



ESF 8 – Health and Medical

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| ESF 8 Tasked Agencies | |
|---|---|
| Primary County Agency | Department of Health, Housing, and Human Services (H3S) (Public Health Division) Clackamas County Disaster Management (DDCM) (Medical Examiner) |
| Supporting County Agency | County Counsel Fire Defense Board (FDB)/Local Fire Agencies Public and Government Affairs Sheriff's Office (CCSO)/Local Law Enforcement Agencies Department of Transportation Development (DTD) |
| Community Partners | Hospitals/Private Clinics American Medical Response/Emergency Medical Services (EMS) Agencies American Red Cross |
| State Agency | Oregon Health Authority |
| Federal Agency | Health and Human Services |
| <i>*See Section 3 for more information about Tasked Agencies.</i> | |

1 Purpose and Scope

This Emergency Support Function (ESF) annex provides the framework for managing the public health and medical aspects of emergencies that exceed routine response capabilities and/or are in response to a declared “state of public health emergency” as defined in Oregon Revised Statutes (ORS) 433. The Public Health Incident Annex provides information for primary agencies responding to public health or medical emergencies such as disease outbreaks, bioterrorism, water, food or environmental contamination, exposure to hazardous radiation or chemical agents, and other emergencies or disasters that have significant impacts on the health of the population.

1.1 Policies and Authorities

Clackamas County, the Local Public Health Authority, operates under ORS Chapter 624. The Clackamas Board of County Commissioners (BCC) serves as the Board of Health and will be notified and convened during a public health emergency. Many of the duties under ORS Chapter 624 are delegated to the Public Health Director within the Department of Health, Housing and Human Services (H3S)/Public Health Division.

2 Situation and Assumptions

- The Clackamas County H3S Department will notify Clackamas County Disaster Management (CCDM) of any incident that is or is likely to become a major public health or medical emergency impacting Clackamas County.
- CCDM will implement the Emergency Operations Plan (EOP) and activate the Emergency Operations Center (EOC) as needed.
- The H3S/Public Health Division will implement the Public Health Incident Annex and activate the H3S Department Operations Center as needed.

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- Incidents are managed according to the National Incident Management System (NIMS)/Incident Command System (ICS).
- Public health and medical emergencies require extensive coordination among public and private health care providers, emergency responders, and emergency management. Many interdependent operations may be necessary, including triage and treatment of mass casualties; intensive surveillance activities; rapid distribution of pharmaceuticals and/or medical supplies to large segments of the population; mass decontamination; quarantine and isolation; modifications to food, drinking water, or sanitary systems; collaboration with veterinary care providers; management of mass fatalities; and response to the physical and psychological effects of mass casualties and mass fatalities.
- Need for antiviral drugs, vaccines, and other pharmaceuticals, chemical or radiation exposure treatment, medical equipment (e.g., ventilators), and other supplies will exceed the available supply.
- A severe or widespread public health or medical emergency may require coordination with regional partners and assistance from state or federal agencies.
- Community interventions that disrupt normal activities, such as cancellation of school and community events or modifications to traditional government and health services, may be required.
- Populations with disabilities, and access and functional needs (DAFN) may be especially vulnerable during health emergencies and will require targeted planning efforts.
- The psychological impact of a major health emergency may be as severe and long-lasting as the medical impact, and making prompt and effective behavioral health services and emergency public information essential to manage the impact.
- All agencies tasked under this ESF will develop and maintain written internal operating plans and implement procedures consistent with NIMS and the EOP and will train employees in their use.

3 Roles and Responsibilities of Tasked Agencies

The County has identified primary and supporting agencies and community partners to ensure ESF-related activities are performed in an efficient and effective manner during all phases of the emergency management cycle. This document does not relieve tasked agencies of the responsibility for emergency planning, and agency plans should adequately provide for the capability to implement their assigned tasks.

- **Primary County Agency(s)** – County agency(s) may be assigned as the primary agency based on the agency's responsibilities, authority, functional expertise, resources, and capabilities in managing incident activities. Primary agencies may not be responsible for all elements of a function, and will work with supporting agencies to manage capabilities and resources to support ESF-related activities.
- **Supporting County Agency(s)** - County agency(s) may be assigned as supporting if they may have a substantial support role during incidents based on their capabilities and resources.
- **Community Partners** – May be assigned tasks if they meet one or more of the following criteria: the organization's self-defined mission includes emergency response (e.g.,

disaster relief nonprofit organizations); the organization receives formalized tasking by governmental agencies (e.g., American Red Cross); the entity's jurisdictional authority, or the entity's resources and capabilities.

Roles and responsibilities for state and federal agencies are identified in the State of Oregon EOP and National Response Framework, respectively.

See Appendix B for a checklist of responsibilities for tasked agencies by phase of emergency management.

