

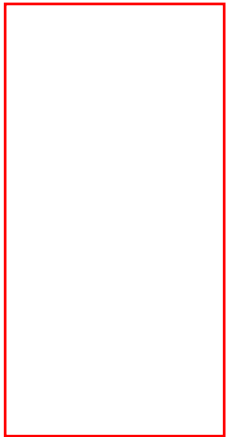
Public Health Services Emergency Operations Plan

May 21, 2008
Version 1.0



This Emergency Operations Plan is part of the Lane County Emergency Operations Plan, Annex H – Public Health and Medical Services and should be used in conjunction with the other Annexes. It is not a stand-alone plan.

This plan and associated appendices and attachments represent the best efforts by Lane County Public Health Services to prepare for an emergency; however, emergencies are complex and evolving entities that require thought and adaptation. It is expected that the user of these plans would adapt and adjust their response dependant on the situation.



To Lane County Public Health Employees:

Enclosed is the Lane County Public Health Service's (LCPH) adopted Public Health Emergency Operations Plan. The Plan is an evolving document. It provides general guidelines and tools for organizing and responding to emergencies or disasters, and is intended to provide greater detail on the roles and responsibilities of LCPH outlined in the Lane County Emergency Operations Plan adopted by the Lane County Board of Commissioners.

The plan has been developed to enhance the overall capability of LCPH to manage a public health or medical emergency in Lane County. LCPH is the lead Division in such an emergency and has certain legally mandated roles and responsibilities to manage the emergency and help the community to recover. LCPH also has a responsibility to prepare and maintain its plans and we are committed to the training, exercises and maintenance needed to assure that we can respond effectively.

Each of us can, and will likely, have important lead and supporting roles in emergency circumstances – whether backfilling so others can attend to the direct emergency needs, or managing the emergency directly. Because of this, all Public Health employees are expected to be familiar with this plan and to have general knowledge of the Incident Command System and specific knowledge of your functional roles and position assignments during an emergency. Your cooperation will help minimize the impacts of Public Health Emergencies in Lane County.

Questions or comments regarding the plan should be directed to the Lane County Public Health Preparedness Coordinator, 541-682-4008.

Authorized by Rob Rockstroh, Director
Lane County Health & Human Services

Date



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How to use the Emergency Operations Plan

This Emergency Operations Plan is part of the Lane County Emergency Operations Plan, Annex H – Public Health and Medical Services and should be used in conjunction with the Annex. It is not a stand-alone plan.

The Lane County Emergency Operations Plan: Annex H – Public Health and Medical Services serves as the “Basic Plan” and provides a general overview and summary of the purpose, responsibilities, and operational concepts for Lane County Public Health Services. This plan, the Public Health Services Emergency Operations Plan, supports Annex H and provides specific detail necessary to ensure that the responsibilities and roles of Lane County Public Health Services can be successfully implemented as described in the Annex.

This is a strategic plan for Lane County Public Health Services (LCPH) organized into “Functional” and “Hazard” appendices. “Standard Operating Procedures (SOPs)” are attached to each Appendix to outline specific protocols as necessary. The “functional appendices” outline planning considerations that are common to most hazards and describe emergency functions that may be activated and performed by LCPH during emergencies and disasters. The “Hazard Appendices” supplement and expand upon the “Functional Appendices” and provide additional planning and response information that is unique to various high-priority hazards. All appendices are organized in a similar manner – each outlines key assumptions; summarizes relevant authorities; explains the Lane County Health Department, other county and state responsibilities; and defines a concept of operations. While the “direction and control” (Functional Appendix 1) will be activated for most emergencies, the additional appendices activated will be dependent on the emergency/disaster type and scope.

The Lane County Public Health Services Emergency Operations Plan is a guide and does not carry the force of law. It is a management statement intended to define the roles of responding personnel and to encourage cooperation and coordination among multiple jurisdictions. This plan and associated appendices and attachments represent the best efforts by Lane County Public Health Services to prepare for an emergency; however, emergencies are complex and evolving entities that require thought and adaptation. It is expected that the user of these plans would adapt and adjust their response dependant on the situation.

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Functional Appendix 1 Direction and Control

May 23, 2008
Version 1.00



This appendix is part of Annex H of the Lane County Emergency Operations Plan and should be used in conjunction with the other appendices. It is not a stand-alone plan.

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Introduction

Direction and control is a critical emergency management function. During an emergency response effort, it allows the responders to:

- Analyze the emergency situation and decide how to respond quickly, appropriately, and effectively.
- Direct and coordinate the efforts of the various responders.
- Coordinate with the response efforts of other response partners
- Use available resources efficiently and effectively.

