



ESF 8: Health and Medical

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ESF 8 Tasked Agencies

Primary County Agency	<p>Department of Health, Housing, and Human Services (H3S) (Public Health Division)</p> <p>Board of County Commissioners acting as the Board of Health</p>
Supporting Agencies	<p>Clackamas County Disaster Management (CCDM)</p> <p>Medical Examiner's Office</p> <p>County Administration</p> <p>County Counsel</p> <p>Public and Government Affairs (PGA)</p> <p>Sheriff's Office (CCSO)</p> <p>Department of Transportation Development (DTD)</p> <p>Water Environmental Services (WES)</p> <p>Clackamas County Communications (C-COM)</p> <p>Technology Services (TS)</p> <p>Human Resources (HR)</p> <p>Finance Department (Facilities Management)</p>
Community Partners	<p>Hospitals/NW Oregon Health Preparedness Organization (HPO)</p> <p>American Medical Response (AMR)</p> <p>Fire agencies/ Fire Defense Board (FDB)</p> <p>American Red Cross (ARC)</p> <p>End-Stage Renal Disease Network 16</p> <p>Coalition of Community Health Clinics (FQHCS)</p> <p>Clackamas County Vector Control</p> <p>Portland area Metropolitan Service District (Metro)</p> <p>Oregon Restaurant and Lodging Association (ORLA)</p> <p>Drinking water providers</p> <p>School Districts</p> <p>Public Service Answering Points (PSAPS)/Lake Oswego Communications (LOCOM)</p>
State Agency	<p>Oregon Health Authority (OHA), Health Preparedness & Response (HSPR)</p> <p>Oregon Department of Energy (ODOE)</p> <p>Oregon Department of Environmental Quality (DEQ)</p> <p>Oregon Department of Agriculture (ODA)</p> <p>Oregon Department of Emergency Management (OEM)</p> <p>Oregon Department of Human Services (ODHS)</p>
Federal Agency	<p>U.S. Department of Health and Human Services (HHS), Administration for Strategic Preparedness (ASPR)</p> <p>Environmental Protection Agency (EPA)</p> <p>Centers for Disease Control and Prevention (CDC)</p> <p>U.S. Department of Agriculture (USDA)</p> <p>U.S. Department of Energy (USDOE)</p> <p>U.S. Veterans Administration (VA)</p> <p>Federal Bureau of Investigation (FBI)</p>

1 Introduction

1.1 Purpose and Scope

This Emergency Support Function (ESF) annex provides the framework for managing the public health and medical aspects of emergencies that exceed routine response capabilities and/or are in response to a declared “state of public health emergency” as defined in Oregon Revised Statutes (ORS) 433. The Public Health Support Annex (SA 4: Public Health) and Behavioral Health Support Annex (SA 2: Behavioral Health) provide information for primary agencies responding to public health or medical emergencies such as disease outbreaks, bioterrorism, water, food or environmental contamination, exposure to hazardous radiation or chemical agents, and other emergencies or disasters that have significant impacts on the health of the population.

1.2 Authorities and Agreements

Clackamas County, the Local Public Health Authority, operates under ORS Chapter 431. The Clackamas Board of County Commissioners (BCC) serves as the Board of Health (governing body) and will be notified and convened during a public health emergency. Many of the duties under ORS Chapter 431 are delegated to the Public Health Division Director, in their capacity as the local Public Health Administrator, within the Department of Health, Housing and Human Services (H3S)/Public Health Division.

As the local designated Community Mental Health Program (CMHP), Clackamas County Behavioral Health Division (CCBHD) is tasked with mobilizing and directing resources to address the psychological impact of emergencies within Clackamas County. This authority is granted under Oregon Revised Statute (ORS) 430.630 and operationalized through CCBHD’s integral role as a primary and supporting agency within this Emergency Operations Plan, specifically within Support Annex 2 - Behavioral Health.

In accordance with ORS 146, the Clackamas County Medical Examiner’s Office (CCME) is responsible for investigating human deaths under the following circumstances: homicide, suicide, suspicious, or unknown circumstances; when not immediately under the care of a physician; apparently accidental; involving drugs or toxic agents; while incarcerated or in police custody; on the job; related to disease which might constitute a threat to public health; and when human bodies are disposed of offensively.

