



SA 4: Public Health

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1 Introduction



1.1 Purpose

The purpose of this plan is to outline how Clackamas County Public Health Division (CCPHD) will respond to public health emergencies caused by existing or emerging health threats such as communicable diseases, which include water-, vector-, and food-borne diseases; toxins; bioterrorism events; and other natural disasters and technological disasters. The plan establishes the framework within which the County's public health staff will work to ensure that appropriate and coordinated public health measures are implemented in a timely, effective, and equitable manner.

1.2 Plan Organization

This annex to the County's Emergency Operations Plan (EOP) serves as the CCPHD all-hazards emergency response base plan. It specifically addresses the functional activities CCPHD will perform directly or in support of others to protect and preserve the health and wellbeing of the public. The annex and its supporting appendices also identify the processes, systems, resources, and stakeholders the department/division will utilize or work within the performance of its duties and outline the related roles and/or responsibilities of CCPHD staff elements and external stakeholders.

The division's supporting roles are identified in this annex to show the full spectrum of public health responsibilities, but the details of the supporting activities are documented in annexes maintained by others. Specifically, the roles and responsibilities of CCPHD in support of other operations are noted in the following plans:

- ESF 5 - Information & Planning
- ESF 6 - Mass Care
- ESF 7 - Logistics Management and Resource Support
- ESF 9 - Search and Rescue
- ESF 10 - Hazardous Materials
- ESF 11 - Agriculture and Animal Protection
- ESF 15 - Public Information
- ESF 16 - Volunteers and Donation Management
- Support Annex 2 - Behavioral Health
- The Mass Fatality Incident Plan

This annex includes the following components:

1. An introductory section describing the plan's purpose and organization and providing background information necessary to explain and understand the plan's operational concepts.
2. Sections addressing the concept of operations and organizational roles which describe the division's emergency response processes, activities, and responsibilities.
3. Appendices, which are plans subordinate to this annex providing more detailed descriptions of complex functional activities conducted and/or coordinated by public health staff (e.g., surveillance and investigation, environmental health response, medical countermeasures distribution, etc.).
4. Tabs and Attachments, which include procedures, checklists, tables, figures, etc., that provide supporting or implementing information for this annex and its appendices.

1.3 CCPHD Organizational Structure

The organizational structure of CCPHD County's Public Health Division is described in the division's emergency preparedness plan. The staff and organizational elements responsible for implementing this annex and its supporting appendices are identified and discussed in the situation, concept of operations, and responsibilities sections of this annex and its appendices.

1.4 Diversity, Equity, and Inclusion

Planning for and addressing the diverse needs of Clackamas County residents is critical. Clackamas County Public Health Division will take steps to ensure residents have access to culturally response information and resources in public health emergency response.

At risk populations, including those with disabilities, access, and/or functional needs (DAFN), may include people:

- Experiencing:
 - current injuries or who are under medical care
 - pharmacological dependencies
 - houselessness
- Living in:
 - low-income households
 - congregate housing
 - rural settings
 - carceral or other institutional settings
- Who:
 - are pregnant
 - are older adults or children

- are tribal members
- are immigrant farm and industry workers
- are transportation disadvantaged
- rely on electricity-dependent medical equipment
- identify as LGBTQIA+
- With:
 - limited ability to speak, see, hear, or comprehend
 - developmental, intellectual, sensory, or physical disabilities
 - chronic health conditions, including mental illness
 - limited English Proficiency (LEP) or who are non-English speaking

In a public health emergency, key decisions are crucial to protecting the public health, minimizing harm, and allocating resources effectively. Some critical decisions may include scarce resource allocation, implementation of isolation, quarantine and social distancing measures, and public risk communications. Public health will strive to use an equity lens to make reasonable and inclusive decisions that protect the most vulnerable residents.

1.5 National Incident Management System (NIMS)

Clackamas County has adopted the National Incident Management System (NIMS) and incorporated the system's resource management, command and coordination, and communications and information management concepts and guidance into its response plans and structures. This includes use of the Incident Command System (ICS) for incident response. The County also adheres to National Response Framework (NRF) principles and concepts, particularly as they apply to operational coordination. All CCPHD response plans reflect the County's commitment to and use of NIMS and NRF guidelines.

2 Statutes and Authorities



Chapters 431 and 431A of the Oregon Revised Statutes (ORS) and Chapter 333 of the Oregon Administrative Rules (OAR) address the administration and enforcement of public health programs and laws at the state and local levels.

Under ORS 431.110 and ORS 431A.015, the Oregon Health Authority (OHA) has statewide responsibility for public health policy and oversight, including coordination of communicable disease control when thresholds for state action are met.

All state and local public health officers and employees exercise enforcement authority under OHA adopted rules relating to public health matters. Under ORS 431.150 and ORS 431.440, the Director of OHA supervises local public health administrators, and local public health administrators are authorized to administer and enforce state public health laws and may exercise powers comparable to constables in public health matters.

The local public health authority is either a county government, a health district established under ORS 431.443, or an intergovernmental entity formed to provide public health services under ORS 190.010. In Clackamas County, The Board of County Commissioners serves as the Board of Health and collaborates with the local public health administrator to develop public health policies and goals, adopt ordinances and rules, set fee schedules, and impose civil penalties for violations. The local public health authority carries out activities that include epidemiology, disease prevention and control, and environmental health services.

As outlined in ORS 433.441 and through 433.452, the Governor may declare a state of public health emergency to protect public health. During such a declaration, the Governor may close or evacuate facilities, control distribution of goods, limit movement of persons, and authorize pharmacists licensed under ORS chapter 689 to administer vaccines to persons who are three years of age or older. The Public Health Director may adopt and direct implementation of reporting requirements, diagnostic and treatment guidelines, isolation and quarantine orders, and other public health measures appropriate to the threat.

Emergency management responsibilities and coordination are governed by ORS Chapter 401 (Emergency Management and Services), which outlines authority for preparedness, response,

and recovery. The Oregon Office of Emergency Management (OEM), in coordination with OHA, provides statewide guidance and coordination for declared emergencies.

Ambulance services and emergency medical services (EMS) are governed by ORS Chapter 682 (Ambulance Services) and OAR Chapter 333, Division 250 (Ambulance Service Licensing). These statutes and rules define the licensing, operation, and medical oversight of ambulance services and EMS providers.

Under ORS 401.309, the governing body of a county or city may declare, by ordinance or resolution that a state of emergency exists within the county or city. Under ORS 401.165, the Governor may declare a state of emergency at the request of a county, governing body, or at the Governor's own determination. The Clackamas County Board of Commissioners may declare an emergency pursuant to Clackamas County Code Chapter 6.03, Emergency Regulations, and implement measures determined to be necessary and prudent to protect the public and property and to efficiently conduct activities that minimize or mitigate the effects of the emergency. Such measures may include establishing a curfew, mandating evacuations, restricting the number of persons gathering or congregating on any public property or outdoor space, barricading streets, or roads, suspending standard competitive bidding procedures to obtain necessary goods, redirecting funds for emergency use and order other measures found to be immediately necessary for the protection of life and/or property, and more. However, there is no statutory provision in ORS Chapter 433 that gives a local county board the authority to declare a public health emergency.

Additional Clackamas County Code chapters that may be relevant to public health emergency response roles/responsibilities include chapters 8.04 Public Health Laws & Contested Case Procedures, 10.01 Ambulance Service Plan, and 10.03 Solid Waste and Waste Management.

Attachment A to this annex provides an extensive list of state and federal public health and emergency management authorities. The list is maintained by the Oregon Health Authority.

3 Mutual Aid and Other Agreements

Clackamas County is signatory or has access to several mutual aid and other agreements that can provide resource support (i.e., personnel, equipment, supplies, and/or facilities) when the County's ability to conduct emergency operations with its own resources is exceeded. The six agreements most likely to be activated when additional public health resources are needed are the:

- Stranded Workers Agreement – Signatories include the Portland metropolitan area counties, the city of Portland, and Tualatin Valley Fire & Rescue. Provides for the sharing of personnel when “stranded” by the impacts of a disaster and unable to report to their normal work site.
- Regional Medical Reserve Corps (MRC) Volunteer Sharing Agreement – Signatories include the local public health agencies representing Clackamas, Columbia, Multnomah, Washington, and Yamhill counties. Provides for the sharing of MRC volunteers between the agencies for response and recovery activities.
- Omnibus Inter-County Mutual Aid Agreement (ICMAA) – Signatories include 20 counties in central and western Oregon. Provides for county-to-county sharing of personnel, equipment, supplies, and materials.
- Oregon Resource Coordination Assistance Agreement (ORCAA) – Participants include Oregon state agencies and local governments unless the local government has opted out of participation. Tribal governments are also eligible participants but must opt into the agreement. Provides for the sharing of employees, services, equipment, and supplies between the participating agencies. (See ORS 402.200)
- Emergency Management Assistance Compact (EMAC) – A national disaster relief compact adopted by all 50 states, the District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands, and the Northern Mariana Islands. Provides for the sharing of resources between the participants. (See ORS 402.105)
- Oregon Statewide Pharmacy MOU – A memorandum of understanding to utilize existing pharmacy infrastructure to help address health and medical needs of an affected population during a public health incident, emergency or disaster, using coordinated and standardized protocols statewide.

Each of these agreements provides a framework for resource sharing and outlines reimbursement, liability, and compensation terms, and most also define the processes and provide the tools necessary to initiate a request and accept an offer of assistance. Note, however, that requests for resources through EMAC must be coordinated by the state emergency management department.

There are many other agreements (e.g., mutual aid, inter-governmental, cooperative assistance, and memorandum of understanding) that might be activated or come into play in support of public health and/or medical operations. A full list of the agreements and their purposes and participants is included as Attachment B to this annex.

4 Acronyms and Explanation of Terms

4.1 Public Health Acronyms and Abbreviations

See Attachment C for a full list of acronyms and abbreviations used in this annex.

4.2 Definitions and Explanations of Terms

- **Epidemiology** – The study of health and disease in populations and the application of this study to control health problems.
- **Isolation** – The sequestration of individuals or groups of people who are ill with an infectious disease to prevent transmission of that disease to others.
- **Mutual Aid** – Written agreements between agencies and/or jurisdictions to assist one another upon request by furnishing personnel, equipment, and/or expertise in a specified manner.
- **Prophylaxis** – A preventive measure used to maintain health and prevent disease.
- **Quarantine** – The sequestration of well individuals or groups of people identified as having been exposed to an infectious disease to prevent the spread of that disease to others.
- **Sentinel Lab** – A laboratory capable of analyzing or referring samples that may contain microbial agents, biological toxins, chemical agents, chemical agent metabolites, or radiological agents of public health significance.
- **Social Distancing** – Measures used to restrict when and where people can gather to stop or slow the spread of an infectious disease.
- **Standing Orders** – Written protocols that authorize designated members of a health care team (e.g., paramedics or emergency medical technicians (EMTs)) to complete certain clinical tasks without having to first obtain a physician order.
- **Surge Capacity** – Ability of the healthcare system (hospitals, clinics, etc.) to deal with a substantial increase in patient load that cannot be supported by routine methods.
- **Surveillance** – The ongoing and systematic collection, analysis, and interpretation of health data in the process of describing and monitoring a health event. Passive surveillance is the process through which public health receives reports submitted from hospitals, clinics, public health units, or other sources. Active surveillance aims to identify

every case during an event and can require extensive human and financial resources to conduct.

- **Vector** – A carrier of a disease (for instance, mosquitoes are the vector that carries West Nile Virus)
- **Zoonotic Diseases** – Infectious diseases of animals transmitted to humans.

5 Situation and Assumptions



5.1 Situation

Clackamas County is subject to natural and technological hazards such as disease outbreaks, severe earthquakes, and acts of terrorism that could significantly affect the health of the public and place extraordinary demands on the delivery of public health and medical services. The types of public health threats that are likely to occur in the county and the county's level of vulnerability to those threats are addressed in the Clackamas County Natural Hazards assessment, the Region 1 Health Preparedness Organization Hazard and Vulnerability Assessment (HVA), and the OHA Health Security, Preparedness, and Response (HSPR) HVA which is included in the CCPHD emergency preparedness plan.

5.1.1 CCPHD Programs and Resources

Pursuant to ORS 431, Clackamas County is the local public health authority responsible for providing public health services while administering and enforcing public health laws. The Board of County Commissioners can convene as the County Board of Health and is the County policymaking body in implementing the duties of local departments of health. The Clackamas County Board of Health has delegated responsibility for management of local public health services to the County Public Health Division.

