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**Functional Annex –
Public Health Emergency Response**

Approved (September 24, 2018)

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PLAN UPDATE CYCLE
Functional Annex Q—PH Annex to the County EOP

Plan updates are recorded using the following form.

Plan updates are:

- Performed every five years (at a minimum) to incorporate the following elements: emerging public health and emergency preparedness trends (PHT), improvements recommended by exercises and real events (AAR/IP), state and federal guidance (SFG), training needs assessments (TNA) and scheduled annual revisions (S).

REVIEWER	DATE	PLAN: SUMMARY OF CHANGES	<u>Update Justification:</u> PHT, AAR/IP, SFG, TNA, S
Sue Mohnkern	June 2011	Updated and revised as recommended to meet Project Public Health Ready standards and as indicated by justifications column to right	PHT, AAR/IP, TNA
Sue Mohnkern	March, 2016	Update new Public Health organization and responsibilities; partner agency changes; removal of Tab 7; inclusion of Ebola planning documents and Water Event Procedures in Appendices	S, AAR/IP, PHT, TNA
Sue Mohnkern	June 2017	Minor updates to correct language, align more closely with county EOP.	S
Sue Mohnkern	Sept. 2018	Minor updates to correct language, be consistent with program changes	S

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1 Introduction

1.1 Purpose

The purpose of this plan is to outline how Washington County 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; natural disasters and technological disasters. The plan establishes the framework within which the County's public and environmental health staff will work to ensure that appropriate and coordinated public health measures are implemented in a timely and effective manner. This emergency response plan is an all-hazards response plan. Frequently during the initial response to an emergency (whether a natural disaster, an accident, or a purposeful act of terrorism) there is not a specific Public Health role in the immediate aftermath and response. At these times, Washington County Public Health Division (WCPH) will support the county overall response, as needed and as assigned by the County Emergency Operations Center. Once the initial response has passed, and impacts and implications to the health of the public are anticipated, this plan will be implemented. The utilization and continuous improvement of WCPH's written all-hazards response plan will increase the agency's ability to protect the public's health. The ultimate goal, then, is to decrease the public's burden of mortality and morbidity during any emergency in Washington County.

This health department all-hazard *Functional Annex for Public Health Emergency Response*, its Tabs and Appendices are a part of the overall county Emergency Operations Plan created by the Washington County Office of Emergency Management. The county's Emergency Operations Plan (EOP) and this Annex are compliant with the National Incident Management System (NIMS). The county EOP coordinates emergency response among multiple county government agencies.

This plan does not address emergency medical services, healthcare operations, or mass fatality incident management (i.e., mortuary services). Those functions are addressed in separate annexes to the Washington County EOP.

1.2 Plan Organization

The *Public Health Annex* consists of 3 main sections:

- 1) The Introduction covers the plan's purpose, an overview of the WCPH organizational structure and approach to jurisdictional planning, and finally, the planning process and plan update cycle (WCPH's Continuous Quality Improvement Process).
- 2) The Base Plan and its Appendices cover the key policies and procedures for WCPH with regards to mitigation, preparedness, response and recovery.
- 3) The Tabs and their Appendices refer to specific emergencies, hazards, or functional divisions of the health department. Unless they are referenced in this annex, tabs and appendices will be maintained separately.

1.3 WCPH Organizational Structure

WCPH is a relatively small agency, currently consisting of approximately 120 staff (111 FTE), many of whom have worked in the Health Department for a decade or more. The agency is a part of the larger county Department of Health and Human Services, which also includes Animal Services; Behavioral Health; Disability, Aging and Veterans' Services; Developmental Disabilities; Children, Youth and Families; and an Administrative division, which includes Solid Waste. The public health agency is divided into eight main branches reflecting the major types of services offered to the community:

Disease Control and Prevention (DCAP) — performs infectious disease (including HIV and other sexually transmitted infections) surveillance, case follow-up, and prevention activities ; manages vaccine preventable diseases and employee health services; supports access to care through School-based Health Centers and Safety Net Clinics and collaborates with RAID and EH on outbreak investigations.

Research, Analytics, Informatics and Data (RAID) — performs epidemiological investigations for communicable and chronic diseases; implements community health assessment projects; and makes evidence-based policy recommendations.