4 Concept of Operations

4.1 General

The H3S/Public Health Division maintains 24-hour coverage in support of potential public health or medical emergencies and works in coordination with CCDM. In the event of an incident, the level of ESF-8 activation will be dependent on the magnitude of the emergency or disaster. H3S will coordinate the initial response to most public health and medical emergencies affecting the County and will participate in EOC Command.

When H3S is the lead for public health and medical emergencies, the H3S DOC will be activated. For emergencies or disaster with health impacts, the EOC will serve as the coordination center for incident operations.

4.2 EOC Activation

When a disaster occurs, the CCDM may, based on the size and complexity of the incident, activate the County EOC and assume the role of EOC Manager. The EOC Manager will establish communications with leadership and gather situational information to determine an EOC staffing plan and set up operational periods.

Notification will be made to the Primary County Agencies listed in this ESF. The Primary County Agencies will coordinate with Supporting County Agencies to assess and report current capabilities to the EOC and activate Departmental Operations Centers as appropriate. Primary and Supporting County agencies may be requested to send a representative to staff the EOC and facilitate health and medical service.

4.3 EOC Operations

When search and rescue-related activities are staffed in the EOC, the a health and medical representative will be responsible for the following:

- Serve as a liaison with supporting agencies and community partners.
- Provide a primary entry point for situational information related to search and rescue.
- Share situation status updates related to search and rescue to inform development of the Situation Report.
- Participate in, and provide search and rescue-specific reports for, EOC briefings.
- Assist in development and communication of health and medical-related actions to tasked agencies.

- Monitor ongoing search and rescue-related actions.
- Share search and rescue-related information with ESF 14, Public Information, to ensure consistent public messaging.
- Coordinate health and medical staffing to ensure the function can be staffed across operational periods.

4.4 Disabilities, Access and Functional Needs

Provision of public health and medical related activities will take into account DAFN populations. The needs of children and adults who experience disabilities or access and functional needs shall be identified and planned for as directed by policy makers and according to state and federal regulations and guidance.

4.5 Biological Incidents

Disease outbreaks may be naturally occurring, as in “routine” reportable disease outbreaks and pandemic influenza, or deliberate, as in bioterrorism. Routine or minor disease outbreaks will be managed according to local, state, and federal public health protocols. When H3S/Public Health Division staff suspect that a disease outbreak may become a major incident or that it may be the result of a deliberate or terrorist act, they will immediately notify the Clackamas County Sheriff’s Office (CCSO), CCDM and the Oregon Health Authority.

4.6 Water, Food, or Environmental Contamination Incidents

Contamination of food, water, crops, livestock or the environment may be caused by natural, accidental or deliberate events. Natural causes include contamination caused by flooding or other natural disasters, algae blooms that can produce dangerous toxins and vector-driven or other natural disease outbreaks in animals. Accidental causes include system malfunctions; pesticide, agricultural chemical or other accidental releases into groundwater/drinking water supply; unintentional contamination of crops or foods; or hazardous materials accidents. Deliberate causes include vandalism, sabotage or terrorism.

H3S/Public Health Division will coordinate field investigations, sample collection, laboratory testing, and vector control activities; collaborate with DTD, Oregon Health Authority and agriculture officials on animal control activities; provide technical assistance/serve as subject matter experts for the Joint Information System (JIS) and EOC staff; and coordinate with law enforcement on incident investigations. Incident operations will be coordinated through the EOC.

4.7 Medical Countermeasure Dispensing

The Strategic National Stockpile (SNS), managed by the Centers for Disease Control and Prevention (CDC), contains large quantities of medicine and medical supplies to protect the public in a health emergency. The SNS includes antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, drugs to treat radiation exposure and medical/surgical items. Push Packages of pharmaceuticals, antidotes and medical supplies designed to respond to an ill-defined threat can be deployed within 12 hours. Additional managed inventory supplies that can be tailored to provide pharmaceuticals, supplies, and/or

products specific to the suspected or confirmed agent(s) or event will arrive within 24 to 36 hours.

The CHEMPACK program, one component of the SNS, provides locally stored supplies of antidotes for people who have been exposed to nerve agents or organophosphates. These CHEMPACK assets are stored at hospitals and emergency medical services (EMS) sites throughout Oregon and are available for immediate use during a catastrophic emergency for which locally available supplies are insufficient.

The Oregon Health Authority will receive the drugs and medical supplies and is responsible for distribution to the local level. Clackamas County will dispense the pharmaceuticals and supplies in accordance with state guidelines using county/city point of dispensation (POD) plans and other distribution methods, including plans for delivery to at-risk populations.