The Clackamas County Public Health Division has very broad responsibility and specific legal authority for protecting the population (including residents and visitors) of the county from public health threats. Clackamas County public health services are provided as a function of County government and are delivered countywide. The county's cities, special districts, non-governmental organizations, businesses, and community members are dependent upon those services daily and during emergency response and recovery operations. During emergencies affecting public health, the County's unique role in the delivery of public health services greatly increases the need for effective situation, information, resource, and policy coordination.

The Public Health Division employs staff from a wide variety of disciplines with a variety of technical expertise including nurses, disease intervention specialists, physicians, epidemiologists, dietitians, certified environmental health practitioners, community health workers, health educators, nutrition technicians, program coordinators, data analysts, and administrative support. Several of the staff are bilingual, with Spanish fluency being the most common. Staff

fill various roles in the Public Health Department Operations Center (PH DOC). In an expanding incident, the PH DOC roles up to the Health, Housing, and Human Services (H3S) DOC and/or the County EOC. Incident command will coordinate and fill needed roles based on staff capacity and incident needs.

The Clackamas County Public Health Administrator, who is the Clackamas County Public Health Director, is the individual appointed under state law by the Clackamas County Board of Health to act as the administrator of the local health department and supervise public health programs and public health activities within the county. The local public health administrator works in collaboration with the Clackamas County Board of Health to inform public policy decisions, with clinical leadership and consultation from the County Health Officer, and has the authority to make public health policy decisions without a separate delegation of authority for emergencies. The Public Health Director, Deputy Public Health Director, Office of Public Health Emergency Services Manager, or designee serve as command in the Public Health Department Operations Center or in public health related emergencies in the County Emergency Operations Center.

The County Health Officer is a licensed physician employed by CCPHD who provides expert guidance, technical direction, consultation, and leadership in support of public health activities and clinical services in the county. The health officer is responsible to the public health administrator for the medical and paramedical aspects of the public health programs managed by the administrator. The health officer also:

- Provides guidance and consultation to other departments, the public, and outside agencies about ongoing community health issues.
- Monitors health and disease occurrences in the community and analyzes health and disease trends.
- Frequently represents the County to the public, elected officials, and other agencies, governments, and organizations and serves as a media spokesperson on health and medical issues.
- Provides medical direction consultation during county and public health emergencies.

Access to Preventive Health program provides coordinated opportunities for care, referrals, education, and support services to eligible residents so they can get the care they need to improve their health. Women Infants and Children (WIC) services also sits within this group. *This program area serves in the Operations Section of the Department Operations Center during an incident activation, exercise, or drill.*

Administration Services program provides contract and grant coordination and compliance, budget control and fiscal management, personnel management, and maintenance services to public health management and staff and other key internal and external stakeholders so they can experience continued and predictable funding to carry out public health initiatives. Vital statistics and record keeping sit within this group. *This program area serves in the Finance, Logistics & Administration Sections of the Department Operations Center during an incident activation, exercise, or drill.*

The Center for Population Health (CPH) program provides health data information, policy development and recommendations, research, and public health communications and messaging services to county and community partners so they can access the tools they need to address public health priorities. *This program area serves in several areas within the Department Operations Center during an incident, activation, exercise, or drill, including Command, Liaison Officer, Equity Officer, and the Planning Section.*

The Environmental Health (EH) program includes a staff of environmental health specialists and health educators responsible for monitoring environmental health conditions, conducting inspections intended to prevent outbreaks of water-, food-, or vector-borne diseases, and educating the public about environmental health issues and problems. The staff inspects food preparation and handling practices at restaurants and other public eating facilities; approves septic systems; inspects and tests small public water supply systems, public swimming pools, and fountains; and responds to and investigates animal bites. The EH staff are also responsible for inspection of general sanitation within emergency shelters, to include water and food safety, proper sewage and solid waste disposal, and animal and insect control. Program staff coordinate with the Oregon Health Authority's drinking water program for drinking water contamination incidents and the Oregon Department of Environmental Quality for air quality incidents such as wildfire smoke. *This program area serves in the Operations Section of the Department Operations Center during an incident activation, exercise or drill.*

The Infectious Disease Control and Prevention (IDCP) program is responsible for monitoring disease outbreaks and patterns, conducting disease investigations, and developing appropriate recommendations to protect public health. During a disease investigation, staff identify the population at risk (i.e., who is getting the disease and where they live and work) then uses the information to develop and implement appropriate recommendations regarding prevention, control, and treatment of the disease for those exposed, healthcare providers, and the public. Program staff work closely with the healthcare community in monitoring for disease outbreaks and patterns. They also collaborate with neighboring counties during an outbreak to identify contacts and provide appropriate prophylaxis and information to control the spread of disease. *This program area serves in the Operations Section of the Department Operations Center during an incident activation, exercise, or drill.*

The IDCP staff work closely with the Oregon Health Authority's Acute and Communicable Disease Prevention (ACDP) section during disease outbreaks. ACDP provides consultation, expertise, and occasional staffing assistance when requested. ACDP also assists in coordinating multi-county outbreaks and is often the agency that recognizes an outbreak is occurring in more than one county.

In very large or unusual events, the federal Centers for Disease Control and Prevention (CDC) are also consulted for information and technical assistance. Data on diseases and outbreaks are routinely transmitted from ACDP to the CDC.

Office of Public Health Emergency Services provides Emergency Medical Services coordination, Public Health Emergency Preparedness and Response (PHEPR), and Medical Reserve Corps Unit (MRC). *This program area serves in several areas within the Department Operations Center during an*

incident, activation, exercise, or drill, including Command, Planning Section and Operations Section.

The Emergency Medical Services (EMS) program coordinates emergency medical service planning and operations with public and private EMS providers in the county including EMS medical directors, fire service agencies, private ambulance companies, hospital emergency departments and trauma centers, and the 911 call centers, Clackamas Communications (C-COM) and Lake Oswego Communications (LOCOM). Program staff (working with an EMS advisory committee) maintain an Ambulance Service Plan, which provides for the coordination of emergency ambulance services in the county. The County contracts with a physician to act as the EMS Medical Director or supervising physician. The medical director's duties include, among others, developing and maintaining patient treatment protocols for the County's contracted ambulance service provider, contracted fire agencies, and 911 centers, reviewing and evaluating ambulance service provider emergency medical practices, providing, or coordinating formal case reviews, and coordinating with the service provider medical directors.

Public Health Emergency Preparedness (PHEP) program staff are primarily responsible for working with division leadership and program managers to ensure the organization is ready to respond when incidents occur. This includes the maintenance of plans, equipment, and supplies. These responsibilities are spelled out in more detail in the CCPHD emergency preparedness plan. During incident response, PHEP staff may be assigned to specific roles in the incident management structure or serve as coaches/mentors for other incident management staff.

CCPHD ensure the availability of the Medical Reserve Corps (MRC) unit made up of medical volunteers who have registered with the Oregon Health Authority through the State Emergency Registry of Volunteers in Oregon (SERV-OR) and affiliated themselves with the County's public health program.

5.1.2 Clackamas County Healthcare System and Resources

The healthcare system in Clackamas County is dynamic and multi-faceted. The primary components of the system are noted below. During an incident, CCPHD is responsible for assessing impacts on the healthcare delivery system and providing support to the extent resources allow. Coordination with the impacted programs/facilities may be direct (e.g., with County-delivered clinical and behavioral health services and EMS) or indirect (e.g., through Hospital Preparedness Program (HPP) regional staff for some facilities or Social Services for human services, disability, aging and veterans' services, and other programs).

- County provided clinical services – Clackamas County Health Centers and Behavioral Health operate several clinics and other facilities that provide direct care and related services for vulnerable populations.
 - Beaver Creek Health Center – Primary care for children, adolescents, and adults.
 - DSB Behavioral Health Center – Mental health treatment, substance abuse, and crisis intervention for children, adolescents, and adults.
 - Gladstone Health Center – Dental, Immunizations, and emotional health services for children and adolescents.

- Sandy Health Center – Primary care, dental immunization, behavioral health, prenatal/reproductive health care, and general health care for children, adolescents, and adults.
- School Based Health Centers (SBHC) – medical services in schools focused on preventing illness and promoting healthy behaviors.
- Sunnyside Health Center – Primary care, dental care, immunization, behavioral health, prenatal/reproductive health care, and general health care for children, adolescents, and adults.
- Treatment Court Services Center – Mental health treatment, substance abuse, and crisis intervention for children, youth, adults, and families.
- Emergency Medical Services (EMS) – Emergency medical services, which include pre-hospital emergency medical treatment and emergency transport, are provided by private ambulance and medevac providers and the county's fire service agencies. They include American Medical Response (AMR), Life Flight, Clackamas Fire, Canby Fire, Colton Fire, Estacada Fire, Hoodland Fire, Lake Oswego Fire, Molalla Fire, Aurora Fire, Monitor Fire, and Tualatin Valley Fire & Rescue.
- Hospitals – There are three hospitals in the County: Kaiser Permanente Sunnyside Medical Center non-trauma with 303 beds, Providence Milwaukie Hospital non-trauma with 77 beds, Legacy Meridian Park Medical Center with 128 beds, and Providence Willamette Falls Medical Center non-trauma with 143 beds. Each hospital is a part of HPP Region 1.
- Ambulatory Care Facilities – Ambulatory care facilities provide a wide range of services including outpatient surgery, urgent care, routine medical care, pediatric and other specialty care, dental care, behavioral health, transfusions, dialysis, and diagnostics and imaging. There are four dialysis facilities in the county – FMC Clackamas, DaVita Lake Road Dialysis, DaVita Willamette Valley Renal Center, and FMC Hilltop Dialysis – and one Federally Qualified Health Center (FQHC) – the Clackamas County Health Centers. The FQHC operates five health clinics with locations in Oregon City, Gladstone, Milwaukie, Sandy, and Clackamas. They also have seven school-based health centers located in Oregon City, Milwaukie (2), Happy Valley, Sandy, Estacada and Clackamas.
- Community Health/Safety Net Clinics – Non-profit health clinics that provide a range of health and preventive services for low-income, uninsured, and under-served community members. Clackamas Free Clinic – Volunteers in Medicine, Clackamas Mental Health Center, Beaver Creek Health Center, Gladstone Health Center, Lake Road Health Center, Sandy Health Center, Sunnyside Health Center, and school-based health centers for students located at Adrienne C. Nelson High School, Clackamas High School, Estacada High School, Milwaukie High School, Oregon City High School, Rex Putnam High School, and Sandy High School.
- In-Home Services – In-home services encompass several disciplines which provide medical, spiritual, and non-medical assistance in the home, including home health, home care, and hospice services.
- Long-term Care – Long-term care facilities vary greatly in the types and amount of care provided to the residents/patients. They include nursing and acute care rehabilitation

facilities that provide the highest level of care, residential and memory care facilities, and assisted living facilities.

- Behavioral Health – Behavioral health services include inpatient and outpatient mental health services and substance use disorder services. The FQHC operates three behavioral health clinics in Oregon City and Sandy providing mental health and addictions treatment, mental health assessments, and medication management.
- Other Facilities and Services – There are many other facilities and services that may require support from or provide support to the division’s response efforts. They include, but are not limited to, blood, poison control, cancer, respiratory, laboratory, pharmacy, and veterinary services.