Emergency Medical Services (EMS) — provides oversight of ambulance and wheelchair car services in Washington County, and a small border portion of Clackamas County; also manages the Medical Examiner program.

Environmental Health (EH) — performs inspections of permitted facilities (restaurants and food vendors, hotels, swimming pools); vectorborne & zoonotic disease surveillance and control; wastewater system permitting; and other environmental health programs. Also collaborates on outbreak investigations with DCAP and RAID.

Maternal and Child Health (MCH) — manages maternal, infant and toddler health; houses the Healthy Homes program; and health for children with special needs.

Health Equity, Policy and Planning (HEPP)—manages chronic disease, tobacco and suicide prevention programs; Public Health Accreditation process; Community Health Assessment and Improvement Plans; School Based Health Centers.

Public Health Emergency Preparedness (PHEP) — works with internal and external partners to develop, implement and update emergency response plans and procedures; offers training and exercises for public health preparedness. Responsible for coordinating the response within HHS in an emergency.

Women, Infants and Children (WIC) —a nutrition education program that works with families to improve their nutrition and well-being by offering education, feeding advice, breastfeeding support, vouchers for healthy foods, and referrals to other agencies.

The Program Supervisors all answer directly to the WCPH Division Manager, who is the delegated local public health authority for the county.

The Tri-County Health Officer Program provides medical consultation and leadership services to Washington, Clackamas and Multnomah Counties. A Deputy Health Officer is appointed to provide primary coverage for Washington County Public Health. The program supervisor is the Tri-County Health Officer.

2 Situation and Assumptions

2.1 Situation

Washington County is subject to a number of 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 and environmental health services. In the case of a pandemic, duration, geographical distribution and the population affected will influence the availability of state or federal resource support.

The Washington County Department of Health and Human Services has very broad responsibility and specific legal authority for protecting the population (including residents and visitors) of the County from public health threats. Washington 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 residents are dependent upon those services on a daily basis 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.

Chapter 431 of the Oregon Revised Statutes (ORS Chapter 431) and Chapter 333 of the Oregon Administrative Rules (OAR Chapter 333) address the administration and enforcement of public health programs and laws at the state and local levels. Under ORS 431.110, the Oregon Health Authority (OHA) has full power in the control of communicable diseases. All state and local public health officers and employees, including peace officers, are authorized to enforce rules adopted by OHA relating to public health and other health matters subject to state authority. County governments and health districts established under ORS 431.443 are the local public health authorities responsible for management of local public health services. The County Board of Health (the Board of County Commissioners for Washington County) is the County policymaking body in implementing the duties of local departments of health. Activities include epidemiology, control of preventable diseases and disorders, and environmental health services. All County public health administrators (including the Director of the Washington County Department of Health and Human Services, and the Division Manager for the Public Health Division, who is the delegated Public Health Authority for the county) possess the powers of constables or other peace officers in all matters pertaining to public health (ORS 431.440) and may issue emergency administrative orders for isolation and quarantine (ORS 433.121).

This plan can be activated by the Board of County Commissioners, the Director of the Washington County Department of Health and Human Services, and the Division Manager for the Public Health Division.

The County Department of Health and Human Services manages its public health responsibilities and authorities on a daily basis through its Public Health Division.

The Public Health Division (referred to in this plan as WCPH) employs staff from a wide variety of disciplines with a variety of technical expertise; nurses, a physician, epidemiologists, dietitians, certified environmental health practitioners, community health workers, health educators, nutrition technicians, and administrative support. A number of WCPH staff are also bilingual, with Spanish fluency being the most common. WCPH staff oversees and provides public health services for all Washington County residents. They maintain a small inventory of medical supplies and routine vaccines.

The Research, Analytics, Informatics and Data program (RAID) is responsible for monitoring disease outbreaks and patterns, conducting disease investigations, and developing appropriate recommendations to protect public health. RAID, in collaboration with the Disease Control and Prevention (DCAP) program, monitors disease incidence and prevalence through passive surveillance (i.e. receiving laboratory reports as part of a reporting network) and active surveillance (i.e. staff calling restaurant customers to ask about illness during a foodborne investigation). During a disease investigation, a RAID epidemiologist defines the population at risk (who is getting the disease and where they live and work), and 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.

The Washington County 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; responds to and investigates animal bites; and monitors for vector-borne diseases such as West Nile Virus. 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.