4.8 Coordination with Mass Care, Behavioral Health & Volunteer Management

ESF 8 supports the development and execution of the County's ESF 6 Mass Care, and ESF 15 Volunteer Management and Behavioral Health Support Annexes. Services include, but are not limited to, supporting health, medical and environmental (e.g. sanitation) needs for primary and supporting agencies in the event of a major emergency or disaster response that the H3S/Public Health Division is not leading.

4.9 Significant Health Impacts Caused by Emergencies or Disasters

Traffic accidents, explosions, natural hazards, industrial accidents, hazardous materials incidents, and terrorism may cause significant numbers of casualties. Routine EMS in Clackamas County are coordinated by 9-1-1 dispatch centers. For large scale fires, hazardous materials spills, and other emergencies, the Fire Defense Board (FDB) may activate the Fire Operations Center or request assistance from the County EOC. All local fire agencies in Clackamas County provide initial EMS response. Three fire agencies—Clackamas Fire District #1, Lake Oswego Fire Department, and Tualatin Valley Fire and Rescue—have intergovernmental agreements with the County to provide EMS advanced life support first response. Ambulance service is provided by three providers covering emergencies in their assigned ambulance service areas (ASA): the Molalla ASA is served by Molalla Fire District; the Canby ASA is served by Canby Fire District; and the Clackamas ASA is served by American Medical Response Northwest through a franchise agreement with the County. H3S activates the Contingency Plan for Emergency Ambulance Service, when necessary.

Fire agency responders implement the EMS mass casualty incident (MCI) Protocol when an incident involves 10 or more casualties, or five or more critically injured patients. MCI operations will normally be managed on scene, with resource requests handled by the Public Safety Answering Points: Clackamas County Communications (C-COM), Lake Oswego Communications (LOCOM), or Washington County Consolidated Communications Agency (WCCCA). C-COM will notify CCDM and H3S whenever the MCI Protocol is implemented.

If necessary, on-scene Command will designate an area for fatality operations and temporary morgue facilities and will work with the CCDM/Medical Examiners to preserve the scene and protect remains. The CCDM/Medical Examiners is responsible for fatality management,

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including execution of the Mass Fatality Plan, cause-of-death investigation, management of remains, and notification of next of kin. The Mass Fatality Plan is implemented for any incident in which the CCDM/Medical Examiners' resources are insufficient to meet health and safety needs and/or legal requirements.

Hazards, such as radiation or chemical agent exposure, secondary sources of infection or disease, disruptions of drinking water supplies or sanitary services, challenges in disposing of human and/or animal remains, and mass decontamination operations may require extensive containment and health activities, which must be closely coordinated with law enforcement, CCDM/Medical Examiners, Facilities Management, H3S and other agencies.

H3S / Public Health Division contains the Environmental Health Program, which inspects licensed facilities, such as public food service facilities and child care facilities, and enforces drinking water quality standards. During a terrorist; chemical, biological, radiological, nuclear, or explosive (CBRNE) or hazardous materials incident, licensed health inspectors will inspect and monitor these systems to ensure public safety and will coordinate with DTD to address debris/solid waste disposal and sanitary sewer conditions.

4.10 Coordination with Other ESFs

The following ESFs support health and medical-related activities:

- **ESF 1 – Transportation.** Support transportation of medical resources to impacted areas.
- **ESF 6 – Mass Care.** Coordinate with ESF 8 for health and medical support to shelter operations.
- **ESF 9 – Search and Rescue.** Coordinate medical care for disaster victims.
- **ESF 10 – Hazardous Materials.** Provide for decontamination and medical of disaster victims contaminated by hazardous materials.
- **ESF 11 – Food and Water.** Provide for the safety of the food and water supply.

5 Direction and Control

Clackamas County is responsible for coordinating emergency response in the unincorporated areas of the County and for response to public health and medical emergencies throughout the County. The County will support city responses, as requested. “Non-federal” unincorporated areas will work with federal agencies/U.S. Forest Service, as requested.

5.1 Cities

Cities have primary responsibility for the safety and well-being of their citizens and for resource allocation and emergency operations within their jurisdictions. While H3S is responsible for managing public health and medical emergencies within the County, cities may have resources to assist.

City officials are required to notify the CCDM/Medical Examiners of any unattended deaths or mass fatality incidents, with local law enforcement securing the scene until the CCDM/Medical Examiners arrives.

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Cities may enact emergency ordinances granting them the authority to declare an emergency and impose emergency measures within their jurisdictions to protect citizens and keep the peace. Cities will typically declare an emergency to invoke emergency powers or to request resource assistance. Cities may request County assistance by executing a mutual aid agreement with the County or by including the resource request in an emergency declaration to the County.

