** State curfew ends.⁶⁸
- **February 26:** FEMA announces federal support to community vaccination clinics nationwide, putting \$3.97 billion to vaccination efforts.⁶⁹
- **March 9:** FEMA establishes the Civil Rights Advisory Group to review policies, plans, practices, and strategies to ensure that vaccine access can be widely accessible to all.⁷⁰
- **March 11:** President Joseph Biden signs the \$1.9 trillion American Rescue Plan into law.⁷¹
- **March 29:** Ohio opens COVID-19 vaccinations to all adults, 18 and up.⁷²
- **April 5:** ODH issues order for social distancing, facial coverings, and non-congregating ordering all individual in the state to wear a mask and avoid gathering. Governor DeWine announces he has asked local health departments and vaccine providers to partner with local high schools to offer Pfizer vaccinations for students 16 and older.⁷³
- **May 13:** The CDC announces that people who are fully vaccinated against Covid-19 no longer need to wear masks or physically distance — whether indoors or outdoors in most circumstances.⁷⁴
- **May 17:** Governor DeWine and ODH announce multiple health orders will be rescinded on June 2, 2021. This includes the Social Distancing, Facial Coverings and Non-Congregating order and removes facial covering requirements for vaccinated individuals but retains this requirement for unvaccinated individuals.⁷⁵
- **May 24:** Franklin County Board of Health rescinds the mask order adopted on July 14, 2020.⁷⁶

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix E: Incident Timeline

- **June 2:** Statewide order requiring facial coverings lifted.⁷⁷
- **June 18:** The Ohio state of emergency is lifted for COVID-19 response.⁷⁸
- **July 29:** President Biden announces new actions to get more Americans vaccinated and slow the spread of the delta variant.⁷⁹
- **August 5:** The CDC issues a mask advisory for all residents indoors regardless of vaccination status.⁸⁰
- **August 12:** Mayor Ginther announces mask requirement regardless of vaccination status in all city buildings effective August 16 as the CDC places Franklin County in the highest level for COVID-19 transmission.⁸¹
- **September 8:** Mayor Ginther issues executive order requiring face masks be worn in publicly accessible indoor spaces regardless of vaccination status.⁸²
- **September 9:** President Biden signs an Executive Order requiring COVID-19 vaccines for all federal employees.⁸³
- **November 2:** The CDC releases recommendations for COVID-19 vaccines for children 5 to 11 Years.⁸⁴
- **November 19:** The CDC expands eligibility for COVID-19 booster shots to all adults.⁸⁵
- **November 26:** The WHO announces the classification of Omicron (B.1.1.529) as a variant of concern.⁸⁶
- **November 29:** The CDC announces that the U.S. will impose travel restrictions for non-U.S. citizens from eight (8) countries.⁸⁷
- **December 1:** The CDC announces that the first confirmed case of the Omicron variant was detected in the U.S.⁸⁸
- **December 2:** The CDC announces new testing requirements for international travel to the U.S. to include a negative test 24 hours prior to departure.⁸⁹
- **December 2:** President Biden announces new actions to protect Americans against the Delta and Omicron variants.⁹⁰
- **December 6:** The CDC updates the international travel order to require air passengers from a foreign country show a negative COVID-19 viral test result taken no more than 1 day before travel, or documentation of having recovered from COVID-19 in the past 90 days, before they board their flight.⁹¹
- **December 11:** First two cases of the Omicron variant detected in Ohio.⁹²
- **December 17:** 1,050 Ohio National Guard members mobilize as hospitalizations reach highest point in the last year due to the Omicron variant.⁹³
- **December 20:** The CDC announces that they anticipate potential rapid increase of Omicron variant infections in the U.S.⁹⁴
- **December 22:** The FDA issues an EUA for Pfizer's Paxlovid for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients, 12 years of age and older.⁹⁵
- **December 27:** The CDC announces revised isolation and quarantine requirements for the general public.⁹⁶
- **December 29:** Governor DeWine mobilizes an additional 1,250 Ohio National Guard members to support hospitals.⁹⁷
- **December 30:** All-time record for COVID-19 inpatient hospitalizations set in Ohio.⁹⁸