Washington County's DCAP staff routinely collaborates with neighboring counties during an outbreak to identify contacts and provide appropriate prophylaxis and information to control the spread of disease. They also routinely collect specimens and transport them to the Oregon State Public Health Laboratory (OSPHL).

RAID works 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

provides assistance 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.

In addition to its ACDP staff, the Oregon Health Authority provides several other services and has specific operational responsibilities that work in support of the County's public health program. These services 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), a secure website where alerts and warnings regarding health and security issues are posted, as well as an alerting and notification system for public health and other officials.
- Operating the state's Radiation Protection Services, 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 of Oregon. 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 testing results to clinicians and to local, state, and federal health officials.
 - Participates in the state's Laboratory Response Network (LRN).
 - 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.

According to ORS 433.441, the Governor may declare a state of public health emergency to protect the public health. Such a declaration gives power to the Oregon Department of Human Services pursuant to ORS 433.443(2) to order, authorize, and adopt reporting requirements, diagnostic and treatment protocols; order, or authorize local public health administrators to order, public health measures appropriate to the public health threat presented; authorize pharmacists licensed under ORS chapter 689 to administer vaccines to persons who are three years of age or older; and to impose civil penalties for non-compliance.

The Oregon Military Department 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, HazMat, and law enforcement officials with identification of chemical, biological, and radiological agents, assessment of incident consequences, and development of appropriate response and protective actions.

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 operations during major emergencies and disasters. These resources include:

- The Strategic National Stockpile of medical supplies and pharmaceuticals
- The National Disaster Medical System (NDMS), which has three components: response (including specialty teams like DMAT and VMAT), forward movement of casualties, and definitive care for inpatients
 - Disaster Medical Assistance Teams (DMAT) – highly trained and equipped medical and public health professionals that can assist in the handling of medical/hospital surge events
 - Veterinary Medical Assistance Teams (VMAT) – highly trained and equipped veterinary professionals who can provide care to pets and other animal populations in affected areas

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.

Many agencies in Washington County and the State of Oregon support public health emergency response. The matrix shown in *Appendix FAQ 1 – Agency Roles and Responsibility Table in Public Health Emergencies*, designates primary and secondary agencies for various aspects of a public health response, including command and control, detection, investigation, communication, containment and prevention, and recovery.

2.2 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, HHS has developed 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 generally will not be available for 24-72 hours from the time of request.
- Physicians, nurses, and other medically trained residents will volunteer to assist. They may do so through the organized and pre-identified Washington County Medical Reserve Corps or in a spontaneous, non-affiliated way. However, concerns about personal safety and/or family welfare may limit the number of medical personnel willing to volunteer in certain incidents.
- Residents will volunteer to assist public agencies. However, concerns about personal safety and/or family welfare may limit the number of volunteers willing to provide assistance.

3 Acronyms and Explanation of Terms

3.1 Common Public Health Acronyms and Abbreviations

ACDP	Acute and Communicable Disease Prevention section within the Center for Public Health Practice of the Oregon Health Authority
AOC	Agency Operations Center (state agency)

DCAP	Disease Control and Prevention
DMAT	Disaster Medical Assistance Team (a federal asset of trained medical professionals)
DOC	Department Operations Center (county or other local department)
ECC	Emergency Coordination Center
EM	Emergency Management
EOC	Emergency Operations Center
FBI	Federal Bureau of Investigation
HAN	Health Alert Network
JIC	Joint Information Center
LPHA	Local Public Health Authority
LRN	Laboratory Response Network (statewide)
NDMS	National Disaster Medical System
OSPHL	Oregon State Public Health Laboratory
PHD	Oregon Public Health Division, a division of the Oregon Health Authority
PIC	Public Inquiry Center
POD	Point of Dispensing
PPE	Personal Protective Equipment (e.g., masks and gloves)
SNS	Strategic National Stockpile (a federal asset with large quantities of medicines and medical supplies)
VMAT	Veterinary Medical Assistance Team (a federal asset of trained veterinary professionals)
WCPH	Washington County Public Health Division (the local public health authority in Oregon for Washington County)
WHO	World Health Organization

3.2 Definitions and Explanations of Terms

Epidemiology

The study of health and disease in populations

Isolation

The sequestration of individuals or groups of people who are ill with an infectious disease in order to prevent transmission of that disease to others.