Cities are encouraged to develop EOPs and to work closely with CCDM to integrate preparedness, response, and recovery activities. An intergovernmental mutual aid agreement between the County and cities is available to all jurisdictions that choose to participate. The agreement establishes procedures for requesting and providing mutual aid resources in a major emergency or disaster. A copy of the agreement and current participants is available in the EOC.

Because response to a major health emergency will involve many agencies and jurisdictions, cities are asked to notify the County immediately of a significant incident within the city. When the County receives notification, it will alert adjoining jurisdictions as appropriate. Insofar as possible, Emergency Declarations will be coordinated among affected jurisdictions to establish the emergency area boundaries, emergency measures to be invoked, time frame for the state of emergency, as well as resource needs and allocations.

5.2 County

H3S is responsible for coordinating public health, medical, behavioral health, and environmental health response to emergencies in the County. The Director or designee will serve in EOC Command. The Department may be able to manage a minor disease outbreak or contamination/exposure incident using internal operating procedures. If the Department determines that the incident is likely to become a major health emergency, H3S staff will contact CCDM. When the EOC is activated, Incident Command will transition from the H3S Incident Response Team to EOC Unified Command (UC). Designated health/medical representatives will provide technical advice to EOC staff.

The CCDM/Medical Examiners is the primary/lead agency for managing the County's mortuary operations and is responsible for investigating the cause and manner of death for any death that is unattended by a physician. The CCDM/Medical Examiners implements the Mass Fatality Plan, manages remains and mortuary services, and notifies next of kin.

If H3S or CCDM/Medical Examiners staff suspects that an incident may be a deliberate or terrorist act, they will immediately contact the CCSO, CCDM, and Oregon Health Authority.

Incident/Unified Command coordinates incident response and may request or provide mutual aid according to existing mutual aid agreements. Requests for assistance outside existing mutual aid agreements will be coordinated through the EOC.

The four hospitals operating in the County are not designated trauma hospitals. Two level 1 trauma centers are located in the City of Portland—Oregon Health Science University and Legacy Emanuel Medical Center. Several fire agencies provide medical first response, and three transport ambulance providers serve the County directly, with more ambulances available through provider-to-provider mutual aid agreements. American Medical Response, Clackamas Fire District #1, the Lake Oswego Fire Department, and Tualatin Valley Fire & Rescue are contractually obligated to assist the County in the event of declared disasters. Life Flight

Network and Reach Air Medical Services provide critical care transportation via helicopter or fixed-wing aircraft for seriously ill or injured patients from the scene of an emergency or from one hospital to another.

If UC determines that emergency measures authorized in County Code 6.03 may be necessary to effectively manage the incident, they will recommend a Declaration of Emergency to the County Administrator/BCC. If the BCC declares an emergency, it may impose any or all of the emergency measures authorized in County Code 6.03.

UC may also recommend that the BCC declare an emergency to request state or federal assistance if it appears that county resources will be insufficient to meet incident needs. EOC staff will submit the approved declaration to the Oregon Office of Emergency Management (OEM) for submission to the governor. OEM will coordinate State resources and seek a State declaration if necessary.

ORS Chapter 433 provides that the governor may proclaim a state of public health emergency and order or authorize certain emergency measures at the local level. This authority is given to the BCC as the local public health authority and to their appointed local public health administrator (H3S/Public Health Director). Most of the actions authorized by ORS 433 are also authorized with a declaration of emergency under ORS 401, and it is likely that County actions would already have been taken based on the recommendation of the H3S/Public Health Director.

5.3 Special Districts

Special districts provide essential services to the citizens of Clackamas County and their facilities or services could be accidentally or deliberately disrupted. County officials collaborate with special districts in managing public health concerns and in coordinating the response to public health emergencies. Many districts have their own site and facility security measures and emergency procedures, and may collaborate with the County regarding additional measures to be enacted during emergencies.

An intergovernmental mutual aid agreement between the County and special districts is available to all jurisdictions that choose to participate. The agreement establishes procedures for requesting and providing mutual aid resources in a major emergency or disaster. Copies of agreements and current participants are available in the EOC.

5.4 Regional

Clackamas County participates in the Inter-County Omnibus Mutual Aid Agreement that provides a framework for counties to request mutual aid resources from each other in emergencies. Emergency assistance may include resources such as medicine and medical equipment and supplies, other equipment and supplies, personnel or the direct provision of services. A copy of the agreement and current participants is available in the EOC.

The Intra-State Mutual Assistance Compact provides for non-reimbursable assistance among local governments. To receive reimbursement for resource assistance provided under this statute, participants must agree to a reimbursement request in writing before resources are dispatched.

Clackamas County participates in the Region 1 Health Preparedness Organization with Clatsop, Columbia, Multnomah, Tillamook, and Washington Counties. This organization coordinates planning efforts among public and private health organizations to ensure regional collaboration and community preparedness in issues such as hospital surge capacity, isolation and infection control measures, and other capabilities critical to community crisis response.