5.1.3 Regional Programs and Resources

CCPHD participates in and/or is supported by several regional programs with roles in public health and healthcare emergency response. They include:

- NW Oregon Health Preparedness Organization (HPO) – The HPO coordinates regional healthcare planning efforts within the Hospital Preparedness Program (HPP) Region 1 counties to ensure the region is prepared to respond to large-scale health emergencies. The HPO, which has a small staff of OHA employees, has developed several response plans and procedures that are critical to the support and coordination of healthcare system operations and to interfacing with public health operations. They include procedures for operating a Health and Medical Multi-Agency Coordination (MAC) Group, a hospital memorandum of understanding for resource sharing, and plans for managing burn, pediatric, and radiological surge incidents. During emergency response operations, the HPO staff gathers, documents, and shares healthcare system situation status details and coordinates medical resource sharing and ordering.
- Trauma Communication Center (TCC) and Regional Hospital (RH) – The TCC and RH are programs and services provided by Oregon Health and Sciences University (OHSU) in the Portland metropolitan area. TCC coordinates trauma patient destination with the region’s trauma hospitals and ambulance service providers (private and public). RH performs a similar function but coordinates patient destination with on scene staff and all hospitals and ambulance service providers in mass casualty incidents.
- Cities Readiness Initiative (CRI) Program – The CRI program focuses on preparedness for large public health emergencies including planning for medical countermeasure distribution and dispensing (MCMDD) for all-hazards events. This work includes development and coordination of the Push Partner Registry (PPR) program, which leverages support from companies, agencies, and other organizations to rapidly distribute medical countermeasures and relay incident information to organizational staff and families. The Portland CRI Region, which is comprised of Clackamas, Columbia, Multnomah, Washington, and Yamhill counties in Oregon and Clark and Skamania counties in Washington, has a small staff based out of Washington County Public Health. During emergency response operations, the CRI staff facilitates and supports operation of a regional Public Health Multi-Agency Coordination (MAC) Group, and when the rapid

distribution of medical countermeasures is required, coordinates activation of the Push Partner Registry program and implementation of MCMDD plans with the public health staff in the CRI region's counties.

- Regional Multi-Agency Coordination System (RMACS) – The RMACS plan developed by the Regional Disaster Preparedness Organization (RDPO) outlines a process for regional incident coordination and scarce resource management across Clackamas, Clark, Columbia, Multnomah, and Washington counties. It includes provisions and procedures for function-specific MAC Groups, including public health, health-medical, and animal services, and for an overarching, executive level MAC Group.
- Regional Public Health Leadership Group (RPHLG) – The RPHLG includes the public health administrators and health officers from Clackamas, Multnomah, Washington, and Clark counties. The group is a collaborative decision-making body that works to align equitable and strategic local public health policies and programs, ensure timely and culturally responsive local public health communication and messaging across the region, and influence state and federal public health policy that impacts the Portland metropolitan region. During incident response, the group may meet informally to coordinate policy and operations or convene more formally as the Regional Public Health Multi-Agency Coordination (MAC) Group.
- Regional Public Health Initial Disaster Notification Contact List – This contact list adopted by the RPHLG is intended for use by local public health authorities in Clackamas, Clark, Columbia, Marion, Multnomah, Washington, and Yamhill counties. It provides contact information to support early notification and coordination among local public health officials in the event of a developing or expanding large-scale public health emergency, or public health event in the Portland metropolitan area with heavy media interest.
- Tri-County Medical Reserve Corps (MRC) – The MRC units of Clackamas, Multnomah, and Washington counties have a common credentialing process and the same onboarding and training requirements. The training, credentialing, and onboarding of MRC volunteers for the three counties is administered by regional program staff based out of Washington County Public Health. During incident response, regional staff provide technical support and may augment county staffing to ensure seamless MRC unit activations and deployments.

5.1.4 State Programs and Resources

In addition to its Acute and Communicable Disease Prevention staff, the Oregon Health Authority provides several other services, maintains response resources, and has specific operational responsibilities that work in support of the County's public health program. These services, resources, and responsibilities include:

- Receipt, staging, storage, and delivery of the Strategic National Stockpile (SNS), a federal asset with significant pharmaceutical and medical supplies.
- Maintaining and updating the Health Alert Network (HAN). The HAN system serves as an alerting and notification system for public health and is a repository for health and security alerts and warnings.

- Operating the state's Radiation Protection Services program, which works to protect Oregonians from unnecessary exposure to radiation.
- Operating the state's Drinking Water Program (DWP), which administers and enforces drinking water quality standards for public water systems in the state. The DWP focuses resources in the areas of highest public health benefit and promotes voluntary compliance with state and federal drinking water standards. The DWP also emphasizes prevention of contamination through source water protection, provides technical assistance to water systems, and provides water system operator training.
- Operating the Oregon State Public Health Laboratory (OSPHL). The OSPHL provides laboratory testing to support the state and local health departments. The lab performs the following tasks:
 - Provides specified laboratory testing.
 - Provides printed and Web-based instructions on specimen collection and evidence-control for health care providers.
 - Provides specimen collection material, as needed.
 - Refers selected specimens to the CDC as appropriate.
 - Communicates test results to clinicians and local, state, and federal health officials.
 - Participates in the state's Laboratory Response Network (LRN). The LRN is a statewide network of clinical, food testing, veterinary diagnostic, and environmental laboratories (i.e., sentinel labs) that can provide a coordinated and immediate response to biological and chemical threats.
 - Assists public and private sentinel laboratories by providing training and support in specimen collection, storage, and shipment, evidence-control measures, and recognition of chemical and biological terrorism agents.
 - Collaborates with the World Health Organization (WHO) and CDC laboratory network.
 - Develops and distributes novel disease testing criteria in collaboration with ACDP and CDC.
- Maintaining a staff of regional emergency coordinators (RECs) who can deploy in support of local public health emergency response operations.
- Maintaining SERV-OR, Oregon's roster of licensed physicians, nurses, pharmacists, emergency medical technicians (EMTs), behavioral health providers, respiratory therapists, and non-medical support and administrative personnel who have registered to volunteer in response to local, state, and/or federal emergencies.
- Maintaining price agreements with major medical staffing companies.
- Maintaining the Oregon Pharmacy Memorandum of Understanding (MOU).
- Maintaining the Oregon Medical Station, a deployable cache of beds, pharmaceuticals, medical supplies, and equipment to support 250 patients, and other medical supplies including pharmaceutical support equipment and supplies, durable medical equipment (DME), personal protective equipment (PPE), body bags, ventilators, and accessibility kits.

- Repositioning medical supplies and assets purchased with HPP grant funds from one organization to another including incident command trailers, mobile communications vehicle, decontamination and mass casualty incident trailers, generators, and PPE.
- Working with hospitals and the Centers for Medicare & Medicaid Services (CMS) during declared disasters/emergencies to process requests for Social Security Act Section 1135 waivers to, for example, increase healthcare service delivery through alternative care sites (ACS).

The Oregon State Medical Examiner maintains a deployable mobile morgue for use when a disaster overwhelms the existing system's ability to manage autopsy operations. The morgue consists of two trailers with the equipment and supplies needed for a complete suite of autopsy and identification services, which include admitting/intake, photography and property, X-ray, odontology, latent prints, anthropology, genetic testing, pathology, and discharge/release.

The Oregon Department of Human Services (ODHS) Office of Resilience and Emergency Management (OREM) maintains a staff of regional emergency coordinators (RECs) and social services emergency liaisons (SSELS) who can deploy in support of local mass care or emergency drinking water operations. OREM's coordinators and liaisons work alongside public health staff in addressing the health-related needs of individuals impacted by an emergency with a focus on seniors, individuals with disabilities, access or functional needs, and limited English speakers.

The Oregon State Fire Marshal (OSFM) manages the state's regional hazardous materials emergency response team program. There are 13 response teams located across Oregon. The teams serving Clackamas County are operated by Gresham Fire (Region 3 team) and Tualatin Valley Fire and Rescue (Region 9 team). Clackamas Fire District also has hazardous material trained staff that support the regional teams. The teams are a technical resource for local incident commanders. Team members are trained to the technician level and have received specialized training and equipment through the Department of Homeland Security to prepare them for response to a chemical, biological, radiological, nuclear, or explosive (CBRNE) incident.

The Oregon Military Department (OMD) operates a Civil Support Team (CST), a National Guard unit whose mission is to augment local and regional terrorism response capabilities in the event of a known or suspected weapons of mass destruction (WMD) incident. The team has sophisticated communications, sampling, and testing equipment that can assist local public health, hazardous materials, and law enforcement officials with identification of chemical, biological, and radiological agents, assessment of incident consequences, and development of appropriate response and protective actions. OMD also maintains an extensive fleet of National Guard vehicles, including refrigerated trailers for body storage and water buffaloes for potable water distribution that can be deployed to support local needs.

5.1.5 Other Statewide Resources

- Oregon Disaster Medical Team (ODMT) – The ODMT is an independent non-profit 501(c)3 organization of volunteer healthcare professionals who can respond to provide relief healthcare services when local, county, and mutual aid reserves are overwhelmed due to a mass casualty incident or disaster event.

- Oregon Veterinary Emergency Response Team (OVERT) – OVERT is a group of veterinarians and animal health technicians, recruited by the Oregon Department of Agriculture, who are trained in animal health emergency management and volunteer to serve on the veterinary emergency response team.
- 211info – A program (phone service) providing information and referral services for Oregon and Southwest Washington. The program helps people identify, navigate, and connect with the local resources they need and can be complementary to services provided by a county Public Inquiry Center (PIC).
- Oregon Capacity System (OCS) – The OCS is a statewide command center software solution for hospital capacity and critical resource management that automatically pulls data directly from the electronic medical records of every hospital in Oregon. The system tracks beds, infectious disease by bed, PPE inventory, and real-time emergency room capacity by hospital. Information is then made available to all participating organizations via a website which is easily accessible from any device or projected on a screen and refreshed every five minutes.
- Coordinated Care Organizations (CCO) – Regional networks that integrate physical health, behavioral/mental health, dental care, and social services for people covered by the Oregon Health Plan (Medicaid). In a larger emergency, they can help identify and support at-risk members, help meet social and non-medical needs, expand or adapt services to maintain access to care, help ensure emergency responses consider vulnerable populations, and coordinate efforts with public health for outreach, vaccination, distribution of supplies, and communication with members.

5.1.6 Federal Programs and Resources

The CDC and other divisions of the U.S. Department of Health and Human Services, along with the U.S. Department of Homeland Security, support and maintain a number of national resources that are available to support state and local public health and medical operations during major emergencies and disasters. These resources include:

- The Strategic National Stockpile of medical equipment, supplies, and pharmaceuticals including:
 - Antibiotics, chemical antidotes, antitoxins, and life-support medications.
 - Ventilators and personal protective equipment, including respirators, masks, gloves, face shields, goggles, and surgical gowns.
 - CHEMPACKs, which are containers of nerve agent antidotes placed in secure locations in local jurisdictions around the country to allow rapid response to a chemical incident. There are five CHEMPACK caches in HPP Region 1.
- The National Disaster Medical System (NDMS), which has three components – a network of definitive care hospitals, patient transportation capabilities, and medical response teams. The teams include:
 - Disaster Medical Assistance Teams (DMATs) – highly trained and equipped medical and public health professionals who can assist in the handling of medical/hospital surge

events.

- Trauma and Critical Care Teams (TCCTs) – medical professionals who can provide critical, operative, and emergency care to help people in the wake of natural and man-made disasters and public health emergencies.
- Disaster Mortuary Operational Response Teams (DMORTs) – coroners, funeral directors, medical examiners, forensic specialists, and other personnel who can support local mortuary services on location by quickly and accurately identifying victims and reuniting victims with their loved ones in a dignified, respectful manner.
- Victim Identification Center (VIC) Team – trained professionals from several specialties who can help identify disaster victims and serve as liaisons to the victims’ families or other responsible parties in support of another NDMS team.
- Veterinary Medical Assistance Teams (VMATs) – highly trained and equipped veterinary professionals who can provide care to pets and other animal populations in affected areas.
- The National Guard Bureau maintains and operates two national assets/capabilities that can be deployed to support state and local response operations. They include:
 - Homeland Response Force (HRF), which includes 10 teams positioned regionally across the country that can deploy to conduct command and control and work alongside first responders in casualty assistance, search and extraction, decontamination, and medical triage and stabilization.
 - Chemical, Biological, Radiological, Nuclear and high-yield explosive Enhanced Response Force Package (CERFP), which includes 17 teams positioned regionally across the country that can deploy to work alongside first responders in search and extraction, decontamination, medical triage and patient tracking, and fatality search and recovery.

5.2 Assumptions

- All government agencies will maximize use of their own human, material, and financial resources before requesting assistance from another unit of government.
- Mutual aid agreements with neighboring counties will be invoked as needed for localized incidents/emergencies.
- Use of mutual aid agreements in widespread emergencies will be minimized to facilitate the allocation of resources to the highest priority incidents by county, regional, state, and/or federal incident managers.
- A portion of the County’s public health staff will be affected by the emergency and will not be available to respond. However, CCPHD has a robust Continuity of Operations Plan that is web-based and exists in paper copies to assist programs to continue necessary operations.
- Outside public health resource support will be available to assist the County’s public health staff except in catastrophic or other emergencies with broad geographic and/or

transportation impacts.