Mutual Aid

Written agreements between agencies and/or jurisdictions to assist one another on request by furnishing personnel, equipment, and/or expertise in a specified manner.

Policy Group

The Policy Group is responsible for providing policy direction to the emergency response organization. The policy group includes the County Administrator, Sheriff, County Counsel, and all department heads. Based on the extent and nature of a disaster, this group may be expanded to include county commissioners and others as appropriate.

Prophylaxis

A preventive measure used to maintain health and prevent disease.

Social Distancing

Measures used to restrict when and where people can gather, in order to stop or slow the spread of an infectious disease.

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.

Quarantine

The sequestration of well individuals or groups of people identified as having been exposed to an infectious disease, in order to prevent the spread of that disease to others.

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.

4 Concept of Operations

WCPH has integrated Incident Command System (ICS), National Incident Management System (NIMS) and National Response Framework (NRF) concepts and requirements into its all-hazards Emergency Response Plan and all tabs and appendices. In accordance to NIMS compliance, WCPH has workforce trained in the Incident Command System and has a current exercise and training plan.

During an emergency, WCPH serves as the local lead agency in any incident involving an outbreak of infectious disease (including pandemic influenza, foodborne illness, vaccine-preventable disease or emerging infectious disease), a bioterrorism event (although the FBI would be the overall lead agency) and any emergency response actions primarily affecting the health and wellness of the population of Washington County. When WCPH is the local lead agency, and when the county Emergency Operations

Center (EOC) is activated, a Public Health or HHS incident commander and backup will be assigned as the primary Incident Commander in the county's EOC.

In all situations where it serves as local lead agency, WCPH will prioritize those actions that decrease population morbidity and mortality. Such actions may include:

- Epidemiological Investigation and Surveillance
- Public Notification and Health Education
- Environmental Health Disaster Response (for instance, coordinating the restoration of disrupted drinking water systems or monitoring sanitary conditions in emergency shelters)
- Mass Prophylaxis/Vaccination
- Isolation, Quarantine and Social Distancing Measures

In situations other than those listed above, WCPH will not serve as the local lead agency. Instead, WCPH will support the efforts of Washington County EM and the county's EOC to successfully coordinate multi-agency response to, recovery from, and mitigation of the incident. In all major and catastrophic events, key WCPH staff will integrate into the county's EOC, staffing positions primarily in the Community Services Branch (CSB) of the Operations Section. A Public Health Program Supervisor serves as the Branch Director of the CSB, and coordinates the public health emergency response. Because WCPH staff is very limited in numbers, most staff will be kept under the tactical direction of the WCPH Incident Management Team, in order to carry out the appropriate public health response measures.

In addition, WCPH always bears the following responsibilities in emergency response:

- To adhere to NIMS standards and guidelines
- To implement clear command and control in an emergency or disaster by using the Incident Command System
- To provide accurate, honest and up-to-date information about the incident to response partners and to the public, using the principles of risk communication
- To abide by applicable state and national laws
- To honor and uphold residents' right to due process, per state and federal law and the Constitution of the United States, in situations where WCPH must exercise its legal authority for conducting emergency health measures such as mandatory isolation and quarantine, closure of public venues, or other aggressive disease control actions.

4.1 Roles and Levels of Response

Washington County public and environmental health emergency response operations are framed by both the nature and extent of public health impacts. The local (i.e., county) public health authority (LPHA) 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.

4.1.1 Agency Role

WCPH has the legal authority and responsibility for managing public health incidents such as bioterrorism or a pandemic that threatens or impacts the residents of the County. They will share incident management (i.e. unified command) with local and/or federal law enforcement officials when the public health incident creating the threat or impact involves terrorism or other criminal action. The incident 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)

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

- natural disasters (e.g., floods, fires, earthquakes, and volcanic eruptions)
- technological disasters (e.g., intentional or accidental hazardous material incidents and significant power outages)

4.1.2 Levels of Response

Whether acting in a lead or supporting role, the public health response will be tied to the scope or severity of an event.

- Type V (Routine Operations) – Incidents comprise normal daily activities that are manageable by division resources without the need for higher-level coordination. Type V incidents are not addressed in this plan.
- Type IV (Complex Routine Event) – An incident that is larger in scope than those typically occurring on a day-to-day basis. This may be confined to a small area of the County, present few, if any, operational or policy issues,

generate little or no media interest, and can be handled with WCPH resources following internal procedures. The event may affect multiple counties and the State may also be involved, but the public health impact is still limited in scope. Coordination with local governments is accomplished through direct contact with impacted/affected agencies. Type IV incidents are not addressed in this plan.