The manner in which the situation is managed will determine the effectiveness of the overall operation. Direction and control as presented here addresses all of the activities associated with managing the response and incorporates the organizational task assignments for these emergency responses into a single functional annex. The focus is on the critical operations Lane County Public Health Services (LCPH) should perform in response to an emergency. Regardless of the phase or phases, direction and control is a vital function that must be performed when LCPH responds to any emergency situation

Purpose

This Appendix specifies the authoritative framework for all public health and medical emergency management operations in Lane County Public Health Services. The purpose of this Appendix is to describe the coordination of public health and medical services during emergency situations to reduce death and injury and to assist in damage assessment and restoration of essential health services within the disaster area.

Authorities

See Lane County Emergency Operations Plan – Health Services Annex H.

Situation and Assumptions

This section describes the environment that would trigger notification/activation of response personnel. It also describes the assumptions that are applicable to the emergency response organization.

Situation

A number of natural and human made disasters are likely to occur in Lane County, each requiring varying levels of public health and medical responses. Identified risks include snow/ice storms, flood, windstorms, wildfire, earthquake, tsunami, domestic terrorism, volcanic eruptions, and hazardous materials releases. Additionally, emerging and reemerging infectious diseases and antimicrobial resistance represent a continuing threat to all Oregonians. The manner in which the situation is managed will determine the effectiveness of the overall operation.

As the local public health authority, Lane County Public Health (LCPH) is responsible for assuring the essential services of public health for Lane County, Oregon. LCPH oversees multiple programs and services, including: Communicable Disease, Emergency Preparedness & Response, Environmental Health, HIV & Hepatitis Prevention, Immunizations, Maternal & Child Health Services, Physical Activity & Nutrition promotion, STD Control, Tobacco Prevention & Education, and the Women, Infants & Children (WIC) Nutrition Supplement Program. LCPH protects and promotes the health of Lane County by:

- assessing and identifying trends of disease and injury;
- working with community partners to assure that effective services are provided to meet community needs; and
- developing policies to address public health concerns in the community

LCPH services to prevent or reduce the impact of potential hazards include Communicable Disease Control and Environmental Health Programs.

To assure a timely response and activation of response plans, LCPH maintains a staffed reporting telephone number whereby, physicians, hospitals, other health care providers, and the public can phone to report communicable disease or other public health emergencies 24 hours a day, seven days a week. Outside of regular business hours an on-call supervisor receives calls. The supervisor can coordinate a public health response, including activating the Lane County Emergency Operations Plan Annex H – Health and Medical Services, opening the Department Control Center (DCC), and communicating with relevant partners for situational awareness and subject matter expertise.

Direction and control functions of LCPH will vary according to the situation and circumstances. This function may be initiated immediately upon the onset of an event, such as when an earthquake occurs, or develop gradually as the situation evolves, such as when a widespread flood occurs. Additionally, direction and control functions may be long term in nature such as during a pandemic, changing significantly as the situation moves from response to recovery. Composition of the staff assigned to the direction and control function may change significantly as the situation progresses through the various stages of an emergency and into the recovery phase.

While all LCPH employees are expected to contribute to the emergency response and recovery efforts of the community, employees' first responsibility is to their own and their families' safety. Each employee is encouraged to develop family emergency plans to facilitate family safety and self-sufficiency, which in turn will enable employees to assume their responsibility to the county and its citizens as rapidly as possible.

Assumptions

The following assumptions apply to this plan, in addition to the assumptions outlined in the Lane County Emergency Operations Plan Annex H – Public Health and Medical Annex:

- LCPH supervisors are trained and can respond correctly to an emergency 24 hours a day, 7 days a week when assigned to serve as the on-call supervisor
- Once activated the Department Control Center may be operational around the clock.
- LCPH has both primary and secondary Department Control Centers that can function during an emergency (see Tab B: Procedures for Opening and Operating the Department Control Center)
- The DCC may operate independently in situations that only involve Lane County Public Health or in conjunction with the County Emergency Operations Center (EOC).
- All staff with identified emergency response functions are trained and capable of performing their roles within the Incident Command Structure

Concept of Operations

Lane County Public Health Services is a division of Lane County Health and Human Services. Within H&HS, LCPH has primary responsibility for the coordination of public health and medical services in most impending or actual health emergencies affecting Lane County (Note: Behavioral Health services are the primary exception, and are coordinated through Lane County Mental Health. For more information, see the Lane County Emergency Operations Plan Annex H, Attachment 3 – Behavioral Health Emergency Operations Plan). Examples of emergencies in which LCPH would provide leadership include:

- Disease outbreak and control, such as pandemic influenza or bioterrorism;
- Contamination of the food or water supply or other critical health hazard (e.g. chemical or radiological exposure); and
- Critical health issues including those triggered by other emergencies

The plan may be activated by the Health and Human Services Director, Deputy Director, or LCPH Administrators, Supervisors or identified designees. An activation of the plan triggers the notification of the following persons:

- Director of Health and Human Services
- Deputy Director of Health and Human Services
- Public Health Services Program Manager
- LCPH Health Officer
- Public Information Officer
- Oregon Department of Public Health Duty Officer
- Lane County Emergency Management
- County Administrator