The Oregon Health & Sciences University Emergency Communication Center serves as a central point of contact and notification during mass casualty incidents and coordinates communications between scene responders and area hospitals. The University also serves as a Level-1 Trauma Center, regional tertiary care facility, and provides on-line medical control for EMS responders.

The Portland Urban Area Security Initiative (Clackamas, Columbia, Multnomah, and Washington Counties in Oregon; Clark County in Washington; and the city of Portland) has developed a Tactical Interoperable Communications Plan to help responders work together more effectively during a major health emergency, terrorism/CBRNE incident, or other major emergency, as well as a Regional Critical Infrastructure Protection Plan.

The Cities Readiness Initiative serves these same counties and supports the Medical Reserve Corps (MRC). The MRC maintains a pool of pre-identified licensed or certified health and medical professionals to provide surge capacity for health/medical response during large-scale health emergencies. The MRC protocols can be found in the EOC library.

5.5 State and Federal Assistance

5.5.1 State

Several state agencies, including the Oregon Health Authority, Department of Environmental Quality, Oregon Department of Agriculture, State Medical Examiner's Office, provide support, guidance, and technical assistance to local primary and support agencies identified in this ESF 8. If incident response requires resources beyond those available day-to-day and through mutual aid, UC will request additional resources through an Emergency Declaration. OEM will forward declarations to the governor, coordinate State resources and response, and seek a State declaration if necessary.

The Oregon Health Authority provides water quality monitoring, monitoring and control of communicable diseases, technical assistance, laboratory support for CBRNE incidents, coordination with federal health agencies and distribution of the SNS to local health departments. The agency operates a secure Health Alert Network for posting ongoing public health emergency information, as well as the Health Alert Network public website for posting information for the public:

<https://public.health.oregon.gov/Preparedness/Partners/HealthAlertNetwork/Pages/index.aspx>.

The Office of Public Health Systems has EMS and Radiation Protection Services staff members on call to respond to radiological emergencies, provide information to educate the public on radiation hazards and protective measures, and support follow-up investigations.

The Oregon State Public Health Laboratory provides testing and laboratory services, supports the Federal Bureau of Investigation and local first responders by analyzing unidentified substances for the presence of chemical or biological agents, ensures that chain of evidence procedures are

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followed, and ensures that accurate data are communicated to appropriate public health and medical personnel.

The Oregon Disaster Medical Team is an independent, nonprofit organization of volunteer health care professionals from Oregon and Southwest Washington that provides relief health care services when local, county, and mutual aid reserves are overwhelmed in a mass casualty incident. The team can be requested through the state Emergency Coordination Center.

The Oregon Department of Agriculture works to control and eradicate animal diseases, including those transmissible to humans, and to prevent the spread of food-borne illnesses. The Animal Health and Identification program serves as the lead support agency for evacuation, shelter, and care of companion animals, service animals, and livestock; assists in providing food, water, shelter and veterinary care to affected animals; monitors the prevalence of infectious animal diseases; and activates the Oregon Animal Disease Emergency Management Plan.

The Oregon National Guard's 102nd Weapons of Mass Destruction - Civil Support Team (CST) provides assistance to local, state and federal authorities in incidents involving weapons of mass destruction. The 102nd CST is based in Salem and includes 22 full-time Army and Air National Guard members, all of whom are trained to the level of hazardous materials technicians. The CST can mobilize rapidly to assist with detection and analysis of biological, chemical, or radiological agents and to advise local command regarding appropriate response and public protection actions. The team deploys with mobile laboratory facilities, and decontamination and communications equipment, and is also available for telephone consultation.

The Oregon Medical Examiners provides technical supervision and support for the County Medical Examiners. The State office is staffed by four full-time forensic pathologists and other personnel who certify the cause and manner of a death in instances that require investigation. The County CCDM/Medical Examiners' office is co-located with the State Medical Examiner's office in Clackamas, providing close access and collaboration between the offices.

5.5.2 Federal

If Federal assistance is required, it will be provided under the National Response Framework's ESF 8 – Public Health and Medical Services and may include any of the response resources below, as well as mental health teams and military support.

The Department of Homeland Security is responsible for coordinating federal operations within the U.S. to prepare for, respond to, and recover from terrorist attacks and other emergencies.