- Type III (Minor Event) – An event that is confined to the County but which has the potential to expand. It may also affect other counties, but the public health impacts are still limited in scope. The event involves minor operational and/or policy issues and generates local media interest, and could require some outside assistance from the State or other local health departments. More intense staff time, and the involvement of the WCPH Division Manager is necessary to deal with the policy, resource management, and/or media issues generated by the emergency and to more efficiently coordinate with impacted/affected local governments. Activation of the County Public Inquiry Center (PIC) may also be necessary to assist with public and media inquiries and the Joint Information Center may also be activated to deal with media inquiries.
- Type II (Major Emergency) – An emergency that broadly affects the County or multiple counties, has significant operational and/or policy issues, and generates heavy media interest. The emergency cannot be handled with normal WCPH resources and, therefore, requires the activation of additional internal resources and substantial assistance (both in staff and other resources) from other agencies. Other emergency response disciplines may also be heavily impacted, thereby increasing the need for multi-discipline and multi-agency coordination. The County EOC is activated as is the County Joint Information Center (JIC) and the County PIC. Coordination of public health policy, operational, and media issues is handled at the County EOC. The involved regional public health administrators may coordinate and form a Multi-Agency Coordinating (MAC) group, as they did during the 2009 H1N1 Pandemic response. During a Type II event, it may be necessary to activate a regional Multi-Agency Coordination System and a regional JIC to coordinate and unify policy, resource, and information management activities. The State ECC and Oregon Health Authority (OHA) Agency Operations Center (AOC) are activated to support county operations. A federal Joint Field Office (JFO) is activated if needed to coordinate federal resource support. If the emergency involves actual or suspected terrorism, the FBI's Joint Operations Center (JOC) is activated to coordinate investigative (and crisis management) activities.
- Type I (Disaster/Catastrophic Emergency) – An emergency that broadly affects the region or state or an even larger portion of the country. The event has extraordinary policy and operational issues and generates national and possibly international media interest. WCPH and other emergency responder resources are overwhelmed and substantial assistance from the State and the

Federal Government is needed. The County EOC is activated as is the County JIC and the County PIC. Coordination of public health policy, operational, and media issues are handled at the County EOC. If public health is the lead agency for a Type I event, the involved regional public health administrators will coordinate and form a MAC group. A regional EOC and a regional JIC will be activated to coordinate and unify policy, resource, and information management activities. The State ECC and OHA AOC are activated to support county operations and a federal JFO is activated to coordinate federal resource support. If the emergency involves actual or suspected terrorism, the FBI's JOC is activated to coordinate investigative (and crisis management) activities.

4.2 Impact Assessment

For a number of years, Washington County has conducted a thorough analysis of the natural and technological hazards that can affect the jurisdiction. In response to the identified hazards, public health has developed a Hazard Response Checklist, for use in responding to emergencies (Appendix 2).

One of the first public health actions taken during any emergency is to assess public and environmental health impacts. The assessment looks at the incidence and prevalence of disease and the environmental hazards threatening public health. The purpose of the assessment is to evaluate existing, emerging, and potential health threats to the community so that appropriate corrective and preventive actions can be initiated. The Hazard Response Checklist can be used to inform the appropriate corrective and preventive actions.

4.2.1 Epidemiological Investigation/Disease Surveillance

The RAID program supervisor and staff will take the following steps as appropriate for the emergency (see Tab 2 for further details):

- Notify the State and initiate collaboration with neighboring or other impacted counties;
- Continue passive surveillance and initiate or expand active surveillance, including active surveillance at shelters, if appropriate ;
- Conduct epidemiological investigations in partnership with DCAP. Also partners with environmental health staff for food-borne illnesses and facility outbreaks;
- Conduct epidemiological investigations in partnership with the FBI and/or local law enforcement for criminal incidents; and
- 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 (see Tab 2).

4.2.2 Environmental Health Hazard Assessment

The Environmental Health program supervisors and Environmental Health program specialists will take the following actions 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 food-borne illness;
- 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 all significant or strategic emergency mass shelters and assess food handling and sanitation at those facilities; and
- Assess the effect of the emergency on known vector populations and the impacts those effects may have on human populations.