- Federal resources may be limited and will typically not be available for 24-72 hours from the time of request.
- Physicians, nurses, and other medically trained community members will volunteer to assist. They may do so through the organized and pre-identified Clackamas County Medical Reserve Corps unit or in a spontaneous, non-affiliated way. However, concerns about personal safety and/or family welfare may limit the number of medical personnel willing or able to volunteer in certain incidents.
- Members of the community will volunteer to assist public agencies. However, concerns about personal safety and/or family welfare may limit the number of volunteers willing or able to assist.
- Sufficient communications and transportation systems and resources will be available to allow public health staff to conduct and coordinate their emergency response actions.

6 Concept of Operations

Clackamas County public health emergency response operations are framed by both the nature and extent of public health impacts. CCPHD may play a lead or supporting role depending on the nature or type of the incident/event and may manage response to an incident on an internal basis or as part of a larger countywide, regional, or national response depending on the extent of incident impact.

CCPHD has the legal authority and direct responsibility for managing public health incidents such as bioterrorism or a pandemic that threaten or impact the community. However, the CCPHD shares incident management responsibilities with local and/or federal law enforcement officials when the public health incident creating the threat or impact involves terrorism or other criminal action. An incident for which the CCPHD has a lead role may originate from one or more of the following sources:

- communicable disease
- vector-borne disease
- food-borne illness
- water-borne illness
- toxins of biological origin
- intentionally caused disease (bioterrorism)

CCPHD will assume a supporting agency role when adverse health threats or impacts result from other incidents such as:

- natural disasters (e.g., floods, wildfires, extreme weather, earthquakes, windstorms, and volcanic eruptions)
- technological disasters (e.g., cyberattacks, intentional or accidental hazardous material incidents, transportation accidents, and significant power outages)

Pursuant to Presidential Decision Directive 39, the Federal Bureau of Investigation (FBI) has lead responsibility for investigation of terrorist acts. An actual or suspected terrorist act involving a biological agent (e.g., anthrax) will require a coordinated investigative and epidemiological response between the FBI, the CDC, local law enforcement, and local public health officials.

Regardless of its lead or supporting role, CCPHD will prioritize those actions that seek to decrease population morbidity and mortality. Such actions may include:

- Epidemiological investigation and surveillance

- Mass prophylaxis/vaccination
- Isolation, quarantine, and social distancing measures
- Environmental health measures (e.g., supporting the restoration of disrupted drinking water systems, monitoring sanitary conditions in emergency shelters, etc.)
- Healthcare system support
- Public notification and health education

6.1 Alert and Warning

CCPHD may be alerted to an incident requiring public health attention or response through several different means, including:

Instantaneous event (e.g., significant earthquake; tornado)

- National or international public health monitoring (e.g., novel disease outbreak; expanding epidemic)
- Routine disease surveillance and investigation activities
- Cluster of cases at same location (e.g., Legionnaires Disease)
- Call from local healthcare provider reporting an unusual event (e.g., measles; TB, norovirus, etc.)
- Notification from the state or another county posted in the Health Alert Network (HAN) or delivered through other means.
- Notification of a developing/occurring incident from the County Disaster Management office
- Call from the public

6.2 Activation and Notification

6.2.1 Activation

Primary responsibility for activation of this plan and related plan appendices rests with the public health administrator. However, the plan can also be activated by the Board of County Commissioners and the Department of Health, Housing and Human Services Director. At the time of activation, the activating authority will identify the initial level of response and the response structure(s) being implemented to address the emergency.

6.2.2 Notification

The public health administrator is responsible for ensuring that appropriate staff, departments, and external partners are notified of the incident, plan activation, level of response, and response structure(s) being implemented. This includes the Board of County Commissioners, County leadership, County Health Officer, CCPHD program managers, the County Disaster Management office, the Oregon Health Authority, regional public health and healthcare partners, local

government agencies, and other community partners. Staff notification will be made following internal CCPHD procedures using the most appropriate tools based on the notification urgency (e.g., phone, email, HAN, Everbridge). External notifications will be made consistent with the Regional Public Health Initial Disaster Notification Contact List.

6.3 Incident Response Structures and Facilities

The specific response structure(s) (organization and facilities) established for a given incident will vary depending on the type and complexity of the incident, threat and risk posed, jurisdictions involved, public information demands, suspected criminal activity, and legal responsibilities and authorities of participating agencies. CCPHD will activate and staff an internal incident response structure appropriate for the emergency and/or participate in incident-related response structures activated by others. The internal and related response structures, which can be activated physically or virtually, include:

- Public Health Incident Management Team (IMT) – CCPHD maintains a group of ICS-qualified personnel consisting of an Incident Commander, Command and General Staff, and personnel assigned to other key ICS positions. The team may be activated to manage a public health incident or operation in the field (e.g., outbreak at a single location) or manage a broader public health incident from the division’s offices.
- Public Health Incident Command Post (ICP) – The location where the primary functions of public health incident command are performed. The public health ICP may be established in the field, virtually, or at the division’s offices. When activated concurrently with the County EOC, the ICP focuses on management of division operations and resources and coordinates situation status, resource support, and public information with the EOC.
- Public Health Department Operations Center (PH DOC) – The PH DOC performs the same functions as the ICP but is activated for more significant public health incidents (e.g., measles or Hepatitis A outbreak) where additional program input and staff support are required to manage and coordinate the division’s response. When an incident exceeds the PH DOC’s capabilities, or when the scale of the emergency requires broader coordination, PH DOC operations transition into and are managed under the Health, Housing and Human Services (H3S) DOC. In certain incidents, the PH DOC may be bypassed entirely, with response efforts directed through the H3S DOC.
- Health, Housing and Human Services Department Operations Center (H3S DOC) – The Health, Housing and Human Services Department maintains its own operations center with qualified staff to manage, support, and coordinate its incident response activities. The H3S DOC will typically be activated for larger public health incidents with substantial public impacts. When activated concurrently with the County EOC, the H3S DOC focuses on the management of department operations and resources and coordinates situation status, resource support, and public information with the EOC. The H3S DOC is located at 2051 Kaen Rd. Oregon City, OR, but can be operated virtually.
- County Emergency Operations Center (EOC) – The County EOC is the location where the coordination of information and resources to support field, and local agency EOC incident management activities take place. The EOC is located at 1710 Red Soils Ct #225, Oregon

City, OR, and can operate virtually. When the EOC is activated in response to an incident for which public health has a lead role, the EOC Manager and/or Operations Section Chief positions will be staffed by qualified leaders from CCPHD. If the Public Health DOC is activated concurrently with the County EOC, public health staffing in the EOC will be minimized and focus on support of the DOC and coordination of situation status and public information. When the DOC/ICP are not concurrently activated, public health will maintain a more robust presence in the EOC to manage, support, and coordinate its response efforts. DOC activation guidelines are described in the PH DOC Activation Plan.

- Clackamas County Policy Group – The policy group consists of the County Administrator, county counsel, sheriff, H3S department head, and heads of other heavily involved or impacted departments. The Public Health Director is also a member for a public health incident. The policy group convenes to provide direction on the implementation or waiving of rules and restrictions, service curtailments, and prioritization and allocation of scarce resources, and to provide guidance regarding public messaging. Under emergency conditions, the public health administrator and County Policy Group may have to address a number of significant public health policy issues requiring extraordinary actions to control the spread of disease and maximize the efficacy of the public health and healthcare systems. Such actions may include:
 - Developing event-specific priorities for mass prophylaxis and treatment operations,
 - Implementing appropriate social distancing measures to control the spread of disease (e.g., closing schools; restricting travel; limiting social gatherings; etc.),
 - Implementing crisis standards of care across the healthcare system,
 - Identifying alternative treatment center locations and operations, including mass clinics,
 - Implementing appropriate vector control measures, and
 - In collaboration with the OHA Acute and Communicable Disease Prevention (ACDP) program, making animal vaccination recommendations to veterinarians to deal with zoonotic diseases.
- Any such policy actions should be coordinated with appropriate local, regional, and state public health officials, local and state elected officials, and public and private senior executives.
- NW Oregon Health Preparedness Organization (HPO) – During emergency response operations, the HPO staff gathers, documents, and shares healthcare system situation status details and coordinates medical resource sharing and ordering.
- Regional Cities Readiness Initiative (CRI) Program – CRI program staff activate for incidents requiring medical countermeasure distribution to activate the Push Partner Registry and coordinate MCMDD plan implementation across the CRI region.
- Regional Public Health Multi-Agency Coordination Group (PH MACG) – The PH MACG consists of the public health administrators and health officers (or their designees) from Clackamas, Multnomah, and Washington counties in Oregon and Clark County in Washington who convene to provide:

- Consistent and accurate public information concerning the public health emergency within and across the region.
- Ethically based regional strategies related to the allocation and re-allocation of critical resources.
- Community mitigation approaches to limit transmission of disease in the community.
- Regional representation and participation in incident prioritization decisions related to public health interventions.
- Proposed altered standards of care and alternative care systems within the scope of public health.
- Regional Health-Medical Multi-Agency Coordination Group (H-M MACG) The H-M MACG may consist of hospital administrators (or their designees), public health administrators and health officers (or their designees), and community clinical representatives from the HPP Region 1 counties. When activated, the H-M MACG provides
 - a structure for public health and healthcare leaders to discuss policy decision-making and incident prioritization. Specifically, the H-M MACG provides:
 - Regional representation and participation in incident prioritization decisions related to a strained healthcare delivery system.
 - Ethically based regional strategies related to the allocation/re-allocation of critical resources.
 - Proposed altered standards of care and alternative care systems.
 - Community mitigation approaches to limit transmission of disease in the community.
 - Management of consistent and accurate information concerning the health emergency within the region.
- Regional Joint Information System (R-JIS) and Regional Joint Information Center (R-JIC) – The five Portland metropolitan area counties (Clackamas, Clark, Columbia, Multnomah, and Washington) have established R-JIS and R-JIC capabilities. These capabilities and related processes are documented in the Regional Joint Information Systems Concept of Operations Plan. The R-JIS operates virtually to integrate overarching incident information and public affairs into a cohesive structure designed to provide consistent, coordinated, accurate, accessible, timely, and complete information during crisis or incident operations. The R-JIC is a facility in which personnel coordinate incident-related public information activities, and it serves as the central point of contact for the news media. Public information officials from all participating agencies co-locate at the R-JIC. Either capability can be activated to support the public communications needs of the Regional PH and/or H-M MAC Groups.

6.4 Levels of Response

Whether acting in a lead or supporting role, the public health response will be tied to the incident type, scope, and severity (potential or actual), coordination requirements, demands for public information, and the resources available to the division to manage the response. The division's

response is not specifically tied to the incident or EOC activation levels described in the County EOP; rather, it is tied to the incident's public health impacts and the level of effort required of the public health staff to address and mitigate those impacts.

The division's levels of response are generally categorized as:

- **Monitoring/Assessment** – A member or small team of staff is assigned to monitor a developing threat (e.g., severe weather forecast) or an incident which is occurring at a low level inside or outside of the county and the threat/incident has the potential to expand and require a higher level of response.
- **Expanded/Enhanced/Augmented** – A formal incident response structure or structures must be activated to plan for anticipated incident impacts and/or respond to impacts that have already been sustained. Some public health staff will be reassigned to support the response and assistance from staff outside the division may also be required. The PH IMT, PH DOC, and/or H3S DOC will be activated and the County EOC may be activated at a partial level with public health staff providing program input and support.
- **Full** – A formal incident response structure or structures must be activated to respond to incident impacts. Most of the public health division staff will be required to manage and support the response and assistance from staff outside the division will also be required. The PH IMT, H3S DOC, and County EOC will be activated with public health staff providing program leadership, guidance, and support.

6.5 Impact Assessment

One of the first public health actions taken in response to an incident, particularly an instantaneous event like an earthquake or tornado, is to assess public and environmental health impacts and impacts on the healthcare delivery system. However, some assessments may also be appropriate pre-incident such as in the case of an emerging infectious disease or special pathogen. The assessments take several forms (described below) and may need to be repeated (e.g., following an earthquake aftershock) or updated regularly (e.g., over the course of a pandemic). The assessments look at the incidence and prevalence of disease, the environmental hazards threatening public health, the capacity of the healthcare system to manage patient loads and patient acuity, and the disproportionate impacts the incident and response operations have on underserved populations. The purpose of the assessments is to evaluate existing, emerging, and potential health threats to the community so appropriate preventive and corrective actions can be conducted.