The Department of Health and Human Services is the lead federal agency for public health and medical support functions during response to a major health emergency that requires federal assistance. The National Disaster Medical System (NDMS) is a federally coordinated system to augment medical response capability following a disaster and to care for military casualties. The NDMS provides state-of-the art medical care, including teams, supplies, and equipment, at a disaster site, in transit from the impacted area, and to participating definitive care facilities. NDMS response teams that may be deployed include:

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- Disaster Medical Assistance Team (DMAT) - Rapid response teams to supplement local medical care. DMATs deploy to disaster sites with supplies and equipment to sustain their medical services for 72 hours.
- Disaster Mortuary Operational Response Team (DMORT) - Provide victim identification and mortuary services, including establishing temporary morgue facilities and processing and disposition of remains.
- Disaster Portable Morgue Units Team - Support DMORTs through management of Federal mortuary assets.
- Veterinary Medical Assistance Team - Assist in assessing the extent of disruption, and the need for veterinary services following major disasters.
- National Nurse Responses Team - Specialty team to assist in chemoprophylaxis, a mass vaccination program, or any scenario that overwhelms the nation's supply of nurses.
- National Pharmacy Response Team - Assists in chemoprophylaxis, vaccination or other operations requiring hundreds of pharmacists, pharmacy technicians, and students.

The Federal Bureau of Investigation serves as the lead law enforcement agency for terrorist incidents in the U.S. and will be involved in threat assessment, intelligence analysis and criminal investigation for any threatened, suspected, or confirmed bioterrorist act.

The United States Environmental Protection Agency supports response and recovery operations relating to environmental contamination.

Many other federal agencies can assist with various response capabilities and will be deployed according to the National Response Framework and associated annexes, managed according to NIMS, and coordinated with State and local response efforts.

The EOC Logistics Section will coordinate all ESF activities for the County, with departments and agencies providing assistance as requested.

6 ESF Annex Development and Maintenance

The H3S/Public Health Division Director and CCDM Director are responsible for ensuring that ESF 8, incident annexes, supporting plans and protocols are reviewed and updated at least every two years or as changes occur, such as lessons learned from exercises or actual events.

7 Appendices

- Appendix A – ESF 8 Resources
- Appendix B – ESF 8 Responsibilities by Phase of Emergency Management
- Appendix C – ESF 8 Representative Checklist

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Appendix A ESF 8 Resources

The following resources provide additional information regarding ESF 8 – health and medical related issues at the local, state, and federal level:

County

- Ambulance Services Contingency Plan
- EMS Mass Casualty Incident Protocol
- Mass Fatality Plan
- Medical Countermeasures Plan
- MRC Volunteer Handbook
- Pandemic Influenza Plan

State

- Emergency Operations Plan
 - ESF 8 – Health and Medical
- Oregon SNS Plan

Federal

- National Response Framework
 - ESF 8 – Public Health and Medical Services
- NIMS Implementation Objectives for Healthcare Facilities
- Hospital Incident Command System
- Homeland Security Presidential Policy Directive No. 21
- The National Health Security Strategy
- Centers for Disease Control
 - CDC Public Health Capabilities
 - CDC Healthcare Capabilities
- HHS Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program
 - Tier 2 Healthcare Coalition Guide
- National Response Team Biological and Chemical Quick Reference Guides
- National SNS Plan

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Appendix B ESF 8 Responsibilities by Phase of Emergency Management

This appendix describes general roles and responsibilities in support of ESF 8. Specific activities will vary depending on the type of event, length of the warning period, resources available and duration of the incident.

Preparedness

Preparedness activities take place **before** an emergency occurs and include plans or preparations made to save lives and to help response and recovery operations. Preparedness roles and responsibilities for ESF 8 include:

All Tasked Agencies

- ☐ Develop plans and procedures for ESF 8 activities, as appropriate.
- ☐ Participate in ESF 8 related trainings and exercises as appropriate.
- ☐ Work with local, regional, and state agencies to align planning efforts (e.g., identifying duplicate vendor agreements, Mutual Aid Agreements, common POD planning, etc.).

H3S

- ☐ Coordinate regular review and update of the ESF 8 annex with supporting agencies.
- ☐ Facilitate collaborative planning to ensure the County's capability to support ESF 8 activities.
- ☐ Maintain local/regional public health capacity before, during, and after a disaster.
- ☐ Develop and maintain emergency public health plans and other tools for the County that includes procedures for addressing:
 - Epidemiological surveillance
 - Medical countermeasures
 - Medical materials and asset management
 - Laboratory testing
 - Environmental health

Emergency Medical Services

- ☐ Develop and maintain emergency plans and other tools that includes procedures for addressing pre-hospital emergency medical services activities including:
 - Mass casualty incident response
 - Patient decontamination

CCDM

- ☐ Maintain operational capacity of the County EOC to support public health and medical activities.
- ☐ Ensure that staff are identified and adequately trained to fulfill their various county EOC positions.