4.2.3 Community Needs Assessment

During a Type II emergency, if appropriate, and during every Type I emergency, the RAID program will lead and coordinate the conduct of a Community Assessment for Public Health Emergency Response (CASPER), with assistance from other staff and volunteers. 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. RAID and PHEP have customized the CASPER toolkit for use in Washington County.

4.2.4 Healthcare System Assessment

During any emergency when the EOC is activated, the EOC staff will assess impacts to healthcare system infrastructure and resources. This assessment will focus primarily on the County's hospitals and healthcare systems.

4.3 Risk Communication

Risk communication is an important part of public health response and recovery 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 metro area is a single media market, risk communication regarding any impact affecting the region must be developed in collaboration with the region's other

public health agencies. WCPH will use its Public Information Officer, the County Public Inquiry Center, the County or regional Joint Information System, the Health Alert Network, and other communications tools and resources as appropriate to deliver risk communication messages. See Tab 1, the HHS Communications Handbook, for further details.

Key risk communication responsibilities include:

- Identifying the nature of the hazard, potentially affected populations, and audiences to whom public communication will be directed;
- Developing and issuing public health advisories and alerts, recommending public protective actions, and disseminating other important public health messages including those specifically addressing the needs of special populations; and
- Recommending protective actions for emergency responders and providing other important public health information to local governments, first responders, and medical providers.

4.4 Implementation of Preventive Measures

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

4.4.1 Mass Medication/Prophylaxis

- Recommending activation of the Strategic National Stockpile (SNS) to support mass prophylaxis operations (See Tab 5, Mass Prophylaxis Plan); and
- Activating Point of Dispensing (POD) operations as needed to facilitate mass prophylaxis (medication or immunization) of the public (See Tab 5, Mass Prophylaxis Plan, Attachment F, POD Plan). This will include the activation of county “Push Partners,” which are organizations which have elected to put together plans and operations to provide needed prophylaxis to their employees and identified others.

4.4.2 Isolation, Quarantine and Social Distancing

- Making recommendations to local elected officials to control the spread of disease (e.g., school closures); and
- Issuing isolation/quarantine orders and coordinating enforcement with the Sheriff’s Office and other local law enforcement agencies.
 - If necessary to avoid a clear and immediate danger to others, the public health administrator may issue orders without any other approval (ORS 433.121).

4.4.3 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 (see Appendix 5 – Water Event Procedures)
- 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;
- Advising the public to avoid contaminated areas;
- Applying vector control measures according to the vectors, the health risk they pose, and environmental conditions;
- Terminating use/stopping operations at non-compliant or unsanitary facilities;
- Requiring occupants to vacate premises due to public health concerns where appropriate; and
- Requiring cleanup, repair, or correction of identified problems.

4.5 Resource Management

Based on its impact assessments, the WCPH must identify resource needs, request appropriate resources to meet those needs, and manage the resources assigned. Resource management activities may include:

- Mobilizing and orienting pre-identified and pre-credentialed medical volunteers (e.g., Medical Reserve Corps).

- Organizing and managing emergent volunteers in support of POD or other emergency response and recovery operations; can include collaboration with cities to use CERT teams and other volunteers.
- Assess possible need for NDMS services, personnel, and/or materials, if local medical resources are exhausted or anticipated to be exhausted.
- Supporting acquisition of healthcare resources when hospitals and healthcare providers are unable to acquire those resources through their local suppliers or system/network providers.

Needed surge staffing will be assimilated into the WCPH activities through use of Just in Time Training. This approach was found to be very effective during the response to H1N1 in 2009, when training city, school and CERT volunteers to staff PODs.

WCPH does maintain a small supply of personal protective equipment (PPE) and other materials that can be utilized when responding to public health emergencies. The department also maintains three portable shelters that can be used for a number of field applications during extended incidents, including command post operations, mass prophylaxis, medical surge, and decontamination support. The shelters are stored at the Department of Land Use and Transportation's Walnut Street Center and deployed by employees from both the Sheriff's Office and the Washington County Facilities Management Division.