2022

- **January 4:** The CDC recommends the Pfizer booster for children at 5 Months after vaccine and additional primary dose for certain immunocompromised children.⁹⁹
- **January 5:** The CDC expands booster shot eligibility and strengthens recommendations for 12-17-year-olds.¹⁰⁰
- **January 6:** The CDC releases public health guidance for potential COVID-19 exposure associated with travel.¹⁰¹
- **January 12:** The Biden Administration announces they will make available 10 million tests per month for schools to ensure they remain safely open.¹⁰²
- **January 14:** The Biden administration announces a new plan for distributing free at-home COVID-19 rapid tests to the American people.¹⁰³
- **January 14:** The WHO recommends two new drugs to treat COVID-19.¹⁰⁴
- **January 21:** The CDC updates its guidance to protect healthcare personnel, patients, and visitors due to the new Omicron variant.¹⁰⁵
- **February 11:** CDC studies reveal that boosters remain safe and continued protection against severe disease over time with the Delta and Omicron variants.¹⁰⁶
- **February 28:** Franklin County lifts its mask advisory.¹⁰⁷
- **March 3:** CDC updates COVID-19 community levels¹⁰⁸
- **March 10:** At CDC's recommendation, TSA extends the security directive for mask use on public transportation and transportation hubs for one month, through April 18th.¹⁰⁹

Appendix F: Endnotes to Timeline

- ¹ World Health Organization Statement Regarding Cluster of Pneumonia Cases in Wuhan, China. January 8, 2020. World Health Organization. Accessed on December 29, 2021. <https://www.who.int/china/news/detail/09-01-2020-who-statement-regarding-cluster-of-pneumonia-cases-in-wuhan-china>
- ² Public Health Screening to Begin at 3 U.S. Airports for 2019 Novel Coronavirus (“2019-nCoV”), January 17, 2020. CDC. Accessed on December 29, 2021. <https://www.cdc.gov/media/releases/2020/p0117-coronavirus-screening.html>
- ³ Ohio Department of Health classifies 2019-novel Coronavirus (2019-nCoV) immediately reportable disease. January 24, 2020. Ohio Department of Health. Accessed on June 24, 2022. <https://odh.ohio.gov/media-center/odh-news-releases/odh-classifies-2019-novel-coronavirus-immediately-reportable-disease>
- ⁴ Columbus Public Health. Coronavirus (Covid-19) 2020 Response Public Health Emergency Preparedness After-Action Report/Improvement Plan. Accessed June 6, 2022.
- ⁵ Central Ohio Trauma System. Follow up AAR/IP Zone 2 COVID-19 Response. Accessed on June 24, 2022.
- ⁶ COVID-19 Public Health Emergency of International Concern (PHEIC) Global research and innovation forum. January 30, 2020. World Health Organization. Accessed on December 29, 2021. [https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-\(pheic\)-global-research-and-innovation-forum](https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-(pheic)-global-research-and-innovation-forum)
- ⁷ Determination that a Public Health Emergency Exists. U.S. Department of Health and Human Services. January 31, 2020. Accessed on March 8, 2022. <https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>
- ⁸ Naming the coronavirus disease (COVID-19) and the virus that causes it. February 11, 2020. World Health Organization. Accessed on December 29, 2021. [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)
- ⁹ CDC Confirms Possible Instance of Community Spread of COVID-19 in U.S. February 26, 2020. CDC. Accessed on December 29, 2021. <https://www.cdc.gov/media/releases/2020/s0226-Covid-19-spread.html>
- ¹⁰ Central Ohio Trauma System. Follow up AAR/IP Zone 2 COVID-19 Response. Accessed on June 24, 2022.
- ¹¹ Franklin County Public Health. COVID-19 Response (March 2020 – March 2021) Public Health Emergency Preparedness After-Action Report/Improvement Plan. Accessed May 10, 2022
- ¹² Order to Limit and/or Prohibit Spectators attending the Arnold Sports and Fitness Expo March 5-8, 2020 in Columbus, Ohio, Ohio Department of Health. March 5, 2020. Accessed on May 2, 2022. [ODH Order - Arnold Sports Festival.pdf \(govdelivery.com\)](#)
- ¹³ Governor, Health Director Announce COVID-19 Testing Protocol. March 7, 2020. Ohio Department of Health. [Governor, Health Director Announce COVID-19 Testing Protocol | COVID-19 \(ohio.gov\)](#)
- ¹⁴ Declaring a State of Emergency, State of Ohio. March 7, 2020. Accessed on April 19, 2022. [Governor DeWine Signs Emergency Order Regarding Coronavirus Response | COVID-19 \(ohio.gov\)](#)
- ¹⁵ WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020. March 11, 2020. World Health Organization. Accessed on December 29, 2021. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix F: Endnotes to Timeline