Medical Examiner

- ☐ Develop and maintain emergency plans and other tools that includes procedures for:
 - Mass fatality incident response

Area Hospitals and Clinics

- ☐ Develop and maintain emergency plans and other tools that includes procedures for addressing:
 - Facility bed tracking
 - Healthcare system surge capacity
 - Healthcare facility evacuation
 - Alternate Care Facilities
 - Crisis Standards of Care
 - Medical Special Needs Sheltering

Response

Response activities take place **during** an emergency and include actions taken to save lives and prevent further property damage in an emergency situation. Response roles and responsibilities for ESF 8 include:

All Tasked Agencies

- ☐ Provide situational updates to the County EOC as required to maintain situational awareness and establish a common operating picture.
- ☐ Provide a representative to the County EOC, when requested, to support ESF 8 activities.

H3S/Public Health Division

- ☐ Coordinate with local, regional, state and federal public health agencies.
- ☐ Assist Public Information staff in developing emergency information related to public health, medical, human services, health impacts and protective measures.
- ☐ Provide public health and safety information to first responders, hospitals, nursing homes, and other facilities and providers.
- ☐ Provide information about biological surveillance and detection, agent identification, and epidemiological investigations to response partners and the general public, as appropriate.
- ☐ Evaluate the need for quarantine and isolation; prepare necessary legal documents in consultation with County Counsel and direct necessary action.
- ☐ Plan and coordinate mass prophylaxis and vaccinations, and assist in establishing POD sites.
- ☐ Plan and coordinate prophylaxis availability for individuals unable to go to a POD.
- ☐ Coordinate with the CCDM/Medical Examiner and funeral directors in determining proper disposition of deceased persons.
- ☐ Coordinate environmental health services with local, regional and state agencies to ensure safety of food, water, and wastewater systems.
- ☐ Recommend water conservation procedures and/or use of emergency drinking water supplies from outside sources.
- ☐ Identify health hazards, including those from damage to water and sewage systems and disseminate emergency information about needed sanitary measures.

ESF 8. Health and Medical

- ☐ Support the coordination of mass care, sheltering and behavioral health services.
- ☐ Serve as a liaison with hospitals, clinics, independent physicians, nursing homes, extended care facilities, pharmacies, mass shelter locations, and EMS providers.
- ☐ Coordinate with appropriate agencies to prioritize requests for public health and medical services and coordinate their delivery.
- ☐ Identify alternate care sites, as needed.
- ☐ Coordinate outside medical resources, including the SNS.

Disaster Management

- ☐ Implement the EOP.
- ☐ Activate EOC.
- ☐ Assist UC.
- ☐ Advise the County Administrator and BCC.
- ☐ Facilitate the emergency declaration process.
- ☐ Coordinate with local, regional and state agencies.
- ☐ Serve as the EOC Manager.
- ☐ Request Clackamas Amateur Radio Emergency Services (CARES) activation.
- ☐ Coordinate on-scene operations at mass fatality incidents, morgue operations and Family Assistance Centers.

CCDM/Medical Examiner

- ☐ Lead management of mortuary operations.
- ☐ Investigate the causes and manners of death not attended by a physician or is suspicious.
- ☐ Develop and execute the Mass Fatality Plan and protocols to manage death investigations and mortuary services.
- ☐ Coordinate with Incident Command to preserve the scene, and protect and remove remains.
- ☐ Identify victims, notify next of kin and release remains for final disposition in coordination with law enforcement.

County Counsel

- ☐ Review and approve legal documents (e.g., Inter-Governmental Agreements, Memorandums of Understanding).
- ☐ Review and approve documents related to isolation, quarantine and other restriction of movements or access.
- ☐ Represent County in court.
- ☐ May review release of information to public and partners (e.g. protected health information concerns).
- ☐ Advise on ORS, Oregon Administrative Rules and County Code interpretation.
- ☐ Advise on personnel issues.

Fire Defense Board/Local Fire Agencies

- ☐ The FDB, through its member districts and departments, provides EMS first response, extrication, triage, treatment, and transport of patients.
- ☐ Fire agencies normally manage on-scene operations, activate the MCI Protocol, as needed, and notify the CCDM/Medical Examiner when fatalities are involved.

Public and Government Affairs

- ☐ Staff serves as the Public Information Officer (PIO) and works with primary and supporting agencies to provide accurate and timely information to employees, the public, and the media.
- ☐ Provide staff for the PIO role and Joint Information Centers (JICs).
- ☐ Develop and coordinate a JIS.
- ☐ Gather, prepare and obtain UC approval of all communications and emergency public information.
- ☐ Work with primary and support agencies and other jurisdictions to ensure messages are clear and consistent to address rumors and inaccurate information.

CCSO/Local Law Enforcement

- ☐ Coordinate investigations of potentially deliberate health impacts, enforces mandatory health actions, and conducts on-scene operations in cooperation with health and fire agencies, including crime investigations; security, traffic, and crowd control; and assistance with death determinations.