6.5.1 Epidemiological Investigation/Disease Surveillance

Working under the direction of the Infectious Disease Control and Prevention Supervisor and County Health Officer, assigned public health staff will take the following steps consistent with the County's Active Surveillance and Investigation Plan (See Appendix 1) and the Regional Special Pathogens Public Health Coordination Plan for the Greater Portland Metro Area (See Appendix 8) as appropriate for the emergency:

- Notify the state and initiate collaboration with neighboring or other impacted counties.

- Monitor and assess the potential impacts of emerging infectious diseases and special pathogens.
- Continue passive surveillance and initiate or expand active surveillance, including active surveillance at shelters, if appropriate.
- Conduct and/or support widespread community testing to identify cases.
- Conduct epidemiological investigations and partner with environmental health staff for foodborne illnesses, facility outbreaks, and zoonotic diseases.
- Conduct epidemiological investigations in partnership with the FBI and/or local law enforcement for criminal incidents.
- Where lab testing is an integral component of the event characterization process, support the sample collection and tracking process in close coordination with the OSPHL. In a criminal incident, or act of terrorism, the FBI will also be involved in evidence collection and chain of custody procedures.

6.5.2 Environmental Health Hazard Assessment

Working under the direction of the Environmental Health Program Manager, environmental health staff will take the following actions consistent with the County's Environmental Health Response Plan (See Appendix 2) as appropriate for the emergency:

- Conduct field surveillance to assess damage to food facilities.
- Conduct environmental health assessments at sites where epidemiological investigation has identified suspected cases of foodborne illness or zoonotic disease (e.g., avian flu).
- Assess the actual or potential public health impacts of a hazardous materials release in concert with on scene fire and hazmat responders.
- Contact water purveyors in damaged areas to determine if water service has been affected by the emergency.
- Determine the availability of laboratories to conduct water system testing.
- Determine the operational condition of public sewer systems.
- Determine if normal solid waste collection services are available and assess the storage and disposal needs of mass feeding sites, hospitals, mass care centers, and other public places.
- Determine the location, capacity, and condition of mass shelters and assess food handling and sanitation at those facilities.
- Assess the effect of the emergency on known vector populations and the impacts those effects may have on human populations.
- Assess air quality in consultation with the Oregon Department of Environmental Quality (DEQ).

6.5.3 Community Needs Assessment

For most major emergencies and all catastrophic emergencies, the Infectious Disease Control and Prevention program will conduct a Community Assessment for Public Health Emergency Response (CASPER). This randomized sampling of households in affected areas of the county helps identify public health, social service, and other community impacts and assists with identification of resource needs. The CDC has standardized this community needs assessment and put together the CASPER Toolkit. The CASPER toolkit has been customized for use in Clackamas County.

6.5.4 Equity Assessment

During any emergency when the County EOC is activated and in every emergency for which public health activates an incident response organization, that organization will assess the disproportionate impacts of the incident on the county's most vulnerable populations and communities. The assessment will be updated on a regular basis and continuously monitor public health response operations to ensure services and support are being provided equitably to all impacted populations and communities.

6.5.5 Healthcare System Assessment

During any emergency when the County EOC is activated, EOC staff will assess impacts to healthcare system infrastructure and resources. This assessment will focus on the County's hospitals, EMS providers, acute care facilities, ambulatory surgical centers, clinics, and long-term care facilities.

When an incident significantly impacts the healthcare delivery system in HPP Region 1, the NW HPO staff will activate to gather, consolidate, and distribute situation and resource (i.e., staffing, medical supplies and equipment, medications, etc.) status information. The impacted County EOC and public health staff are included in the distribution of this information.

6.6 Implementation of Preventive Measures

Working through the PH DOC, H3S DOC, or County EOC, CCPHD will initiate or expand preventive measures to limit or contain the impacts of the emergency. These measures may include:

6.6.1 Mass Medication/Prophylaxis

Requesting medical materiel from the Strategic National Stockpile (SNS) to support mass prophylaxis operations, and

Implementing the County's Medical Countermeasures Distribution and Dispensing (MCMDD) Plan (See Appendix 3) and activating Point of Dispensing (POD) operations as needed to facilitate mass prophylaxis (medication or immunization) of the public. This will include activation of county "Push Partners" (or closed PODs), which are organizations that have agreed to develop plans/procedures to dispense public health provided prophylaxis to their employees and identified others. The County is a registered Push Partner and has developed an internal plan/procedure

for the dispensing of medical countermeasures. The County Push Partner Plan/Procedure is a standalone document promulgated separate from this annex.

6.6.2 Emergency Pharmaceutical Operations

- Activating the Pharmacy-Local Public Health Authority Memorandum of Understanding during a public health emergency to secure assistance from signatory pharmacies with:
 - Vaccine distribution and dispensing during communicable disease outbreaks,
 - Dispensing antibiotics for treatment or prevention of illness during outbreaks or as part of mass prophylaxis operations,
 - Assessing and meeting needs for medication among those displaced by natural disasters or other incidents, and/or
 - Expanding healthcare capacity by managing therapy for specific conditions under a state-issued treatment protocol.
- Implementing the County’s Pharmacy-Local Public Health Authority Response: Implementing emergency pharmaceutical operations consistent with the Oregon Guidance for Collaborative Pharmacy-Local Public Health Authority Response to Public Health Incidents.

6.6.3 Non-pharmaceutical Interventions (Isolation, Quarantine, and Social Distancing)

- Making recommendations to local elected officials, response partners, and other community partners to control the spread of disease (e.g., school closures),
- Monitoring cases and contacts of cases to manage/control disease spread,
- Issuing isolation/quarantine orders and coordinating enforcement with the Sheriff’s Office and other local law enforcement agencies, and
- Working with CCPHD staff, other County departments, and community partners to provide wraparound support to individuals in isolation or quarantine.

6.6.4 Environmental Health Controls

- Working with county water providers to notify the public of community water system conditions and any protective actions necessary including “boil water” or “do not use” orders,
- Advising the public to avoid contaminated water sources,
- Assisting with arrangements for distribution of emergency drinking water supplies,
- Providing technical information on water disinfection and storage including information for homeowners whose wells may be contaminated,
- Notifying the public of the availability and location of potable water,

- If the normal solid waste collection, storage, and disposal system is not available, preparing instructions for disposal including special handling of infectious or hazardous wastes,
- Providing environmental health consultation and assistance to mass feeding sites,
- Providing food safety information to assure that contaminated food is properly disposed of or salvaged,
- Assisting with emergency sewage and liquid waste disposal capabilities at hospitals and other healthcare facilities, emergency medical facilities, evacuation shelters, emergency operations centers, local government facilities, and affected neighborhoods,
- Messaging regarding air quality,
- Terminating use/stopping operations at non-compliant or unsanitary facilities,
- Requiring occupants to vacate premises where appropriate, and
- Requiring cleanup, repair, or correction of identified problems.

6.7 Other Response Operations

In addition to the assessments and preventive measures described above, CCPHD is responsible for the conduct and/or support of several other emergency response functions. They include:

6.7.1 Behavioral Health Operations

Disaster Behavioral Health (DBH) includes the provision of mental health, substance use disorder, and stress management services to disaster survivors and responders. It is common for individuals and families and incident responders impacted by an emergency to experience distress and anxiety about safety, health, and recovery. DBH services include treatment for people experiencing mental health challenges as well as people experiencing substance use disorders whereas mental health typically refers to treatment for mental health challenges only. DBH interventions are designed to address incident-specific stress reactions, rather than ongoing or developmental behavioral health needs.

Clackamas County Behavioral Health Division is the lead agency for disaster behavioral health operations in the county. The department is responsible for coordination of disaster behavioral health services during a disaster. DBH operations are conducted according to the County's EOP Support Annex 2: Behavioral Health.

CCPHD may support those operations through the assignment of appropriately trained and qualified Medical Reserve Corps (MRC) volunteers.

6.7.2 Emergency Medical Services (EMS) Operations

The EMS system provides for the pre-hospital treatment and transport of people injured as a result of an emergency or otherwise requiring emergency care. The system is heavily regulated by the County and Oregon Health Authority and actively monitored by the County EMS program staff and EMS advisory committee. System components within Clackamas County include

a private ambulance service provider, fire service agency ambulances and other response apparatus, Life Flight for aeromedical transport, and dispatch services.

The Clackamas County EMS system is described, and its operational and maintenance requirements are addressed, in the County's Ambulance Service Plan. The plan is a standalone document maintained separately from this plan. As outlined in the Ambulance Service Plan, Clackamas County has three ambulance service areas. An ambulance service area is a geographic area served by one ambulance service provider. In addition to describing the system components and identifying the ambulance service areas, the Ambulance Service Plan addresses response times, levels of care, medical supervision, staffing and vehicle requirements, disaster operations, and more.

Three agencies provide ambulance services in Clackamas County. Public Health activates the Contingency Plan for Emergency Ambulance Service when necessary.

- **Molalla Fire District** covers the Molalla ASA. The Molalla ASA includes the Molalla and Colton Fire Districts, the portions of the Monitor and Silverton Fire Districts in Clackamas County as well as small portions of the Clackamas Fire District and a large part of south county that is not inside a fire district.
- **Canby Fire District** covers the Canby ASA. The Canby ASA includes and follows the Canby Fire District boundary plus the portion of the Aurora Fire District in Clackamas County (east of the Pudding River) and north and east of Rock Creek.
- **American Medical Response (AMR) Northwest** serves the Clackamas ASA through a franchise fee agreement with the County. The Clackamas ASA includes the Hoodland, Estacada, Sandy, and Clackamas Fire Districts, except for portions of the Clackamas Fire District within the Molalla ASA. The not-in-district and largely forested areas outside of these fire districts to the north, east, and south county lines are included up to the east boundary of the Molalla ASA. This includes the Aurora Fire District in Clackamas County west of the Pudding River, and areas of Clackamas County served by Tualatin Valley Fire & Rescue, not including the city of Tualatin and sections of the city of Wilsonville that are in Washington County. The Clackamas ASA also includes the cities of Gladstone and Lake Oswego, the Alto Park Water District in unincorporated Multnomah County, the Riverdale Fire District in Multnomah County, and some areas in the city of Portland along the northern county boundary.

6.7.2.1 Operations During Constrained Resource Incidents

Traffic accidents, explosions, natural hazards, industrial accidents, hazardous materials incidents, and terrorism can result in significant casualties. CCPHD is the lead agency for coordinating and supporting EMS system operations when demands placed on the system by an emergency exceed system capabilities. The division's Office of Public Health Emergency Services is responsible for those activities. Routing EMS in Clackamas County is coordinated by Public Safety Service Answering Points (PSAPs) or 9-1-1 dispatch centers.

For large-scale emergencies such as fires or hazardous materials spills, the Fire Defense Board (FDB) may activate the Fire Operations Center or request assistance from the County EOC. All

local fire agencies provide first response EMS, and three agencies (Clackamas Fire District #1, Lake Oswego Fire Department, and Tualatin Valley Fire and Rescue) have agreements with the County to provide Advanced Life Support (ALS) first response. These agreements reduce ambulance response times, improve patient outcomes, and minimize resource duplication in the EMS system.

The following plans/procedures describe system operations during constrained resource incidents:

- The Tri-County Mass Casualty Incident (MCI) Protocol describes the process for distributing patients to local/regional hospitals based on hospital emergency department availability and patient diagnosis and acuity. The process relies on Regional Hospital to coordinate with on-scene incident command staff (i.e., Transport Officer), ambulance providers, and hospital emergency departments.
- The National Disaster Medical System (NDMS) – In addition to the Disaster Medical Assistance Teams available through the NDMS, the system also includes a patient movement program that provides for the medical evacuation of patients from a region impacted by a catastrophic emergency. The Federal Region X program, which is coordinated by the Veterans Administration (VA) in Vancouver, WA, for the Portland/Vancouver area, relies on U.S. military aircraft with critical care air transport teams to move patients to healthcare facilities outside of the impacted region. The VA coordinates plan implementation with the County's EMS program staff and local EMS providers.