As a division of Lane County Health and Human Services, LCPH will direct and control its emergency operations in a manner consistent with the concept of operations described in the Lane County Emergency Operations Plan – Annex H Public Health and Medical Services. The following summarizes key concepts guiding Public Health emergency operations as described in Annex H (refer to Annex for greater detail):

- Public Health and Medical Services, Annex H, may be activated by the Health and Human Services Director, Deputy Director, or LCPH Administrators, Supervisors or identified designees
- The plan may be activated when any of several public health and medical emergencies occur where needs exceed the Lane County Public Health's resources and capabilities
- Activation may also occur for any imminent emergency that has the potential for rapid growth and/or major impacts on public health and safety
- Principles of the National Incident Management System (NIMS) and the Incident Command System (ICS) will be used to manage a response once this plan is activated
- A public health or medical emergency will be managed from the Department Control Center. In a major health emergency management may transition to the Lane County Emergency Operations Center
- Additional assistance will be obtained by activating mutual aid agreements (see Functional Annex 5 – Health and Medical Resource Management) or by referral to the Lane County Emergency Operations Center.
- If the EOC is activated, Health and Human Services will participate in Unified Command and designate a Health and Medical Coordinator to provide technical advice and assistance to EOC staff.

- Lane County Public Health will provide support and assistance in obtaining public health and medical resources when the need/demand for public health and medical resources in response to an emergency exceeds local capacity.

Before an actual health emergency (the preparedness phase), the Lane County Public Health Program Manager or designee will oversee the activities of the Lane County Public Health Services Emergency Operations Plan.

When the Lane County Emergency Operations Plan Annex H – Health and Medical Services is activated, LCPH staff assumes appropriate roles within the Incident Command Structure (see Tab A: Public Health Incident Command Structure). When the plan is activated, the on-call supervisor or responding employee is the Incident Commander until relieved. The Incident Commander will decide which roles to activate and notify the appropriate staff to report according to LCPH emergency activation protocol (See Tab G: Emergency Activation of Staff). Additional positions can be activated as needed.

Under ORS 401, the Lane County Board of Commissioners has the legal authority to declare that a local emergency or disaster exists. Declaration of a local disaster enables the Board of Commissioners to invoke emergency authorities and to request additional resources from State or Federal government. Procedures for a Declaration of Emergency are described in the Lane County Emergency Operations Plan Basic Plan – H: Steps for Declaration of an Emergency. The Incident Commander will be responsible for informing the commissioners of the need for a Declaration of Emergency and for drafting an appropriate Board Order (see Tab F: Declaration of Local Emergency Board Order Template).

The plan may be deactivated when the above conditions no longer exist, and the incident commander has determined that the emergency response objectives have been adequately addressed.

Roles and Responsibilities

The Roles & Responsibilities relevant to the Direction and Control of Lane County Public Services in an emergency are summarized below. Responsibilities of the Oregon State Public Health Division and local hospitals relevant to this plan are also briefly summarized. Other agencies will also participate in planning, response, and recovery as outlined in the Lane County Emergency Operations Plan Annex H – Health and Medical Services.

Mitigation/Preparedness

State

Public Health Division

- Exercise opening and operating the Agency Operations Center (AOC) for support of a public health emergency.
- All management staff serves as a Duty Officer (DO) one week of every 2-3 months and are trained in the Duty Officer protocols. A duty officer is available 24 hours a day, 7 days a week to respond to local health department calls.
- Ensure that relevant staff receive training, including Incident Command System, and National Incident Management System

Local

Lane County Public Health Services

- Exercise the plan with relevant partners
- Ensure that staff receive training appropriate to their roles, including Incident Command System, and National Incident Management System
- Develop mutual aid agreements with neighboring counties and relevant response partners
- Maintain and staff a public health emergency reporting line 24 hours a day, 7 days a week.
- Identify functions critical to business continuity and emergency response and advise essential workers of their emergency reporting instructions
- Encourage each employee to undertake a program of family preparedness to assure their safety during an emergency
- Develop and discuss with workers a departmental policy outlining the criticality of that employee's normal work under emergency conditions. Each employee shall be made aware of the department's needs and expectations during emergency conditions.

Response

State

Public Health Division

- Activate and staff the Agency Operations Center (AOC) to support the local public health response.
- Staff a liaison position to facilitate communications and coordination with the local public health response.

Local

Lane County Public Health Services

- Mobilize appropriate personnel and volunteers to staff the emergency response and ensure response personnel report to the appropriate locations (EOC, emergency scene, work center, staging area, etc.) in accordance with the established protocols.
- Activate the Department Control Center and establish an Incident Command Structure and staff as appropriate.
- Develop health response objectives and establish an incident action plan (IAP). Review and update IAP regularly.
- Activate appropriate memorandum/s of agreement
- Document and track all incident related activities and costs
- Identify functions critical to business continuity and emergency response and prioritize the allocation of resources to each function
- Prioritize requests for health, medical resources and coordinate their delivery through the Lane County Emergency Operations Center
- Establish communications with first responders, hospitals, nursing homes, and other facilities and providers
- Coordinate with neighboring county health departments and regional health service agencies
- Participate in Unified Command through the Lane County Emergency Operations Center.