2 Situation and Assumptions



2.1 Situation

- Emergencies and disasters may occur without warning at any time and may cause mass casualties or mass fatalities.
- Public health and medical emergencies require extensive coordination among public and private health care providers, emergency responders, non-governmental organizations, and emergency management. Many interdependent operations may be necessary, including triage and treatment of mass casualties; intensive surveillance activities; rapid distribution of pharmaceuticals and/or medical supplies to large segments of the population; mass decontamination; quarantine and isolation; modifications to food, drinking water, or sanitary systems; collaboration with veterinary care providers; management of mass fatalities; and response to the physical and psychological effects of mass casualties and mass fatalities.
- A need for antiviral drugs, vaccines, and other pharmaceuticals, chemical or radiation exposure treatment, medical equipment (e.g., ventilators), and other supplies may exceed the available supply and require the County to implement an inventory management system.
- A severe or widespread public health or medical emergency may require coordination with regional partners and assistance from state or federal agencies.
- Community interventions that disrupt normal activities, such as cancellation of school and community events or modifications to traditional government and health services, may be required.
- Populations with disabilities and access and functional needs (DAFN) may be especially vulnerable during health emergencies and will require targeted response efforts.
- The psychological impact of a major health emergency may be as severe and long-lasting as the medical impact, making prompt and effective behavioral health services and emergency public information essential to manage the impact.
- The Clackamas County Medical Examiner has jurisdiction over mass fatality incidents.
- All agencies tasked under this ESF will develop and maintain written internal operating plans and implement procedures consistent with NIMS and the EOP and will train employees in their use.

2.2 Assumptions

This plan makes the following assumptions which allow operations to be conducted at least at a basic level.

- Although infrastructure impacts such as damage to bridges or road closures may limit the ability to transport staff, patients, and medical supplies throughout the region, sufficient infrastructure will remain in place to support operations.
- Essential goods and services, such as food, water, and medical supplies may be in short supply, unavailable, or delayed due to supply chain management. However, local supplies will be available to address the highest priority needs for a short period of time.
- Healthcare and public health emergencies may impact neighboring counties limiting the availability of mutual aid.
- Routine emergency medical services may not be accessible through 911 dispatch centers but will be accessible through other means.
- Some state and federal assistance will be available to support operations within 72 hours with larger resources (e.g., Disaster Medical Assistance Teams) available within two weeks.

3 Concept of Operations

3.1 General

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

Public Health will conduct a situation assessment, initiate surveillance and monitoring activities and notify CCDM of public health emergencies. Incident response will be guided by Support Annex 3: Public Health, which serves as the public health base plan, and its supporting appendices such as the Ambulance Service Plan, Emergency Communications Plan, Active Surveillance and Investigation Plan, Medical Countermeasures Plan and others, as well as the response plans of supporting agencies. Public Health will collaborate with local, regional, state, tribal, and federal governmental agencies, as well as local public and private partners to improve situational awareness, increase availability of resources, restore programs and services, and recover from emergencies.

The Behavioral Health Division will play a critical, integrated role within these efforts, specifically addressing the psychological well-being of the community. Its primary aim is to mitigate the mental health impacts of emergencies and facilitate access to timely and appropriate behavioral health support services for affected individuals and groups. Incident response will be guided by Support Annex 2: Behavioral Health and its supporting Appendices.

The Clackamas County Medical Examiner's Office (CCME) has jurisdictional responsibility over mass fatality incidents including investigation, recovery, identification, notification of next-of-kin, and decedent management.

3.2 Activation/Deactivation

- When a public health emergency occurs, the Public Health Division Director or designee will activate the Public Health DOC as needed and activate the Public Health Support Annex (SA 4: Public Health). The Public Health Division Director or designee will make recommendations for the H3S DOC to activate, if needed.
- The H3S Department Director or designee will activate the H3S DOC, as needed. The H3S Department Incident Command will coordinate its divisions (Behavioral Health, Children, Families & Community Connections, Health Centers, Housing & Development, Public

Health, and Social Services). The Behavioral Health Support Annex (SA-2) and ESF 6: Mass Care will be activated as needed by division Directors, the H3S Director, H3S Department Incident Command, or designee.