6.7.2.2 MCI Protocol

The Mass Casualty Incident (MCI) protocol may be used by fire and EMS responders, as determined by the on-scene Incident Commander, when the number of patients exceeds available resources. If additional resources or structure are needed, the Incident Commander will notify the appropriate PSAP to declare an MCI, which can happen at any time during the incident. MCI operations are managed on scene, with resource requests handled by the PSAPs: Clackamas County Communications (CCOM), Lake Oswego Communications (LOCOM), or Washington County Consolidated Communications Agency (WCCCA).

During a declared MCI:

- The Trauma System is not in effect, and “licensed ambulances” are not required for transport.
- When transport resources are limited, multiple critical patients may be placed in one ambulance.
- When the incident involves multiple asymptomatic patients (e.g., HazMat exposure), the Multiple Toxic Exposure protocol may be followed.
- Incident Command (IC) lies with the agency having jurisdictions (AHJ), and assisting agencies maintain full authority under their own protocols.
- In multi-jurisdictional events, all agencies will work under Unified Incident Command, with the “Lead Agency” possibly changing as priorities shift.

- CCOM will notify CCDM and H3S whenever the MCI Protocol is implemented.

For reference, see Ambulance Service Plan, Ambulance Service Area map, Contingency Plan for Emergency Ambulance Service, and the MFI/MCI Plan.

6.7.3 Mass Fatality Operations

A mass fatality incident (MFI) is generally defined as an event where the number of fatalities exceeds the capabilities of the County's medical examiner staff and local mortuary service providers to manage with available resources. When such an incident occurs, MFI plans/procedures must be implemented to ensure effective scene management, recovery of human remains and personal effects, identification of the deceased, association of personal effects with the deceased, and assistance to families of the deceased.

Mass fatality incident operations within Clackamas County are the responsibility of the Disaster Management Department and are described in that department's Mass Fatality Incident Response Plan. CCPHD may support those operations through the assignment of appropriately trained and qualified Medical Reserve Corps (MRC) volunteers.

6.7.4 Shelter and Care / Mass Care Operations Support

Mass care services provide for the temporary sheltering and feeding of individuals and their pets when they are displaced by an emergency. Primary responsibility for organizing and managing mass care operation rests with the Social Services division, the H3S department, and the County EOC. Those operations are described in the ESF-6 Mass Care Annex to the County EOP. CCPHD responsibilities for supporting mass care operations are described in that plan and involve ensuring the adequacy of shelter facilities from an environmental health perspective (i.e., water, sanitation, air), food safety, and addressing the medical needs of shelter residents (e.g., staffing, health screenings, durable medical equipment, pharmaceuticals, etc.).

6.7.5 Healthcare System Support and Coordination

CCPHD is responsible for coordinating with and supporting healthcare facilities impacted by an emergency. Those impacts may involve infrastructure (i.e., building structure, power, water, natural gas, etc.) and/or medical care capabilities (e.g., staffing, durable medical equipment, medical supplies, pharmaceuticals, etc.). The impacted facilities are expected to work with their infrastructure providers (i.e., cities, special districts, private sector) to coordinate repair and restoration efforts but will turn to public health for support when the impacts are acute and actions like patient evacuation and identification of alternate facilities become necessary. Those same facilities will also turn to public health for assistance with medical care capability support.

Within HPP Region 1, the NW HPO staff will activate during an incident significantly affecting the healthcare system in the region, gather situation and resource status information from the impacted healthcare sectors, and share that information with the County EOCs/ECCs and County public health staff. They will also work to identify medical care capability shortages and may submit requests for medical resources to the State ECC through the Multnomah County ECC in support of the region's healthcare facilities. This work will be performed in conjunction with the

Regional H-M MAC Group, when activated. The H-M MAC Group will coordinate policy across healthcare systems and establish priorities for the allocation of scarce medical resources.

6.8 Crisis and Emergency Risk Communication

Risk communication is an important part of all public health emergency response operations. It is a vital component of keeping the public, local governments, and others informed regarding events, and decreasing rumors and misinformation. Recognizing that the Portland metropolitan region is a single media market, risk communication regarding any incident affecting the region must be developed in collaboration with the region's other public health agencies. CCPHD will use its Communications Specialist, the County's PIO and Public Inquiry Center (PIC), the County or regional Joint Information System or Joint Information Center, the Health Alert Network, 211info, and other communications tools and resources as appropriate to deliver risk communication messages. Clackamas County's overarching plan for emergency public information is contained in the ESF-15 Public Information Annex to the County EOP). CCPHD has a specific plan outlining its crisis and risk communications process (See Appendix 7). The plan describes the steps to be undertaken by the department for public health risk communications that are distributed directly by CCPHD or embedded in broader messages distributed by the County EOC and/or R-JIC.

Key risk communication responsibilities include:

- Identifying the nature of the hazard, potentially affected populations, audiences to whom public communication will be directed, and channels through which public messages will be disseminated,
- Developing and issuing public health advisories and alerts, recommending public protective and/or harm reduction actions, and disseminating other important public health messages in multiple languages and addressing the needs of vulnerable populations in culturally responsive ways,
- Taking action to control rumors and correct misinformation, and
- Recommending protective actions for emergency responders and providing other important public health information to local governments, first responders, and medical providers.

6.9 Responder Health and Safety

Responder health and safety is a shared responsibility of employers, incident managers, employees, and incident responders (including volunteers). Employers and incident managers must be aware of the rules and guidelines governing health and safety (e.g., respiratory protection, bloodborne pathogen exposure, communicable disease exposure, etc.), the environments in which those requirements apply, and the staff assigned to work in those environments. Employers and incident managers are also responsible for providing the training, personal protective and other equipment, materials, and services (e.g., fit testing, medical monitoring, and vaccinations) required for the assigned work. Employees and incident responders are responsible for identifying circumstances/environments where health and safety requirements are applicable and for properly utilizing the training, equipment, and materials provided to them.

Many CCPHD employees routinely work in environments where specific health and safety requirements apply, and which carry over into their roles as incident responders. Those requirements and staff are identified in the CCPHD Health and Safety Plan. However, other CCPHD staff, employees from other County departments, mutual aid responders, activated MRC volunteers, and any other individuals brought in to work in support of and at the direction of Clackamas County Public Health incident managers (IMT, DOC, or EOC) must be provided with the training, equipment, materials, and services required for the environments in which they will work. Responsibility for ensuring compliance with these requirements rests with the PH IMT Incident Commander, DOC or EOC Manager, or their assigned Safety Officer.

6.10 Incident/Tactical Communications

Effective communication between staff working in the field and their supporting incident management structure (e.g., PH IMT, DOC, EOC) and between activated incident management structures is critical to the successful handling of any incident.

CCPHD staff deployed in the field typically rely on phones and texting as their primary means of communication with their supervisors. The division does not maintain or have access to mobile radios other than those used by the EMS program for monitoring emergency medical service operations.

When CCPHD activates a PH IMT or DOC in response to an expanded or moderate incident, the IMT Incident Commander or DOC Incident Command is responsible for assessing public health incident communication needs and resources, requesting and deploying additional resources if necessary, and developing an incident communications plan unless those responsibilities are delegated to the Logistics Section Chief or Communications Unit Leader (COML). The communications plan will be prepared using an ICS-205 form or an equivalent that documents the resources in use, to whom they're assigned, the purpose for which they're used, and associated numbers or channels/frequencies.

When CCPHD activates as part of a larger county response to a major or catastrophic incident, the County EOC Incident Command is responsible for assessing incident communication needs and resources, deploying/redeploying available resources, requesting and deploying additional resources if necessary, and developing an incident communications plan unless those responsibilities are delegated to the EOC Logistics Section Chief or Communications Unit Leader (COML). In this situation, CCPHD staff managing public health operations in the EOC, DOC, or PH IMT are responsible for supporting development of the incident communications plan by providing information on the deployment and uses of public health communications resources and for requesting additional resources when needed.

Clackamas County's overarching plan for emergency communications is contained in the ESF-2 Communication Annex to the County EOP.

6.11 Resource Management

Resource management involves numerous steps/tasks that are critical to effective (operational and financial) incident response. These steps include identification of resource needs/requirements and resource ordering, acquisition, mobilization, tracking, and demobilization. CCPHD staff managing public health operations, whether operating from the EOC, DOC, or an ICP, are responsible for the management of resources assigned to those operations. Some of the resource management tasks (e.g., ordering and tracking) may be performed by or shared with other elements of the incident management organization (e.g., planning, logistics, finance) but the public health incident commanders and managers are ultimately responsible for the resource management process as it applies to the resources requested and/or assigned to their operations.

Based on its initial and ongoing impact assessments and the conduct of preventative and other response operations, CCPHD's incident commanders and managers must identify resource needs, request appropriate resources to meet those needs, and manage the resources assigned. Specific resource management activities may include:

- Requesting and deploying communications resources as noted in the previous section and providing training for users as needed.
- Mobilizing, orienting, training, and equipping pre-identified and pre-credentialed medical volunteers (e.g., Medical Reserve Corps). See Tab B for the MRC Activation Procedures.
- Requesting personnel support from other County departments and/or mutual aid providers and providing those personnel with required training, equipment, and supplies.
- Organizing, training, equipping, and managing emergent volunteers in support of POD or other emergency response operations. This may include collaboration with cities and fire departments/districts for the use of Community Emergency Response Team (CERT) members and other volunteers.
- Assessing the need for NDMS services, personnel, and/or materials when local medical resources are exhausted or anticipated to be exhausted.
- Supporting acquisition of healthcare/medical resources when hospitals and other healthcare providers are unable to acquire those resources through their normal system/network suppliers. This work must be coordinated with the HPP regional staff whenever they are activated to support hospital and healthcare system situation and resource status tracking and health/medical resource acquisition.
- Working with/through the County EOC to order medical countermeasures, PPE (e.g., masks, gowns, gloves), and other public health resources (e.g., testing supplies, hand sanitizer) from the State ECC.
- Seeking guidance/direction from the public health administrator, County Policy Group, and the Regional PH MAC Group (when appropriate) on the allocation/re-allocation of scarce public health resources.

CCPHD maintains a small supply of PPE and other materials that can be utilized when responding to public health emergencies. These items are specifically identified in the division emergency preparedness plan. CCPHD will use its own equipment and supplies; purchase additional supplies, when available, using department and other County funds; and seek support from mutual aid partners, when appropriate, before requesting support from the state.

Clackamas County's overarching resource management plan is contained in the ESF-7 Logistics Management and Resource Support of the County EOP.

7 Organization and Assignment of Responsibilities



7.1 Board of County Commissioners / County Board of Health

- Declare an emergency when necessary to implement specific public health measures, suspend rules, and/or take other actions necessary to control and manage the incident.
- Act on recommendations and requests from the public health administrator and County Policy Group.
- Provide financial support within the limitations of the County budget and other available resources.
- Coordinate with private sector healthcare executives and elected officials at the local, regional, state, and federal levels as appropriate for the event.

7.2 Health, Housing and Human Services Department Director

- Serve on the County Policy Group and act as liaison on behalf of CCPHD for incidents in which public health has a support role.
- Reassign departmental staff to support public health response operations when needed and available.

7.3 Public Health Administrator / Public Health Division Director

- Serve on the County Policy Group for all incidents where public health has a lead role.
- Make public health policy decisions in collaboration with the Board of County Commissioners/County Board of Health, County Health Officer, County Policy Group, and appropriate external stakeholders.

- Represent the County on the Regional Public Health Leadership Group, Regional Public Health MAC Group, and Regional Health-Medical MAC Group when activated for an incident.
- Guide, direct, and monitor public health response operations in coordination with activated emergency response structures (i.e., PH IMT, PH DOC, H3S DOC, County EOC, Regional MAC Groups).

7.4 Health Officer

- Provide guidance and advice to the public health administrator on the medical and paramedical aspects of the public health incident response.
- Provide guidance and consultation to other County departments, the public, and outside agencies about community health issues.
- As needed/requested, represent the County to the public, elected officials, and other agencies, governments, and organizations and serve as a media spokesperson on health and medical issues.
- Advise the EMS Medical Director(s) on communicable disease issues.
- Serve on the Regional Public Health MAC Group and Regional Health-Medical MAC Group when activated.

7.5 County Public Health Division Program Managers and Supervisors

- Activate appropriate program plans and procedures in support of community assessments, preventative measure implementation, and other response functions.
- Guide, support, and monitor program staff response efforts in coordination with the incident management organization to which they are assigned.
- Ensure staff and volunteers assigned to program-related response roles are properly trained and equipped to perform their assigned duties.
- Reassign staff as necessary to support incident priorities.