Emergency Management

- Activate Emergency Operations Center
- Facilitate Emergency Declaration Process

Hospitals & Health Care Systems in Lane County

- Implement internal and/or external hospital disaster plan and hospital Incident Command System
- Establish contact with Lane County Public Health Services, and the County Emergency Operations Center
- Provide information on current health system situational status

Recovery

State

Public Health Services

- Review the After Action Reports from the county and make recommendations for procedure changes.

Local

Lane County Public Health Services

- Demobilize according to the demobilization plan approved by the Incident Commander
- Restore Public Health facilities and services and reinstitute normal operations
- Write an After Action Report and review performance of the Direction and Control Plans, protocols and procedures. Make needed changes.

Vulnerable Populations

LCPH will has adopted the policies of the Lane County Emergency Operations Plan – Annex H Public Health and Medical Services to assure appropriate planning for and protection of vulnerable populations during a public health and medical emergency (refer to Annex H for greater detail). As indicated in Annex H, reasonable effort will be made to identify groups of persons with special needs related to the type of emergency and to effectively address those needs. Attention will be given to preparing and delivering messages and information which is accessible, meaningful, relevant, and culturally appropriate for the identified vulnerable populations. Additionally, to enhance the work of established responders, local Community Based Organizations (CBOs) will be requested to support the public health and medical services by providing emergency services consistent with their capabilities. Appropriate partnerships and agreements will be established as part of division planning and preparedness work.

Training and Exercises

All Lane County Public Health staff and volunteers will be trained according to the standards established in the approved Public Health Preparedness Training program (see Lane County Public Health Emergency Operations Plan Attachment 4 – Training Plan). At the minimum all employees will receive introductory training on the National Incident Management System (NIMS) and the Incident Command System (ICS). Employees with identified command and general staff roles will require advanced training. Further training may be required as new procedures are developed.

Training will additionally be conducted in conjunction with exercise of the plan. The plan shall be activated at least once a year in the form of a simulated emergency to provide practical controlled operational experience to those individuals who have emergency response roles.

Plan Maintenance

In cooperation with appropriate non-governmental organizations, local, state, and federal partners, all Lane County Public Health programs will be responsible for developing and maintaining their respective segments of the plan. The Public Health

Preparedness Coordinator will be responsible for ensuring all program leadership involved in this plan conduct an annual review of the plan.

The Public Health Preparedness Coordinator ensures that necessary changes and revisions to the plan are prepared, coordinated, published and distributed. The plan will undergo revision whenever:

- It fails during emergency
- Exercises, or drills reveal deficiencies or “shortfalls”
- County government structure changes
- Applicable statutes or regulations change
- Community situations change
- State requirements change
- Any other condition occurs that causes conditions to change

The Public Health Preparedness Coordinator will maintain a list of individuals or organizations which have controlled copies of the plan. Only those with controlled copies will automatically be provided updates and revisions. Plan holders are expected to post these changes. Revised copies will be dated, assigned a version number, and marked to show where changes have been made.

Glossary

Agency Operations Center (AOC): A facility that is used for the coordination of agency or jurisdictional resources in support of one or more incidents.

Direction and Control: all of the activities associated with managing an emergency response and including the organizational tasking for emergency services

Acronyms and Abbreviations

AOC: Agency Operations Center

DO: Duty Officer

IAP: Incident Action Plan

References

Public Health Incident Command System (PHICS)— Implementing ICS within Public Health Agencies. Volume 1 Guide. Volume 2 Appendices. Qureshi K,

Gebbie KM, Gebbie EN. Columbia University School of Nursing and University of Albany School of Public Health. October 2006. Available for download at:
<http://www.ualbanycphp.org/pinata/phics/default.cfm>

Functional Appendix 2 Communication & Information Management

May 23, 2008
Version 1.0



This appendix is part of Annex H of the Lane County Emergency Operations Plan and should be used in conjunction with the other appendices. It is not a stand-alone plan.

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- Tab F: PDA Quick Reference
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- Tab I: SMART Board Procedures

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- Tab M: USB “Thumb Drive” Standard Operating Procedures
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Introduction

Effective communications, information management, and information and intelligence sharing are critical to effective incident management. Establishing and maintaining a common operating picture and ensuring accessibility and interoperability are principal goals of communications and information management. A common operating picture and systems interoperability provide the framework necessary to:

- formulate, execute, and communicate operational decisions at an incident site, as well as between incident management entities across jurisdictions and functional agencies;
- prepare for potential incident needs and request support
- develop and maintain overall awareness and understanding of an incident

This plan describes the methods Lane County Public Health employees and volunteers will use to communicate and manage information during emergency response operations. Consideration is also given to communication with other incident responders including Lane County departments, neighboring jurisdictions, support agencies, and local, state, and federal government. The plan outlines key assumptions, summarizes relevant authorities, explains the Lane County Public Health responsibilities, and defines a concept of operations.