4.6 Policy Determinations

- Under emergency conditions, the WCPH may be faced with a number of significant public health policy issues. These conditions may require extraordinary actions to control the spread of disease and maximize the efficacy of the public health and healthcare systems. Such actions may include:
 - Implementing crisis standards of care across the healthcare system;
 - Developing event-specific priorities for mass prophylaxis and treatment operations;
 - Implementing appropriate isolation, quarantine and social distancing measures to control the spread of disease (e.g., closing schools; restricting travel; limiting social gatherings; etc.);
 - 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 appropriately coordinated with local, regional, and state elected officials and public and private senior executives.

5 Organization and Assignment of Responsibilities

5.1 Board of County Commissioners

- The governing body of Washington County.
- Act on recommendations made by the 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 level as appropriate for the event.

5.2 Policy Group

- Evaluate and finalize recommendations for crisis standards of care, treatment priorities, social restrictions, and disease control.
- Make decisions on strategic resource allocation.
- Coordinate with private sector healthcare executives and public health executive personnel at the local, regional, state, and federal level as appropriate for the event.

5.3 County Emergency Operations Center (EOC)

- Track public health situation and strategic resource status countywide (Planning).
- Assess impacts to public health and healthcare system infrastructure and resources (Planning, Operations).
- Receive and process resource requests from healthcare providers (Logistics).
- Strategically manage public and environmental health resources countywide (Command, Operations, Planning, Logistics).
- 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 Oregon Emergency Management’s Emergency Coordination Center of the possible need for the Strategic National Stockpile, if local medical supplies are anticipated to be exhausted (Command, Operations, Logistics).
- Notify Oregon Emergency Management’s Emergency Coordination Center of the possible need for NDMS services, personnel, and/or materials, if local medical resources are anticipated to be exhausted (Command, Operations, Logistics).

5.4 WCPH

- 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.
- Initiate and manage the public health impact assessment process, the epidemiological investigation and the implementation of preventive measures.
- Track public health situation and tactical resource status countywide (may be shared with Planning Section at the EOC).
- Tactically manage and support assigned public and environmental health resources countywide.
- Develop content for risk communication messages in collaboration with the county or regional 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 (may be done at the EOC Planning Section).

5.5 County Public Inquiry Center

- Assist the County EOC, as appropriate, with the distribution of incident-related information to the public.
- Receive offers of health-related assistance (volunteer services and/or donations) and coordinate response to those offers with the County EOC, as appropriate.

5.6 Department of Health and Human Services

- Lead public and environmental health emergency functions, with staff and other resources.
- Implement Continuity of Operations Plans to assure continuance of HHS Essential Functions.

5.7 Sheriff's Office

- Partner with WCPH 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 WCPH and other local law enforcement agencies 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.
- Support deployment of WCPH's portable shelters when requested.

5.8 Facilities Management Division

- Support deployment of WCPH's portable shelters when requested.
- Support all facility requests.

5.9 Municipal Police Departments

- Partner with WCPH 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 WCPH, county Sheriff's Office, and other local law enforcement agencies 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.

6 Direction and Control

- The WCPH Division Manager, the HHS Department Director, the County Administrator and the Board of County Commissioners all have the authority to activate this plan.
- The Board of County Commissioners provides overall guidance for the management of county resources, establishes policy, coordinates with other local elected officials, and supports County’s response and recovery operations.
- In their capacity as the incident Policy Group, the County Administrator and department heads provide strategic direction to the 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 and environmental health resources are established by the County EOC Incident Commander based on recommendations provided by WCPH and the Health Officer, the Department of Health and Human Services, local healthcare providers, the EOC Command and General Staff, and the Policy Group.
- Tactical control of public and environmental health resources is exercised by WCPH except in circumstances where those resources are temporarily assigned to another organization or incident commander.

7 Administration and Logistics

7.1 Administration

- For emergencies not requiring activation of the County EOC, WCPH is responsible for identifying, securing, and managing the additional resources it needs to handle the incident. This includes requests for RAID and environmental health staff to assist with impact assessment and preventive measures and PIOs and the County PIC to assist with risk communication.
- For emergencies requiring activation of the County EOC, all requests for external (i.e., non-WCPH) resources should be coordinated through the EOC.

7.2 Logistics

- For emergencies not requiring activation of the County EOC, WCPH is responsible for providing necessary logistical support (e.g., food, transportation, lodging, etc.) for external resources.