7.6 County Emergency Operations Center

- Coordinate operations and resource management with the NW HPO and Public Health and Health-Medical MAC Groups when they are activated (Operations, Logistics).
- Assess impacts to public health and healthcare system infrastructure and resources in coordination with the NW HPO (Planning, Operations).
- Track public health situation and resource status countywide (Planning).
- Strategically manage public and environmental health resources countywide (Command, Operations, Planning, Logistics).
- Receive and process non-medical resource requests from healthcare providers (Logistics,

Operations). Note: Medical resource ordering should be coordinated by NW HPO staff.

- Formalize and release risk communication messages (Command, Operations, Public Information Officer/Joint Information Center).
- Distribute epidemiological summary reports and protective measure recommendations to local governments, businesses, and other affected organizations (Planning, Operations).
- Notify the State ECC of the possible need for Strategic National Stockpile resources when local medical supplies are anticipated to be exhausted (Command, Operations, Logistics).
- Notify the State ECC of the possible need for NDMS services, personnel, and/or materials if local medical resources are anticipated to be exhausted (Command, Operations, Logistics).

7.7 County Public Health or H3S Department Operations Center / County Public Health Incident Command Post

- Initiate and manage the public health impact assessment processes, epidemiological investigations, preventive measure implementation, and the conduct of other public health response operations.
- Develop recommendations for crisis standards of care, mass prophylaxis and treatment priorities, social restrictions, animal vaccinations, and vector and disease control in consultation with state, regional, and other public health officials and healthcare providers.
- Track public health situation and tactical resource status countywide.
- Tactically manage and support assigned public health resources countywide.
- Submit resource requests to the County EOC.
- Develop content for risk communication messages in collaboration with the county, regional, and/or state Joint Information Center/Joint Information System.
- Analyze data collected from impact assessment processes and provide summary reports to the EOC, healthcare providers, and OHA.
- Request activation of the County Public Inquiry Center if needed to support risk communication efforts.
- Coordinate with neighboring county, state, and federal public health agencies and local medical providers including the NW HPO and Public Health and Health-Medical MAC Groups when they are activated (Operations, Logistics).
- Notify OHA of the possible need for Strategic National Stockpile resources when local medical supplies are anticipated to be exhausted.
- Notify OHA of the possible need for NDMS services, personnel, and/or materials if local medical resources are anticipated to be exhausted.

7.8 County Public Health Public Information Officer / County Joint Information Center / Regional Joint Information Center

- Prepare risk communication and other public health messages based on content provided by appropriate public health officials, obtain approval to release the messages from designated authorities, and distribute approved messages to the media, external partners, and other activated public information entities (e.g., County PIC, 211info,) as appropriate.
- Utilize the local, regional, and/or state Joint Information Systems as appropriate to coordinate message preparation and distribution.
- Monitor social media, television, and radio to identify misinformation, rumors, and possible gaps in public information and work with appropriate public health officials to develop messages addressing the problem(s).
- Schedule and organize press briefings, including arrangements for language interpretation, and coordinate media access to incident response facilities and scenes.

7.9 County Public Inquiry Center (PIC)

- Assist the County EOC, County JIC, H3S or PH DOC, or PH IMT as appropriate, with the distribution of incident-related information to the public.
- Ensure consistency of messaging with 211info when it is providing support to incident operations.
- Receive offers of health-related assistance (volunteer services and/or donations) and coordinate response to those offers with the County EOC, H3S or PH DOC, or PH IMT as appropriate.

7.10 Sheriff's Office

- Partner with CCPHD to conduct epidemiological investigations as appropriate for the incident (with the FBI for suspected/actual terrorism and without the FBI for certain criminal acts).
- Partner with CCPHD and local police departments to enforce isolation/ quarantine orders as needed, and as law enforcement resources allow.
- Provide security for PODs, mass vaccination clinics, and other epidemiological and environmental health functions as needed, and as law enforcement resources allow.
- Manage crowd control operations at PODs, mass vaccination clinics, mass treatment facilities, and other public health sites as necessary, and as law enforcement resources allow.

7.11 Facilities Management Division

- Lead warehousing activities in support of medical countermeasures distribution and delivery as outlined in the County MCMDD Plan (Appendix 3).

7.12 Tri-County Medical Reserve Corps (MRC) Collaborative

- Provide technical support related to the use of MRC volunteers.
- Augment county staffing upon request to ensure seamless MRC unit activations and deployments.

7.14 NW Oregon Health Preparedness Organization (NW HPO)

- Coordinate with healthcare providers to assess situation and medical resource (i.e., staffing, medical supplies and equipment, medications, etc.) status.
- Consolidate healthcare provider information into comprehensive healthcare delivery system status reports and distribute the reports to the healthcare providers, activated county EOCs/ECCs, and county public health staff.
- Promote and coordinate resource sharing amongst healthcare providers.
- Facilitate and support operation of the Regional Health-Medical MAC Group when convened for an incident.

7.15 Cities Readiness Initiative (CRI) Program

- Coordinate activation of the Push Partner Registry and implementation of MCMDD plans with public health staff in the CRI region counties.
- Facilitate and support operation of the Regional Public Health MAC Group when convened for an incident.

7.16 Regional Public Health Leadership Group (RPHLG) / Regional Public Health MAC Group (PH MACG)

- Provide consistent and accurate public information concerning the public health emergency within and across the region.
- Develop ethically based regional strategies related to the allocation and re-allocation of critical resources.
- Identify community mitigation approaches to limit transmission of disease.
- Provide regional representation and participation in incident prioritization decisions related to public health interventions.
- Propose altered standards of care and alternative care systems within the scope of public health.

7.17 Regional Health-Medical MAC Group (H-M MACG)

- Provide regional representation and participation in incident prioritization decisions related to a strained healthcare delivery system.
- Develop ethically based regional strategies related to the allocation/re-allocation of critical healthcare resources.
- Propose altered standards of care and alternative care systems.
- Identify healthcare community mitigation approaches to limit transmission of disease.
- Provide consistent and accurate information concerning the healthcare emergency within the region.

8 Direction and Control

Primary responsibility for activation of this plan and related plan appendices rests with the public health administrator. However, the plan can also be activated by the Board of County Commissioners/County Board of Health and the Department of Health, Housing and Human Services Director.

The Board of County Commissioners provides overall guidance for the management of County resources, establishes policy, coordinates with other local elected officials, and supports the County's response and recovery operations.

In their capacity as the incident policy group, the County Administrator, department heads, and Public Health Director (where appropriate) provide strategic direction to EOC Command or the DOC Manager/ICP Incident Commander regarding management of County resources, availability of funds for resource acquisition, and support to other jurisdictions. They keep the county commissioners informed of resource requirements and policy and funding issues and are responsible for continued oversight of day to day county government functions.

Priorities for allocation and application of public health resources are established by County EOC Command or the DOC Manager/ICP Incident Commander based on recommendations provided by CCPHD, the Health Officer, the Department of Health and Human Services Director, local healthcare providers, the EOC Command and General Staff, and the policy group.

Tactical control of public health resources is exercised by the incident management structure to which they are assigned including when they are temporarily assigned to another organization or incident commander.

9 Plan Development and Maintenance



- The Clackamas County Public Health Division is responsible for developing and maintaining this annex and its supporting appendices and for ensuring their consistency with other county, state, and federal plans and guidelines. The division is also responsible for developing procedures necessary to implement the plans.
- The annex will be reviewed and updated as noted below:
 - Following any activation of the plan for exercise purposes or actual incident response. In either case, the exercise or incident after-action review and improvement plan will guide plan revision.
 - Whenever internal or external organizational changes affect plan implementation.
 - Every three years barring other required updates.

10 References



- American Red Cross Shelter Handbook
- CDC Bioterrorism Agents/Diseases
- CDC Pandemic Influenza Plan
- FEMA, Guide for All-Hazard Emergency Operations Planning (CPG-101)
- National Response Framework (NRF), ESF #8, Health and Medical Services
- National Incident Management System (NIMS)
- Clackamas County Mass Fatality Incident Plan (MFI Plan)
- Oregon Crisis Care Guidance, updated December 2024
- Oregon Comprehensive Emergency Management Plan

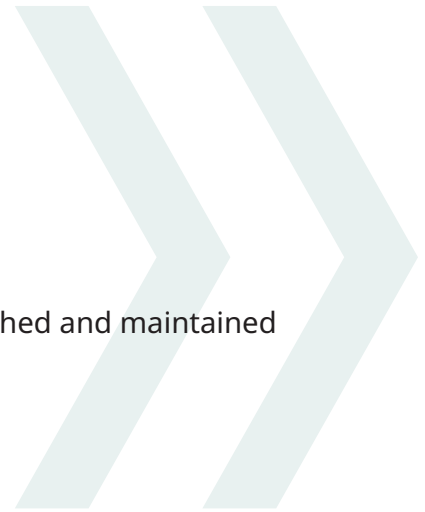
11 Attachments

- Statutes and Authorities
- Mutual Aid Agreements
- Acronyms and Abbreviations



12 Tabs

- A. Public Health Department Operations Center Manual (published and maintained separately)
- B. MRC Activation SOP
- C. LPHA Pharmacy MOU



13 Appendices (published and maintained separately)



1. Active Surveillance and Investigation Plan
2. Environmental Health Response Plan
3. Medical Countermeasures Distribution and Dispensing (MCMDD) Plan
4. Mass Fatality Incident (MFI) Response Plan
5. CCPHD Strategic Communications Plan
6. Regional Special Pathogens Coordination Plan for the Greater Portland Metro Area

Attachment A: Statutes and Authorities

Legal Authorities in Oregon – Quick Reference to Public Health Emergency Preparedness and Emergency Management

State – Oregon Revised Statutes

ORS 401	Emergency Management and Services Chapter
401.032	Local responsibility for Emergency Response.
401.035	Responsibility for emergency services systems.
401.165	Declaration of state of emergency; procedures
401.168	Governor's powers during state of emergency; suspension of agency rules
401.188	Management of resources during emergency; rules
401.309	Declaration of state of emergency by city or county; procedures; mandatory evacuations
401.364	Emergency Service Volunteers coverage under Oregon Tort Claims Act
401.654	Emergency healthcare provider registry
401.655	Provision of health care by out-of-state workers during states of emergency
401.656	Health care services provided by Oregon National Guard during emergency
401.657	Emergency health care facility; emergency operations plan; credentialing plan; rules
401.658	Provision of health care services by former health care provider during emergency; rules
401.661	Provision of health care services after declaration of emergency
401.667	Emergency health care providers coverage under Oregon Tort Claims Act

ORS 431	State and Local Administration and Enforcement of Health Laws Chapter
431.035	Power of Director of Oregon Health Authority to delegate functions; Public Health Director; appointments, duties.
431.110	General Powers of Oregon Health Authorities.
431.120	Duties of Oregon Health Authorities; rules.
431.132	Assessment and Epidemiology; rules
431.133	Emergency Preparedness and Response; rules
431.134	Communications; rules
431.136	Leadership and Organizational Competencies; rules
431.137	Health equity and cultural responsiveness; rules
431.138	Community Partnership and Development; rules
431.150	Local Public Health Administrators are charged with enforcement of public health laws within their districts

ORS 431 State and Local Administration and Enforcement of Health Laws Chapter	
431.262	Power of Oregon Health Authorities and local public health administrators to enforce public health laws; authorized actions; rules; penalties.
431.264	Authority of Public Health Director to take public health actions; authorized actions; rules.
431.413	Powers and Duties of Local Public Health Authorities
431.440	Powers of Local Public Health Administrators
431A.010	Power of Oregon Health Authority and Local Public Health Administrators to enforce public health laws; authorized actions; rules; penalties
431A.015	Authority of Public Health Director to take Public Health Actions; Authorized Actions; Rules
431A.020	Public Health Director shall adopt rules governing the development of emergency plans and incident management system
431.550	Authority of Oregon Health Authorities to collect information from local public health administrators.