- The Clackamas County Public Health Director, H3S Director, or designee will notify Clackamas County Disaster Management (CCDM) of any incident that is or is likely to become a major public health or medical emergency impacting Clackamas County.
- CCDM will implement the Emergency Operations Plan (EOP) and activate the Emergency Operations Center (EOC) as needed. Depending on the size, scope, and impacts of the health emergency, the Disaster Management Director or designee and Public Health Director, H3S Director or designee will make the decision if the EOC will serve as the coordination center for health and medical incident operations.
- The plan may be deactivated when Incident Command has determined that the incident response objectives have been adequately addressed and move into demobilization.

3.3 Emergency Medical Services (EMS)

The EMS response is structured to rapidly assess, triage, stabilize, and transport patients affected by an emergency. EMS personnel will implement mass casualty triage protocols to prioritize patient care and optimize available resources. Coordination with hospitals, trauma centers, and air medical transport services will ensure efficient patient distribution based on injury severity and hospital capacity.

Three agencies provide ambulance services in Clackamas County.

- **Molalla Fire District:** Covers the Molalla Ambulance Service Area (ASA)
- **Canby Fire District:** Covers the Canby ASA
- **American Medical Response (AMR) Northwest:** Serves the Clackamas ASA through a franchise fee agreement with the County

If local EMS resources are overwhelmed, mutual aid agreements will be activated, and additional assets such as Disaster Medical Assistance Teams and mobile field hospitals will be requested through state and federal partners. Throughout the response, EMS units will operate under a unified command structure to maintain situational awareness and ensure that resource deployment aligns with the needs of the incident.

3.4 Public Health Operations

Clackamas County Public Health Division, the local public health authority, will be essential in disease surveillance, outbreak control, risk communications, and mass prophylaxis or vaccination efforts. Surveillance systems will be activated to detect infectious disease outbreaks, foodborne illnesses, or environmental exposure that may result from the incident. Public health will provide guidance on protective measures, such as boil water or do not use water advisories, air quality warnings, and sanitation protocols in emergency shelters. Coordination with state and federal agencies including the Centers for Disease Control and Prevention (CDC) and the Oregon Health Authority (OHA), will ensure access to technical expertise, laboratory testing, and additional

medical countermeasure if needed. Public messaging will be disseminated through multiple channels to keep the community informed about health risks and recommended precautions.

3.4.1 Health Officer

ORS 431.418(2) requires the County to have a Health Officer who is a licensed physician that performs specific medical responsibilities and is responsible to the public health administrator for the medical and paramedical aspects of the health programs. The administrator has the power to delegate authority to the Health Officer in several situations regarding control of disease, including isolation and quarantine orders as needed.

3.4.2 Environmental Health

During a public health emergency or disaster, Environmental Health operations will focus on assessing and mitigating risks to water and food safety. Environmental Health Specialists will conduct health safety evaluations in shelters and licensed facilities, including restaurants and adult care facilities, to prevent the spread of illness and disease. They will also coordinate with local water providers, hazardous materials response teams, and environmental agencies to ensure that remediation efforts align with public health priorities.

Additionally, Environmental Health will coordinate field investigations, sample collection, laboratory testing, and vector control activities. They will collaborate with the Department of Transportation (DTD), Clackamas County Vector Control, Oregon Health Authority (OHA), Oregon Department of Agriculture (ODOA), and United States Department of Agriculture (USDA) on animal control activities. Environmental Health will also provide technical assistance and serve as subject matter experts for the Joint Information System (JIS) and Emergency Operations Center (EOC) staff, and will coordinate with law enforcement on incident investigations. Incident operations will be coordinated through the DOC or EOC.

Contamination of food, water, crops, livestock, or the environment can result from natural, accidental, or deliberate events:

- **Natural causes** include contamination from flooding, algae blooms that produce dangerous toxins, and vector-driven or other natural disease outbreaks in animals.
- **Accidental causes** include system malfunctions, pesticide or agricultural chemical releases into groundwater or drinking water supplies, unintentional contamination of crops or foods, and hazardous materials accidents.
- **Deliberate causes** include vandalism, sabotage, or terrorism.

The Environmental Health Program within the Public Health Division is responsible for inspecting licensed facilities such as public food service and child-care facilities and enforcing drinking water quality standards. During incidents involving chemical, biological, radiological, and nuclear (CBRN) events, or hazardous materials, licensed health inspectors will monitor these systems to ensure public safety. They will also coordinate with DTD to address debris and solid waste disposal as well as sanitary sewer conditions.