Purpose

The purpose of this plan is to identify methods and equipment that can be used to communicate within Lane County Public Health and with other partners. This plan describes how Lane County Public Health employees and volunteers will establish, use, maintain, and provide backup for all types of communications and communication devices needed during emergency response operations.

Authorities

See Lane County Emergency Operations Plan Health Services Annex H.

Situation and Assumptions

Situation

Public Health emergencies vary greatly in demands upon resources. Emergency communication can be hampered by increased call volume, power outages, downed cell towers, destruction of equipment, and using different methods or equipment than those with whom you are trying to communicate. The inability to communicate effectively has

been the number one deficiency outlined in almost all emergencies and exercises. Some emergency circumstances may compromise the use of established forms of communication and require alternatives.

Voice Communication Equipment

In the event of an emergency, the following methods can be used to communicate among Lane County employees or other responders:

- Land-line telephones and voice mail
- Government Emergency Telecommunications Service (GETS)
- Cellular telephones
- Short-range handheld radios (“Walkie-Talkies”)
- VHF radios
- Amateur Radio Operators (HAM Radio)

For locations and detailed instruction on the use of each of these pieces of equipment, see attached Standard Operating Procedures.

Land-line telephones and voice mail

If available, County employees can be contacted using the County telephone system and home telephone numbers. A hard copy directory of County telephone numbers will be maintained in the Department Operations Center. Directory information can also be found in the Lane County Emergency Operation Plan Health Services Annex H Attachment 2 – Resources and Contacts, and electronically on the County intranet. Additionally, incident command staff and trained response staff contact information is listed in the Oregon Health Alert Network on-line directory.

Voice Mail is available on most County phones and can be used to deliver information to many persons at one time. Further information is contained in Tab B, Lane County Voice Mail Quick Reference.

Additionally, Emergency Management has established an employee Emergency Hotline to be used during an emergency. If there is an emergency affecting Lane County employees, then Emergency Management can activate the Hotline upon request by the Incident Commander. Employees can then be notified to call the Hotline before reporting to work or for other relevant information

Government Emergency Telecommunications Service (GETS)

In an emergency, if telephone land-line communications become overwhelmed, Government Emergency Telecommunications Service (GETS) phone cards can provide emergency access and priority processing for local and long distance calls. This service is intended to be used in an emergency or crisis situation when the telephone

network is congested and the probability of completing a call over normal or other alternate telecommunication means has significantly decreased. The Logistics section will distribute cards for use by Lane County Public Health Services responders, if necessary to facilitate use of telephones. Incident Command Staff and Section Chiefs have been pre-issued cards. GETS cards apply to land-lines only and do not provide priority access for cell phones or other wireless communication devices.

Cellular telephones

All section chiefs, Environmental Health Specialists, managers and directors have cell phones. Cell phone and pager numbers are available in Lane County Emergency Operation Plan Health Services Annex H Attachment 2 – Resources and Contacts.

Short Range Handheld Radios (Walkie-Talkies)

Walkie-talkies are capable of short-range (approximately 1-2 miles) communications and will be operated on a channel designated in the incident communications plan approved by the Incident Commander or designee. The Logistics section will be responsible for distributing Handheld radios as appropriate.

VHF

VHF radios are capable of utilizing the County owned radio repeater system and can provide county-wide long distance communications. The Logistics section will be responsible for distributing handheld radios. Radios will be operated on channels specified in the communications plan developed for the incident.

Amateur Radio Operators (HAM Radios)

Working in cooperation with licensed HAM operators, HAM radio can be utilized for long distance communications. The Logistics section will be responsible for contacting Lane County Emergency Management and the Sheriff's Office Communications Center (dispatch) to request activation of local amateur radio operators. Operators can provide access to remote locations or to enhance communications between public agencies operating on dissimilar radio communications systems or frequencies. Capabilities also exist to provide additional VHF communications and long-distance "phone patches" in the event of phone service interruption.