ORS 433 Disease and Condition Control; Mass Gatherings; Indoor Air Chapter	
433.035	Testing or examination of person with certain diseases of conditions; order for medication and treatment
433.121	Emergency administrative order for isolation or quarantine; contents; ex parte court order
433.123	Petition for isolation or quarantine order; contents; hearing on petition; contents of order; duration of isolation or quarantine
433.126	Written notice of isolation or quarantine
433.128	Conditions of and principles for isolation or quarantine; notice to manager of health care facility
433.131	Entry into premises used for isolation or quarantine; rules
433.133	Court hearing and order for release from isolation or quarantine or for remedy for breach of required conditions of isolation or quarantine.
433.136	Consolidation of proceedings regarding isolation or quarantine.
433.138	State and local law enforcement to assist in enforcing orders
433.140	Payment of isolation or quarantine expenses; assistance.
433.142	Petition for isolation of contaminated property; contents; hearing; court order.
433.150	Quarantine hospital; seizure, control of and compensation for emergency hospital.
433.156	Enforcement of isolation or quarantine by law enforcement authorities.
433.216	Detaining conveyance for inspection or investigation.
433.220	Measures taken on discovery of disease or toxic substance; rules; jurisdiction over emergency.
433.441	Proclamation of Public Health emergency; authority of Governor
433.443	Authority of Public Health Director during Public Health Emergency; penalties; access to and use of individually identifiable health information; rules
433.446	Authority of Governor during State of Public Health Emergency
433.448	Use of immunization registry; tracking and recall system during State of Public Health Emergency
433.449	Disposal of human remains during State of Public Health Emergency
433.452	Detaining persons exposed to reportable condition or condition that is basis for state of public health emergency.
448.160	Emergency plans.
469.611	Emergency preparedness and response program; radiation emergency response team; training.

State – Oregon Administrative Rules

Chapter 3 – Oregon Health Authority, Public Health Division		Division 3 cover Public Health Preparedness including: <ul style="list-style-type: none"> • Impending Public Health Crisis • Emergency Public Health Emergency
333-003-0010	Definitions	
333-003-0020	Impending Public Health Crisis: Authority of Public Health Director during a public health emergency	
333-003-0040	Impending Public Health Crisis: Diagnostic and Treatment Protocols	
333-003-0050	Access to Individually Identifiable Health Information	
333-003-0065	Civil Penalties	
333-003-0070	Temporary Restriction of Movement	
333-003-0080	Effect of Crisis Ending	
333-003-0110 – 0210	Impending Public Health Crisis: Health Care Registry, Registration of Currently Licensed Health Care Providers; Renewal, Out of State Providers, Registration of Formerly Licensed Health Care Providers; Renewal, Duties of Registrants, Criminal Background Checks, Providers not included in the Registry	
333-003-0130	Impending Public Health Emergency: Designation of Emergency Health Care Centers	
333-014-0200	Impending Public Health Emergency: Public Health Emergency Plans	

Chapter 855 – Board of Pharmacy		Division 7 covers Public Health Emergency
855-007-0040	Delegation of authority	
855-007-0060	SNS and State Stockpile emergency medication distribution and storage	
855-007-0080	Emergency immunization and drug distribution	

Federal

- *Homeland Security Presidential Directives (HSPD)*
 - #5 Management of Domestic Incidents
 - #8 (PPD) Presidential Policy Directive for National Preparedness
 - #10 Bio-defense of the 21st Century
 - #21 Public Health and Medical Preparedness
- *Robert T. Stafford Act* authorizes the President to declare a “major disaster” or “emergency” in response to an incident or threat that overwhelms state or local governments
- *Pets Evacuation & Transportation Standards (PETS) Act* requires FEMA to ensure State and local emergency preparedness plans take into account the needs of individuals with household pets and service animals prior to, during and following a major disaster or emergency.
- *Sandy Recovery Improvement Act* authorizes the chief executive of a tribal government to directly request disaster or emergency declaration from the President.
- *Emergency Management Assistance Compact (EMAC)* facilitates resources sharing among state during an emergency.

- *Public Health Service Act*
 - Section 311 General grant of authority for cooperation
 - Section 319 Authorizes the Health and Human Services Secretary to determine a public health emergency exist under certain criteria and to take appropriate actions
 - Section 319F-2 The Strategic National Stockpile (SNS) is maintained by HHS, CDC's Director and Homeland Security collaboratively and to deploy the SNS to protect the health security of the United States in response to actual or potential threats.
- *Pandemic and All-Hazards Preparedness Act (PAHPA)* identified Secretary of HHS as the lead of public health emergency preparedness and response and establishes Assistant Secretary for Preparedness and Response (ASPR). Also provides authorities for developing countermeasures and grants to continue strengthening state and local public health security infrastructure.
- *Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA)* requires those who receive PAHPA funding to include children and other access and functional needs populations in their All-Hazards Public Health Emergency Preparedness and Response plans.
- *Public Readiness and Emergency Preparedness (PREP) Act* authorizes HHS during a declared emergency to provide immunity from tort liability claims caused by, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions.
- *Emergency Use Authorization (EUA)* HHS may allow the use of an approved or unapproved drug, device or biological product during a declared emergency.
- *Section 1135 of the Social Security Act: Authority to Waive Requirements During National Emergencies* (aka 1135 Waivers) allows HHS to waive or modify certain requirements of CMS and Children's Health Insurance Program during certain declared emergencies.

Attachment B: Mutual Aid and Assistance Agreements

Local

Name	Type	Purpose	Parties	Date
Oregon Statewide Pharmacy – Local Public Health Authority MOU	MOU	Utilize existing pharmacy infrastructure to help address health and medical needs during a public health incident	OHA and pharmacies	Various

Regional

Name	Type	Purpose	Parties	Date
Stranded Workers Agreement (SWAG)	IGA	Sharing of stranded EOC personnel in the Portland metropolitan region	Clark, Clackamas, Columbia, Multnomah, and Washington counties; city of Portland; TVF&R	2016
Regional Medical Reserve Corps (MRC) Volunteer Sharing Agreement	IGA	Sharing of MRC volunteers for response and recovery activities	Clackamas, Columbia, Multnomah, Washington, and Yamhill counties	2022
Hospital/Health System Facility Emergency Mutual Aid	MOU	Transfer of patients, sharing of personnel, pharmaceuticals, supplies, and equipment	Hospitals and health systems in HPP Region 1 and Clark County	2007

State

Name	Type	Purpose	Parties	Date
Inter-county Mutual Aid Agreement (ICMAA)	MAA	Sharing of equipment, supplies, materials, and personnel	20 Oregon counties	2010
Oregon Resource Coordination Assistance Agreement (ORCAA)	MAA	Sharing of employees, services, equipment, and supplies (See ORS 402.200)	State agencies, local and tribal governments	2017

National

Name	Type	Purpose	Parties	Date
Emergency Management Assistance Compact (EMAC)	MAA	Sharing of resources, personnel, and equipment (See ORS 402.105)	All U.S. states and territories	2006

Multi-National

Name	Type	Purpose	Parties	Date
Pacific Northwest Emergency Management Arrangement (PNEMA)	N/A	Resource assistance and response coordination (See ORS 402.250)	Alaska, Idaho, Oregon, Washington, British Columbia, and Yukon Territories	1998
Pacific Northwest Border Health Alliance	MOU	Prevent and/or mitigate an occurrence or imminent threat of an illness or health condition and respond to surge capacity demands on health systems and health resources	Alaska, Idaho, Montana, Oregon, Washington, Alberta, British Columbia, Saskatchewan, Yukon Territories	

Attachment C: Public Health Acronyms and Abbreviations

- **ACDP:** Acute and Communicable Disease Prevention section within the Center for Public Health Practice of the Oregon Health Authority
- **ACS:** Alternative Care Site
- **AOC:** Agency Operations Center (state agency)
- **ASA:** Ambulance Service Area
- **BCC:** Board of County Commissioners
- **CASPER:** Community Assessment for Public Health Emergency Response
- **CBRNE:** Chemical, biological, radiological, nuclear, and explosives
- **CCPHD:** Clackamas County Public Health Division (the local public health authority in Oregon for Clackamas County)
- **CD:** Communicable Disease
- **CDC:** Centers for Disease Control and Prevention
- **CERC:** Crisis and Emergency Risk Communication
- **CERFP:** National Guard Chemical, Biological, Radiological, Nuclear and high-yield explosive Enhanced Response Force Package
- **CERT:** Community Emergency Response Team
- **CMS:** Centers for Medicare & Medicaid Services
- **COML:** Communications Unit Leader
- **COOP:** Continuity of Operations
- **CRI:** Cities Readiness Initiative
- **CST:** National Guard Civil Support Team
- **DAFN:** Disabilities, Access, and Functional Needs
- **DBH:** Disaster Behavioral Health
- **DEQ:** Oregon Department of Environmental Quality

- **DM:** Disaster Management
- **DMAT:** Disaster Medical Assistance Team
- **DME:** Durable Medical Equipment
- **DMORT:** Disaster Mortuary Operations Team
- **DOC:** Department Operations Center
- **DWP:** Oregon Health Authority's Drinking Water Program
- **ECC:** Emergency Coordination Center
- **EH:** Environmental Health
- **EM:** Emergency Management
- **EMAC:** Emergency Management Assistance Compact
- **EMS:** Emergency Medical Services
- **EMT:** Emergency Medical Technician
- **EOC:** Emergency Operations Center
- **EOP:** Emergency Operations Plan
- **ESF:** Emergency Support Function
- **FBI:** Federal Bureau of Investigation
- **FMS:** Federal Medical Station
- **H3S:** Health, Housing and Human Services Department
- **HAN:** Health Alert Network
- **H-M MACG:** Health-Medical Multi-Agency Coordination Group
- **HPO:** Northwest Oregon Health Preparedness Organization
- **HPP:** Hospital Preparedness Program
- **HRF:** National Guard Homeland Response Force
- **ICMAA:** Omnibus Inter-County Mutual Aid Agreement
- **ICP:** Incident Command Post
- **ICS:** Incident Command System
- **IDCP:** Infectious Disease Control and Prevention
- **IMT:** Incident Management Team
- **JFO:** Federal Joint Field Office
- **JIC:** Joint Information Center
- **JIS:** Joint Information System
- **JOC:** FBI Joint Operations Center
- **LPHA:** Local Public Health Authority/Administrator
- **LRN:** Laboratory Response Network (statewide)

- **MAC:** Multi-Agency Coordination
- **ME:** Medical Examiner
- **MCI:** Mass Casualty Incident
- **MCMDD:** Medical Countermeasures Distribution and Dispensing
- **MFI:** Mass Fatality Incident
- **MOU:** Memorandum of Understanding
- **MRC:** Medical Reserve Corps
- **NDMS:** National Disaster Medical System
- **NIMS:** National Incident Management System
- **NRF:** National Response Framework
- **NW HPO:** Northwest Oregon Health Preparedness Organization
- **NWSDS:** Northwest Senior and Disability Services
- **OAR:** Oregon Administrative Rules
- **OCS:** Oregon Capacity System (formerly the Hospital Capacity System)
- **ODHS:** Oregon Department of Human Services
- **ODMT:** Oregon Disaster Medical Team
- **OHA:** Oregon Health Authority
- **OHSU:** Oregon Health and Sciences University
- **OMD:** Oregon Military Department
- **ORCAA:** Oregon Resource Coordination Assistance Agreement
- **OREM:** ODHS Office of Resilience and Emergency Management
- **ORS:** Oregon Revised Statutes
- **OSFM:** Oregon State Fire Marshal
- **OSPHL:** Oregon State Public Health Laboratory
- **OVERT:** Oregon Veterinary Emergency Response Team
- **PH:** Public Health
- **PHEP:** Public Health Emergency Preparedness
- **PH MACG:** Public Health Multi-Agency Coordination Group
- **PIC:** Public Inquiry Center
- **PIO:** Public Information Officer
- **POD:** Point of Dispensing
- **PPE:** Personal Protective Equipment
- **PPR:** Push Partner Registry
- **REC:** OHA and ODHS Regional Emergency Coordinator

- **RH:** Regional Hospital
- **R-JIC:** Regional Joint Information Center
- **R-JIS:** Regional Joint Information System
- **RMACS:** Regional Multi-Agency Coordination System
- **RPHLG:** Regional Public Health Leadership Group
- **SERV-OR:** State Emergency Registry of Volunteers in Oregon
- **SNS:** Strategic National Stockpile
- **SSEL:** ODHS Social Services Emergency Liaison
- **TCC:** Trauma Communication Center
- **TCCT:** Trauma and Critical Care Team
- **VA:** Veterans Administration
- **VIC:** Victim Identification Center Team
- **VMAT:** Veterinary Medical Assistance Team
- **WHO:** World Health Organization
- **WMD:** Weapons of Mass Destruction