3.4.3 Infectious Disease Control

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

3.5 Health Care

Medical care for the injured will be provided at local hospitals or temporary treatment facilities. Direction and control of emergency operations at hospital facilities will be the responsibility of the facility managers and staff. Clackamas County hospitals will forward requests for assistance directly to the Public Health Department Operations Center or the Clackamas County Emergency Operations Center if unable to contact public health directly. If the NW Oregon Health Preparedness Organization (HPO)’s regional resource ordering model is activated, hospitals may submit health and medical resource requests through the HPO staff which are then re-routed to a regional EOC for processing. See the Oregon Health Care Preparedness Region 1 Health Care Coalition Response Plan.

Patient distribution is coordinated through the Trauma Communications Center (TCC) for trauma patients and through Regional Hospital (RH) for other patients when there is a mass casualty incident (MCI). The TCC and RH operate from the Oregon Health and Science University (OHSU) Emergency Communications Center. OHSU also acts as Medical Resource Hospital (MRH) assisting paramedics in Multnomah, Clackamas, Washington, Columbia, and Hood River counties.

The four hospitals in the County, Kaiser Sunnyside Medical Center, Providence Milwaukie Hospital, Providence Willamette Falls Hospital, and Legacy Meridian Park Hospital, are not designated trauma hospitals. There are two Level 1 trauma centers located in Portland – OHSU and Legacy Emanuel Medical Center.

Outpatient providers play a critical role in public health and healthcare emergencies. Many people will seek care at their “medical home” rather than go to a hospital. Coordination with Federally Qualified Health Centers (FQHCs), private clinics and urgent care facilities is necessary during disease outbreaks, environmental releases, radiation or chemical emergencies, or other emergencies.

Hospitals, long-term care and other health/medical residential facilities house vulnerable patients that require a lot of resources for evacuation, and continuation of care at either another medical facility or medical shelter.

People who receive dialysis treatment or have trauma injuries requiring dialysis are vulnerable to disasters. When dialysis patients are involved, consult the End-Stage Renal Disease (ESRD) Network 16 who coordinates emergencies with dialysis centers in multiple states.

3.6 Behavioral Health Support

Behavioral health services will be integrated into response efforts to address the psychological impact of disasters on survivors, first responders and healthcare workers. Crisis counselors and mental health professionals will be deployed to provide psychological first aid, trauma-informed care, and referrals to long-term mental health services. Support will be available in evacuation shelters, hospitals, community outreach centers, and first responder staging areas to mitigate stress, anxiety, and grief. Specialized interventions will be implemented for at-risk populations, including children, older adults, and individuals with pre-existing mental health conditions. Coordination with Clackamas County Behavioral Health, non-profit organizations, and state mental health services will ensure a sustained response that continues into the recovery phase. The Behavioral Health Division has the authority to activate Support Annex 2: Behavioral Health in response to behavioral health needs.

3.7 Mass Casualties and Fatality Management

When an incident results in a high number of casualties, a mass casualty incident plan will be activated to guide response efforts. RH will notify area hospitals of the MCI and begin patient distribution and transfers. Hospitals will implement surge capacity plans, including rapidly discharging patients, expanding emergency department operations and utilizing alternate care sites to manage the influx of patients. In extreme cases, field hospitals or medical shelters may be established to provide additional treatment capacity. Oregon maintains a 250-bed capacity medical station (tent and equipment) housed in Salem that can be requested if needed. Fatality management will be coordinated with the Clackamas County Medical Examiner's Office (CCME) Office, which will oversee victim identification, morgue operations, and respectful handling of remains. If local resources are insufficient, Disaster Mortuary Operational Response Teams (DMORTs) and Disaster Portable Morgue Units (DPMUs) will be requested through state and federal channels. Family assistance centers may be established to provide support services, death notifications, and grief counseling for affected families.

If necessary, on-scene Incident Command will designate an area for fatality operations and temporary morgue facilities and will work with the CCME to preserve the scene and protect

decedents/remains. The CCME is responsible for fatality management, including implementation of the Mass Fatality Plan, death investigation, management of decedents/remains recovery and processing, and mortuary operations, and notifies next of kin. The Mass Fatality Plan is implemented for any incident in which the CCME resources are insufficient to meet health and safety needs and/or legal requirements.