Electronic Communications

The following communications technologies can be used to exchange digital communications:

- Oregon Health Alert Network (HAN)
- PDA's, Numeric pagers, and text messaging
- Office facsimile (FAX) machines
- Email

Oregon Health Alert Network (HAN)

The Oregon Health Alert Network (HAN) is an electronic notification and collaboration system maintained by the State of Oregon. The HAN system provides a centralized, secure resource for emergency distribution of information by system administrators at state and local public health departments. It is capable of contacting a selected audience of public health and health care partners via telephone, cellular phone, fax, and email including:

- The staff of all local health departments (Health Officers, preparedness coordinators, communicable disease nurses, etc.)
- All Oregon hospitals
- Other Oregon state agencies (e.g., Department of Agriculture, Department of Transportation, Department of Environmental Quality)
- Preparedness staff in California and Washington states
- The Centers for Disease Control and Prevention (CDC)
- Oregon Public Health Division (OPHD) staff

HAN is routinely used to send general messages concerning environmental health, epidemiological, and laboratory information to the health and medical community. The sending of routine messages ensures that users know how to send alerts when necessary. Some of the predefined groups available for alerting include:

- LHD preparedness coordinators
- Local Health Officers
- Strategic National Stockpile coordinators
- Tribal preparedness contacts
- Hospital preparedness coordinators
- Hospital emergency department managers
- Regional coordinators for the Hospital Preparedness Program (HPP)
- Local agency and hospital Public Information Officers

All local alerts will be sent and monitored by an identified administrator or backup administrator.

PDA's, Numeric pagers, and text messaging

All section chiefs, Environmental Health Specialists, managers and directors have cell phones. Many of these devices are capable of sending and receiving numeric pages, text messages, or email.

Office Facsimile (FAX) Machines

Fax machines are available near the Department Command Center and in the Public Health Services Annex for both interdepartmental and external communications. Most

County Departments have at least one FAX machine in each facility. Additionally, many fax machines are networked permitting faxes to be sent directly from networked computers. Emergency Management has established a system by which emergency information can be faxed to all departments should it become necessary to contact multiple county departments.

E-mail

A large number of County employees have access to the County's internal Email system. Information can be sent countywide to advise all e-mail users of emergency conditions, or distribute information appropriate to emergency response. Email can be accessed at Lane County offices or from remote locations using a web browser and an Internet connection. A directory of email contact information for Lane County Employees and other local government is accessible through the Email system.

Information Management

In the event of an emergency, the following tools and resources are also available to assist with the management and sharing of information by Lane County employees or other responders:

- Oregon Health Alert Network
- Hospital Capacity (HOSCAP) Website
- Virtual Joint Information Center (JIC) / Public Information Officer (PIO) Portal
- SMART Board & Projector
- Lane County Network and Intranet
- Laptops and Desktop Computers
- USB "Thumb" Drives
- Digital Camera

Oregon Health Alert Network (HAN)

In addition to providing emergency alerts to local, state, and federal partners, the system can be used to provide a secure location to share electronic documents and information.

Hospital Capacity (HOSCAP) Web Site

The Hospital Capacity (HOSCAP) website is used by hospitals to record bed census and track pharmaceutical and medical supply data. In the event of medical surge event, hospital staff would be requested to regularly update HOSCAP data. It provides a snapshot of:

- Real-time, bed census data for each of the state's medical/surgical hospitals and allows facilities to update emergency department and other resources.

- Inventory levels (both existing and ad hoc) of pharmaceuticals and medical equipment (e.g., personal protective equipment, ventilators, etc.).
- A log of events as they occur at a disaster site or within a region.
- On-the-fly facility capacity at alternate care sites.

Lane County Public Health responders who are trained and registered to use the system can access the website to monitor the status of regional and statewide hospital operations.

Virtual Joint Information Center (JIC) / Public Information Officer (PIO) Portal

The Virtual JIC/PIO Portal is a Web-based information exchange and collaboration system used primarily for statewide Public Information Officer coordination during public health emergencies. Detailed information on the Virtual JIC is explained in Functional Appendix 4 - Public Information and Notification.

SMART Board & Projector

The SMART Board is available for use in the Lane County Annex Building Downstairs conference room. The SMART Board technology can be used for interactive presentations, trainings, planning, and conferencing. Additionally, McKenzie-Willamette Hospital and Sacred Heart Medical Center also own SMART Boards and are capable of connecting to the Lane County Public Health SMART Board for information sharing and conferencing. When the SMART Board is not in use, the projector and laptop can be used to display presentations in meetings or other group settings.

Network & Intranet

Electronic files can be stored on and retrieved from the Lane County network and Intranet. In the event of a public health emergency, information can be posted in both locations to share with staff at Lane County worksites. The network and Intranet are accessible only at Lane County worksites (i.e. within the Lane County “firewall”) and cannot be used to share information with remote locations.

Electronic files relevant to public health emergency management (e.g. Lane County Emergency Operations plan, Incident Command forms, Broadcast fax lists) are stored on both systems.

A Lane County Public Health Preparedness Intranet site is maintained by the Public Health Preparedness Coordinator. The site contains program-specific news, relevant website links, a calendar of events, information on training, reports and relevant electronic files.

Desktop and Laptop Computers

Desktop computers are available in most offices in Lane County. An employee with a current username and password can use any available desktop computer, if necessary. A limited number of laptops is also available in an emergency response and can be connected to the network, or can be used at remote locations. An inventory of available laptops is maintained by Lane County Public Health.