- ³² Second Amended Order the Closure of All K-12 Schools in the State of Ohio Reader Accessible Version. April 29, 2020. Ohio Department of Health. Accessed on June 23, 2022. [Second-Amended-Order-the-Closure-K-12-Schools-Ohio.pdf](https://www.ohio.gov/files/assets/ohio.gov/working/2020/04/29/2020-04-29-Second-Amended-Order-the-Closure-K-12-Schools-Ohio.pdf)
- ³³ Trump unveils 'warp-speed' effort to create coronavirus vaccine by year's end. CDC Museum COVID-19 Timeline. April 30, 2020. The Guardian, CDC. Accessed on December 29, 2021. <https://www.theguardian.com/us-news/2020/may/15/trump-coronavirus-warp-speed-vaccine-white-house>
<https://www.cdc.gov/museum/timeline/covid19.html>
- ³⁴ No 'V-shape' return from devastating U.S. job loss, Fed policymakers say. May 9, 2021. Fox Business. Accessed on December 29, 2021. <https://www.foxbusiness.com/economy/no-v-return-job-loss-coronavirus>
- ³⁵ Director's Order that Reopens Restaurants and Bars to Dine-in Service, with Exceptions. May 14, 2020. Ohio Department of Health. <https://coronavirus.ohio.gov/static/publicorders/Directors-Order-Dine-Safe-Ohio-Reader.pdf>
- ³⁶ COVID-19 Update: Ohioans Protecting Ohioans Urgent Health Advisory. May 19, 2020. Ohio Department of Health. Accessed on July 23, 2022. <https://coronavirus.ohio.gov/resources/news-releases-news-you-can-use/ohioans-protecting-ohioans>
- ³⁷ Director's Order that Reopens Facilities Providing Child Care Services, with Exceptions. May 29, 2020. Ohio Department of Health. Accessed on July 23, 2022. <https://coronavirus.ohio.gov/resources/public-health-orders>
- ³⁸ Central Ohio Trauma System. Follow up AAR/IP Zone 2 COVID-19 Response. Accessed on June 24, 2022
- ³⁹ CDC updates, expands list of people at risk of severe COVID-19 illness. June 25, 2020. CDC. Accessed on December 29, 2021. <https://www.cdc.gov/media/releases/2020/p0625-update-expands-covid-19.html>
- ⁴⁰ COVID-19 Update: School Guidelines, Public Health Advisory System. July 2, 2022. Accessed June 22, 2022. [COVID-19 Update: School Guidelines, Public Health Advisory System | Governor Mike DeWine \(ohio.gov\)](https://www.ohio.gov/files/assets/ohio.gov/working/2022/07/02/2022-07-02-COVID-19-Update-School-Guidelines-Public-Health-Advisory-System-Governor-Mike-DeWine-ohio.gov)
- ⁴¹ Director's Order for Facial Coverings in Butler, Cuyahoga, Franklin, Hamilton, Huron, Montgomery, and Trumbull in Level 3 Public Health advisory. July 8, 2020. Ohio Department of Health. Accessed on June 22, 2022. <https://coronavirus.ohio.gov/static/publicorders/Directors-Order-Facial-Coverings.pdf>
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Appendix F: Endnotes to Timeline

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Franklin County, Ohio – COVID-19 After-Action Report and Improvement Plan
Appendix F: Endnotes to Timeline

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