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

3.8 Coordination with Other ESFs

The following ESFs and Supporting Annexes (SA) support health and medical-related activities:

- **ESF 1, Transportation:** Support transportation of medical resources to impacted areas.
- **ESF 4, Firefighting:** Provide for detection and suppression of urban, rural, and wildland fires resulting from, or occurring coincidentally with, a significant disaster condition or incident.
- **ESF 5, Information & Planning:** Support incident information and planning needs to develop and maintain a common operating picture to support response and recovery activities.
- **ESF 6, Mass Care:** Provide for the safety of the food and water supply. Coordinate with ESF 8 for health and medical support to shelter operations.
- **ESF 7, Logistics Management & Resource Support:** Describe how the County will provide logistical and resource support during emergencies, as well as provide financial tracking and records management to overall cost of the County's response.
- **ESF 9, Search and Rescue:** Coordinate medical care for disaster victims.
- **ESF 10, Hazardous Materials:** Provide for decontamination and medical needs of disaster victims contaminated by hazardous materials.
- **ESF 15, Public Information:** Describes how the county will disseminate information to the public and other partners in times of an emergency.
- **ESF 16, Volunteers and Donations Management:** Coordinate activities and management of donations and volunteers with community partners and organizations.
- **SA 2, Behavioral Health:** Coordinate mental health services to increase adaptive functioning in responders and survivors.
- **SA 4, Public Health:** Outlines how public health will respond to public health emergencies.

4 Emergency Coordination



Clackamas County is responsible for coordinating emergency response in the unincorporated areas of the county and for response to public health and medical emergencies throughout the county. The county will support city, district, and other agency responses, as requested.

4.1 Cities

Cities have a key role in supporting health and medical operations during emergencies by ensuring the safety and well-being of their community members, managing resources, and coordinating emergency operations within their jurisdictions. While H3S/Public Health is responsible for managing public health and medical emergencies within the county, cities may have resources to assist. For example, city staff or volunteer organizations (e.g., CERT) could be positioned to support Medical Countermeasure Distribution and Dispensing (MCMDD).

City officials are required to notify the CCME of any deaths outside of a hospital setting or mass fatality incidents, with local law enforcement securing the scene until the CCME arrives.

4.2 Special Districts

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

Fire districts support health and medical operations during emergencies primarily through their EMS activities. Those activities are coordinated with the County in accordance with Ambulance Service Area and other EMS plans. Fire districts may also support specific public health operations like medical countermeasures dispensing. School districts may support health and medical operations during emergencies through use of the school-based health centers and school nursing staff. These resources may be leveraged for medical countermeasures dispensing and other public health operations.

An intergovernmental mutual aid agreement between the County and special districts is available to all jurisdictions that choose to participate. The agreement establishes procedures

for requesting and providing mutual aid resources in a major emergency or disaster. Copies of agreements and current participants are available in the EOC.

4.3 County

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

The CMME implements the Mass Fatality Plan and is the primary/lead agency for managing a mass fatality incident within the county. This includes investigating cause and manner of death, recovery of decedent/remains, decedent identification, next of kin notification, mortuary operations and decedent management.

The Clackamas County Medical Reserve Corps (MRC) can be activated to provide trained medical volunteers for medical surge operations. The decision to activate the local MRC for a county incident/emergency will be a joint decision between the Clackamas County Public Health Director, or designee, and the County Health Officer, or designee.

Public Health administers the Ambulance Service Plan and EMS leadership ensures unified protocols, facilitates mutual aid agreements, and manages the deployment of resources based on incident needs. Coordination includes patient triage and transport, surge planning, and real-time communication with hospitals and the County EOC to maintain situational awareness and system-wide efficiency.

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

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

If EOC Command determines that emergency measures authorized in County Code Chapter 6.03 may be necessary to effectively manage the incident, they will recommend that the BCC declare an emergency. If the BCC declares an emergency, it may impose any or all the emergency measures authorized in County Code Chapter 6.03.

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

seek a state declaration if necessary.

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

4.4 Regional

Clackamas County participates in the Healthcare Preparedness **Region 1 Northwest Oregon Health Preparedness Organization (HPO)** with Clatsop, Columbia, Multnomah, Tillamook, and Washington counties in Oregon and Clark County in Southwest Washington. This organization coordinates planning efforts among public and private health care organizations, and entities that support regional health care delivery, to ensure regional collaboration and community preparedness for issues such as hospital surge capacity, regional scarce resource allocation, medical countermeasures, patient movement, and other capabilities critical to community crisis response. Hospitals will coordinate directly with cities/counties for infrastructure and security support but work with the HPO for assistance with medical supplies, equipment, and staffing.