Department of Transportation and Development

- ☐ Provides signs, barriers, equipment and personnel to assist in traffic and crowd control
- ☐ Coordinates solid waste disposal
- ☐ Oversees sanitary sewer systems.

Hospitals

- ☐ Respond to a major health emergency by activating their EOCs and operating under their hospital emergency ICS.
- ☐ Coordinate with the County EOC/Public Health staff and to share critical information regarding presenting symptoms, capabilities, security, resources, decontamination requirements, operations and surge capacity.

Private Clinics

- ☐ Report suspected communicable diseases to the H3S/Public Health Division on an ongoing basis. The H3S/Public Health Division may contact private clinics to collect and share information during public health or medical emergencies.
- ☐ May provide services or resources to their clients, such as vaccines or medications, in the event of an outbreak, public health or medical emergency

American Medical Response

- ☐ Provider triage, treatment, and patient ambulance transport
- ☐ Work closely with other emergency responders to coordinate care and transport of victims.

American Red Cross

- ☐ Provides and manages shelter and mass care operations for citizens who are victims of disaster, as well as feeding and support services for emergency responders.
- ☐ Activate and manage shelters for disaster victims, including feeding, health, and behavioral health services, and will provide disaster relief assistance to individuals and families affected by the disaster, feeding operations for emergency workers and response to inquiries from concerned family members outside the disaster area.

ESF 8. Health and Medical

- ☐ Coordinate with CCDM and the EOC regarding non-American Red Cross shelters and shelters for pets.

Recovery

Recovery activities take place **after** an emergency occurs and include actions to return to a normal or an even safer situation following an emergency. Recovery roles and responsibilities for ESF 8 include:

All Tasked Agencies

- ☐ Demobilize response activities.
- ☐ Maintain incident documentation to support public and individual assistance processes.

CCDM

- ☐ Compile and keep all documentation collected relating to the management of activities related to the emergency provision of public health and medical services

Mitigation

Mitigation activities take place **before and after** an emergency occurs and includes activities that prevent an emergency, reduce the chance of an emergency happening, or reduce the damaging effects of unavoidable emergencies. Mitigation roles and responsibilities for ESF 8 include:

All Tasked Agencies

- ☐ Participate in the hazard/vulnerability identification and analysis process.
- ☐ Take steps towards correcting deficiencies identified during the hazard/vulnerability identification and analysis process as appropriate.

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Appendix C ESF 8 Representative Checklist**Activation and Initial Actions**

- ☐ Report to the EOC Manager, Section Chief, Branch Coordinator, or other assigned supervisor.
- ☐ Become familiar with available job resources (e.g., plans, equipment, and staff) and EOC plans and forms
- ☐ Review the EOC organization and staffing chart and understand your role in working with the various branches and sections.
- ☐ Equip your work station with necessary equipment and supplies and test functionality of all equipment
- ☐ Obtain situation report(s), EOC Action Plan, and/or receive briefings from EOC and/or field personnel

Initial Operational Periods

- ☐ Obtain a briefing from the person you are replacing.
- ☐ Attend meetings and briefings, as appropriate.
- ☐ Establish and maintain your position log with chronological documentation.
- ☐ Follow procedures for transferring responsibilities to replacements.
- ☐ Follow staff accountability and check-in/-out procedures when temporarily leaving your assigned work station.

Final Operational Periods

- ☐ Complete and submit all required documentation
- ☐ Ensure all materials are returned to their proper storage location and file requests for replacement of resources that are expended or inoperative
- ☐ Follow check-out procedures.
- ☐ Share lessons learned at After-Action Conferences to contribute to the After-Action Report and inform future activations.

Keys to Success: Information Management

Information management is getting the right information to the right people, in the right form, at the right time. It includes receiving, sorting, prioritizing, and delivering information.

- ☐ The EOC information management role for ESF Leads and agency representatives includes:
- ☐ Filter information for what is accurate, distill that information to what is useful, and push it to the appropriate people within the EOC or agency, contributing to a Common Operating Picture.
- ☐ Serve as a conduit of information to and from agencies.
- ☐ Supply accurate, appropriate, and up-to-date information to the Situation Report.

Keys to Success: Resource Management

Resource management is getting the right resources to the right place, at the right time. The resource request process is at its core and supports coordinated management of resource requests by local, state, and federal partners. Resources include equipment, supplies, and personnel.

The EOC Resource Management support role for ESF Leads and agency representatives includes:

- ☐ Coordinate the contribution of resources from an agency to the response and recovery.
- ☐ Request resources from other sources and agencies.
- ☐ Keep the lines of communication open and provide specific information about what an agency can and cannot provide. The more specific and timely the information held by the Logistics Section is, the more efficiently it will support the request.