USB “Thumb” Drives

All trained Incident Command Staff and Section Chiefs for Lane County Public Health Services will be assigned password protected USB “Thumb” Drives. The drives contain electronic files relevant to public health emergency management (e.g. Lane County Emergency Operations plan, Incident Command forms, and Broadcast fax lists), and can be used to store and transfer files between computers. Each employee with an assigned drive is responsible for keeping files up-to-date and should store the drives in a location that can be easily accessed in an emergency. An inventory of assigned drives is maintained by the preparedness coordinator.

Digital Camera

A digital camera is available for use in an emergency response. It can be used to document events and collect visual information relevant to the emergency situation.

Assumptions

- In emergencies, normal methods of communication are usually overwhelmed. Major disaster events cause overloading, disruption, or loss of communication systems.
- Communications systems rely on other utilities such as phone or electric systems which may be impacted.
- In the event of a large-scale emergency or disaster it will be critical to quickly identify communication needs and to deploy technical support personnel to activate alternative communications capabilities.
- Current contact information is maintained and accessible for Lane County H&HS employees.
- In the event that Lane County Health and Human Services communications capabilities are overwhelmed, capabilities can be augmented by activation of the Lane County Emergency Operations Center. Upon activation, the EOC will utilize additional County communications resources as appropriate.
- Incident Commanders, section chiefs, and general staff are familiar with communication and information management options.

Concept of Operations

A system of redundant voice and electronic communications is available for use in an emergency. All response to emergency events will be managed using the Incident Command System (ICS) as described in the Public Health Services Emergency Operations Plan Functional Appendix 1 – Direction and Control. To the extent possible, all communications systems used for normal operations will be utilized, if available, during emergency operations. The Liaison, if activated, will coordinate with external agencies to identify the best means for communications. The Incident Commander in a Public Health emergency is responsible for assigning the Logistics Section Chief who will be responsible for ensuring coordination of emergency communications. The Logistics Section Chief will assign a Communications Unit Leader and/or a Information Services Unit Leader, if necessary, to meet the needs of the incident. Overall coordination of emergency communications will be exercised from the Department Control Center (DCC) or, if activated, within the Lane County Emergency Operation Center (EOC). The Lane County Emergency Operations Center may be activated to access additional communication resources, including county, state and federal resources (See Functional Appendix 5 – Health and Medical Resource Management).

Telephones, if available, will be considered the primary method of communication for administrative support. Other key resources include the use of cell phones, E-mail systems, voice mail messages, and Fax. Two-way radio systems will be used in the direction and control of emergency operations when the use of telephones is not possible or convenient. The Logistics section will be responsible for distributing Hand-held radios, or other communications devices, and radios will be operated on channels specified in the incident communications plan approved by the Incident Commander or designee. The Logistics section will assign and record all phone numbers, email addresses, or other relevant contact information within the incident communication plan to be used by incident responders. This information will then be shared with the Planning Section for tracking and distribution.

Roles and Responsibilities

This section outlines the roles and responsibilities of the federal, state, and local agencies involved in the preparation for and response to an incident.

Mitigation/Preparedness

State

Public Health Division

- Maintain and test the Health Alert Network, Hospital Capacity (HOSCAP) Web Site, and Virtual Joint Information Center (JIC)

- Maintain technical infrastructure and redundant equipment in remote locations for the Health Alert Network , Hospital Capacity web site and Virtual Joint Information Center (JIC).
- Provide training on the use of the Health Alert Network, Hospital Capacity Web Site; and Virtual Joint Information Center (JIC).
- Test the Health Alert Network regularly to ensure call down functionality and response.
- Maintain State of Oregon directory information, plans and lists.

Local

Public Health Services

- Train employees on the various methods they may receive emergency information.
- Practice use of the listed equipment, including regular local testing of the Oregon Health Alert Network.
- Incorporate testing of communication procedures in exercises.
- Maintain the equipment in working order.
- Coordinate communications planning activities with Lane County departments, neighboring jurisdictions, support agencies, and local, state, and federal government
- Maintain and update directory of staff and response partner contact information.

Lane Council of Governments - Telephone Services

- Maintain and enhance County telephone system to assure operational capability;
- Coordinate with private providers of telephone services;

Information Services

- Maintain technical infrastructure and redundant equipment in remote locations for support of the Lane County network, intranet, Internet, and email services.
- Maintain and support information management resources (e.g. SMART Board, Projector, USB Thumb Drives, PDAs, fax machines, laptops, and desktop computers)
- Manage permissions and access to electronic files and systems for emergency response staff
- Maintain County directory information

Lane County Sherriff's Office

- Maintain agreements with amateur radio resources

Lane County Emergency Management

- Maintain and test the employee Emergency Hotline.
- Maintain and test the Lane County interdepartmental fax system

- Coordinate requests for additional communications resources from the State.