The Oregon Health & Science University Emergency Communication Center is the Trauma Communications Center, Medical Resource Hospital, and Regional Hospital. It serves as a central point of contact and notification during mass casualty incidents and coordinates communications between scene responders and area hospitals. OHSU also serves as a Level 1 Trauma Center, regional tertiary care facility, and provides on-line medical control for paramedics.

The Cities Readiness Initiative (CRI) enhances preparedness in the largest population centers in the U.S. to respond to large public health emergencies and provide life-saving medicines and medical supplies. In Oregon, the Portland CRI Region is comprised of seven counties in the greater Portland metropolitan area. It includes counties in both Oregon and Washington and represents more than 2.4 million people. As a CRI region, local public health agencies work together to improve planning for medical countermeasure distribution and dispensing (MCMDD) for all-hazards events.

4.5 State

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

The Oregon Department of Agriculture works to control and eradicate animal diseases, including those transmissible to humans, and to prevent the spread of food-borne illnesses. The

Animal Health program:

- Serves as the lead support agency for evacuation, shelter, and care of companion animals, service animals, and livestock.
- Assists in providing food, water, shelter and veterinary care to affected animals; monitors the prevalence of infectious animal diseases.
- Activates the Oregon Animal Disease Emergency Management Plan.

They also manage the Oregon Veterinary Emergency Response Team program (OVERT).

The Oregon Department of Environmental Quality monitors and addresses environmental hazards that could impact human health. This includes assessing air and water quality, managing hazardous materials releases, and ensuring safe waste disposal from medical operations or emergency shelters. The DEQ lab conducts air and water quality field monitoring and inorganic and organic chemical laboratory analysis.

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

The Oregon Health Authority provides water quality monitoring, monitoring and control of communicable diseases, technical assistance, laboratory support for CBRN incidents, coordination with federal health agencies, and distribution of medical countermeasures (e.g., vaccine, personal protective equipment) to local health departments. The agency operates:

- **Acute and Communicable Disease Prevention Section (ACDP):** Works with physicians to detect unusual census or disease patterns.
- **Center for Health Statistics, Oregon Vital Records:** Issues birth and death certificates that occurred within the state.
- **Communications Program:** Coordinates with OHA HSPR to activate a public health JIS/JIC for the development and dissemination of information to LPHAs and the health care community. Prepares public messaging and communications materials for distribution to health care providers, emergency responders, the media, and the public.
- **Drinking Water Services:** Assists public water systems with notification, water sampling, emergency interim measures, and treatment/operational considerations as needed.
- **EMS Program:** Develops and regulates the EMS system and ensures that EMS providers are fully trained, emergency medical vehicles are properly equipped, and EMS systems are functioning efficiently and effectively.
- **Environmental Public Health Program:** Identifies, assesses, advises, and reports on environmental and occupational hazards.
- **Health Alert Network:** Facilitates information sharing and connects hospitals, laboratories, clinics, public safety, EMS, and other public health partners.
- **Health Security, Preparedness and Response (HSPR):** Activates and manages the OHA

Agency Operations Center (AOC) in support of incidents. Coordinates with the OHA Public Health Division Communications Program to activate a public health JIS/JIC.

- **The Oregon Capacity System:** The data source for all Oregon hospital bed consensus information.
- **Oregon Radiation Protection Services:** Oversees radiation protection and safety across the state to ensure public health and environmental security from radiation hazards. It regulates the use of radioactive materials, X-ray machines, and other radiation sources in medical, industrial, and research setting. In an emergency radiation event, the program coordinates response efforts, monitors radiation levels, assesses exposure risks, and provides guidance to first responders, healthcare providers, and the public. It works with local, state and federal agencies to implement protective measures, such as evacuations or shelter-in-place orders, to minimize radiation exposure and health impacts.
- **Oregon State Public Health Laboratory:** Provides testing and laboratory services, supports the Federal Bureau of Investigation and local first responders by analyzing unidentified substances for the presence of chemical or biological agents, ensures that chain of evidence procedures are followed, and ensures that accurate data are communicated to appropriate public health and medical personnel.
- **State Emergency Registry of Volunteers in Oregon (SERV-OR):** A database of licensed health care professionals who have registered to volunteer in response to federal, state, and/or local emergencies.
- **Vector Control:** Maintains a disease reporting system and connection to the Oregon Vector Control Districts.