- For emergencies requiring activation of the County EOC, the EOC will work with WCPH and any external resource provider to confirm and arrange for necessary logistics support.
- Although many national resources (e.g., DMAT and VMAT) come prepared to handle their own logistics, the EOC is responsible for coordinating any necessary logistics support to them.

8 Plan Development and Maintenance

- The Washington County Public Health Division staff are responsible for developing and maintaining this annex and ensuring its consistency with other county, state, and federal plans and guidelines. They are also responsible for developing procedures necessary to implement the annex.
- The ongoing creation, implementation, revision and dissemination of this Annex, its Tabs and Appendices, all take place within the broad framework of the agency's Continuous Quality Improvement process.
- Plan Creation - WCPH actively sought planning input from other agency partners in the creation of this Annex and the Tabs to the Annex. These partners include:
 - The Washington County Emergency Management Cooperative (includes county Emergency Management, the Sheriff's Office, and the Cities of Beaverton, Hillsboro, Tigard, Tualatin and Sherwood, as well as Tualatin Valley Fire & Rescue)
 - Oregon Health Authority
 - Tuality Hospital
 - Providence St. Vincent's Hospital
 - American Red Cross
- Plan Implementation
 - The Annex, its Tabs and Appendices are implemented in exercises and real events.
 - WCPH conducts After Action Reviews after exercises and real events in order to analyze the response, and identify both strengths and areas for improvement. This input then drives revision of emergency response plans.
- Plan Dissemination
 - A copy of the most recent Annex, its tabs and appendices (including changes, revisions, updates, and additions) was sent to partners and stakeholders, including:
 - WCPH staff. Available on flash drives, on shared intranet, and with hard copies available at following locations:
 - Public Services Building, 155 N First Ave., MS4, Hillsboro, OR

- County EOC, 215 SW Adams, Hillsboro, OR
- Other Washington County government agencies, first responder agencies, and other private and public agency partners as requested. No paper copies will be sent.
- Agency partners will also receive notice of the physical location of paper copies of the plans. Printed copies will be available for viewing upon request.
- Plan Revision
 - WCPH staff from the Public Health Emergency Preparedness program incorporate results from After Action Reviews and other feedback into the appropriate sections of the Annex, its Tabs and Appendices.
 - All changes noted on the “Plan Update Form” at the beginning of each plan or annex, recording the author of the change(s), the date, and the reason for the change.
 - WCPH’s Division Manager, Health Officer, the Program Supervisors for the PHEP, DCAP, Environmental Health and RAID programs, and the Public Information Officer review all updates of the Annex, its Tabs and Appendices. Any changes are noted on the “Plan Update Form”.
 - Other WCPH leaders and staff are consulted to further refine revisions, as needed.
- Since 2008, WCPH has made revisions to its Exercise Plan in compliance with the Federal Emergency Management Agency’s (FEMA) Homeland Security Exercise and Evaluation Plan (HSEEP). HSEEP has provided guidelines for exercise design, development, conduct, evaluation, and improvement planning.

9 Authorities and References

9.1 Authorities

- Oregon Revised Statutes, Chapters 431 and 433
- Oregon Administrative Rules, Chapter 333
- Oregon Emergency Operations Plan, Annex F, Appendix W – Bioterrorism Plan for Health Services
- CDC Interim Smallpox Response Plan Guidelines
- CDC Guidelines for Pandemic Flu Planning
- National Response Plan (NRP), ESF #8, Health and Medical Services
- National Incident Management System (NIMS)

9.2 References

- Washington County Mass Fatality Incident Plan (MFI Plan)
- Oregon Crisis Care Guidance, updated January 2017:
http://www.theoma.org/sites/default/files/documents/Oregon_Crisis_Care_Guidance_2-13-14.pdf
- CDC Bioterrorism Agents/Diseases:
<https://emergency.cdc.gov/agent/agentlist.asp>
- CDC Interim Smallpox Response Plan guidelines, 11/21/01
- FEMA, Guide for All-Hazard Emergency Operations Planning (SLG-101)
- American Red Cross Shelter Standards
- American Red Cross, Disaster Services Program, Disaster Health Service Protocols

10 Tabs and Appendices

Tabs and Appendices are maintained separately, and can be accessed on the [HHS Emergency Preparedness Plans and Procedures](#) webpage. They are also located in the Documents Archive of the Washington County HHS COOP website.