The Oregon Air National Guard's 142nd Fatality Search & Recovery Team (FSRT), under the direction of the CCME, provides assistance with decedent recovery, Disaster Portable Morgue Unit (DPMU) Operations, and decedent management during a mass fatality incident. The 142nd FSRT is based out of Portland and includes 11 team members from the Air National Guard. The team can provide limited (by environmental/structural hazards) expeditionary search and recovery, to include operating in Level C in a chemical, biological, radiological or nuclear environment. They deploy with four trucks, two refrigerated trailers with a total storage capacity for 24 remains, three Polaris all-terrain vehicles, chemical detection equipment, GPS, cameras, wheeled litter carriers, large and small human remains pouches, personal protective equipment supplies, and three climate-controlled shelters for operations.

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

The National Guard's CBRN Enhanced Response Force Package (CERFP) is a specialized unit

trained and equipped to respond to chemical, biological, radiological, and nuclear incidents by providing search and rescue, decontamination, medical triage, and casualty evacuation. The Homeland Response Force (HRF) is a unit designed to respond rapidly to CBRN incidents, providing command and control, decontamination, medical support and security within a coordinated federal, state and local response. The CERFP is the hands-on tactical team and the HRF is the regional command and response hub that can coordinate multiple CERFPs and integrate with broader federal efforts.

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

4.6 Federal

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

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

The Department of Health and Human Services Administration for Strategic Preparedness and Response (ASPR) is the lead federal agency for public health and medical support functions during response to a major health emergency that requires federal assistance. It manages the Strategic National Stockpile and oversees distribution of medical countermeasures. The National Disaster Medical System (NDMS) is a federally coordinated system to augment medical response capability following a disaster and to care for civilian and military casualties. The NDMS provides state-of-the-art medical care, including teams, supplies, and equipment, at a disaster site, in transit from the impacted area, and to participating definitive care facilities. It ensures a network of care for both civilians and military personnel requiring additional or complex care unavailable within an impacted area. NDMS response teams that may be deployed include:

- **Disaster Medical Assistance Team (DMAT):** Rapid response teams to supplement local medical care. DMATs deploy to disaster sites with supplies and equipment to sustain their medical services for 72 hours.
- **Disaster Mortuary Operational Response Team (DMORT):** Provide victim identification and mortuary services, including establishing temporary morgue facilities and processing and decedent management.
- **Disaster Portable Morgue Units Team (DPMU):** Support DMORTs through management of federal mortuary assets.
- **National Veterinary Response Team (NVRT):** Provide expert veterinary care, treating ill or injured pets, companion animals, service animals, working animals, laboratory animals, and livestock impacted by natural and technological disasters, acts of terrorism, disease outbreaks, and during certain national special security events.

- **National Nurse Responses Team (NNRT):** Specialty team to assist in chemoprophylaxis, a mass vaccination program, or any scenario that overwhelms the nation's supply of nurses.
- **National Pharmacy Response Team:** Assists in chemoprophylaxis, vaccination or other operations requiring hundreds of pharmacists, pharmacy technicians, and students.
- **Trauma and Critical Care Teams (TCCT):** Provide critical, operative, and emergency care to provide people lifesaving or life-sustaining care.
- **Victim Identification Center Team (VIC):** Support local authorities in the aftermath of natural or man-made disaster or public health emergency by helping to identify the victims and serving as a liaison to the victims' families or other responsible parties in support of another NDMS team.

The Centers for Disease Control and Prevention (CDC) leads public health surveillance, epidemiology, and disease control efforts. Key functions include:

- Conducts outbreak investigations and tracks disease spread.
- Provides technical guidance, data analysis, and lab support.
- Supports state, local, tribal and territorial governments with epidemiologists, lab testing, and public health expertise.
- Issues public health recommendations and risk communication.
- Monitors vaccine safety and effectiveness during mass immunization campaigns.

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

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

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

5 ESF Annex Development and Maintenance



The H3S Director, the Public Health Division Director and CCDM Director are responsible for ensuring that ESF 8, Public Health Support Annex SA 4, Behavioral Health Support Annex SA `2, and other relevant incident annexes, supporting plans and protocols are reviewed and updated at least every two years or as changes occur, such as lessons learned from exercises or actual events.

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