Response

State

Public Health Services

- Support and provide technical coordination for the Health Alert Network, Hospital Capacity Web Site, and Virtual Joint Information Center (JIC).
- Keep local Incident Commander informed of the status of the emergency statewide.
- Assist with regular updates of state and regional partners via the Health Alert Network, as appropriate.

Local

Public Health Services

- Initiate call-down and notification procedures to activate response team, including use of the Health Alert Network, and activation of the telephone/reporting information line.
- Issue communications equipment, passwords, and instructions to staff, as the needs of the event require.
- Assure that communications capability exists between the Department Coordination Center (DCC) and any locations in the field.
- Establish a Liaison and Coordinate with external agencies to establish necessary means of communications.
- Keep Incident Command, General staff and response partners informed of events and situational status via established communication means and scheduled tactical, planning, or operational briefing meetings.

Lane County Information Services

- Evaluate and enhance data communications capability at the Department Control Center (DCC);
- Assure operation of internal and external electronic mail systems capability to the degree possible;
- Support information management resources (e.g. SMART Board, Projector, USB Thumb Drives, PDAs, fax machines, laptops, and desktop computers).
- Manage permissions and access to electronic files and systems for emergency response staff.

Lane County Sherriff's Office

- Activate amateur radio resources, as requested by Public Health Services

Lane County Emergency Management

- Upon request from Lane County Public Health Services, gather communications equipment and supplies as required for emergency operations, etc.
- Upon request from Lane County Public Health Services, activate the employee Emergency Hotline.
- Upon request from Lane County Public Health Services, send faxes to multiple county departments
- Coordinate requests for additional communications resources from the State.

Recovery

State

Public Health Services

- Review the After Action Reports from each county and make recommendations for procedure changes.
- Evaluate the performance of the Health Alert Network and make needed changes.

Local

Public Health Services

- Write an After Action Report and review performance of the Communication Plans, equipment and procedures. Make needed changes.
- Examine all communications equipment that was used and make sure it is accounted for and in good working order before putting it away. Make sure there are an adequate number of batteries for the next emergency.

Vulnerable Populations

Specific vulnerable populations have not been identified for this plan and population specific planning is not applicable. Communications relevant to vulnerable populations are covered in Functional Appendix 4 - Public Information and Notification.

Training and Exercises

All Lane County Public Health staff and volunteers will be trained according to the standards established in the approved Public Health Preparedness Training program (see Lane County Public Health Emergency Operations Plan Attachment 4 – Training Plan). Further training may be required as new procedures are developed.

Training will additionally be conducted in conjunction with exercise of the plan. The plan shall be activated at least once a year in the form of a simulated emergency to provide practical controlled operational experience to those individuals who have emergency response roles.

Plan Maintenance

In cooperation with appropriate non-governmental organizations, local, state, and federal partners, all Lane County Public Health programs will be responsible for developing and maintaining their respective segments of the plan. The Public Health Preparedness Coordinator will be responsible for ensuring all program leadership involved in this plan conduct an annual review of the plan.

The Public Health Preparedness Coordinator ensures that necessary changes and revisions to the plan are prepared, coordinated, published and distributed. The plan will undergo revision whenever:

- It fails during emergency
- Exercises, or drills reveal deficiencies or “shortfalls”
- County government structure changes
- Applicable statutes or regulations change
- Community situations change
- State requirements change
- Any other condition occurs that causes conditions to change

The Public Health Preparedness Coordinator will maintain a list of individuals or organizations which have controlled copies of the plan. Only those with controlled copies will automatically be provided updates and revisions. Plan holders are expected to post these changes. Revised copies will be dated, assigned a version number, and marked to show where changes have been made.

Glossary

Government Emergency Telecommunications Service (GETS): A system established to provide emergency access and priority processing for local and long distance calls through the use of pre-assigned phone cards.

Health Alert Network (HAN): An Internet program used to communicate health and emergency messages. Part of a national CDC sponsored HAN program.

Hospital Capacity Web Site (HOSCAP): An Internet program used to provide real-time information on hospital capacity, and pharmaceutical supplies.

Joint Information Center (JIC): A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media.

Acronyms and Abbreviations

GETS: Government Emergency Telecommunications Service

HAN: Oregon Health Alert Network

HOSCAP: Hospital Capacity Web Site

HPP: Hospital Preparedness Program

JIC: Joint Information Center

PIO: Public Information Officer

USB: Universal Serial Bus

VHF: Very High Frequency

Functional Appendix 3 Public Information, Notification and Risk Communication

May 23, 2008
Version 1.0



This appendix is part of Annex H of the Lane County Emergency Operations Plan and should be used in conjunction with the other appendices. It is not a stand-alone plan.

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- Tab A: Broadcast Fax Policy and Procedures
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- Tab D: Media Release Information Template
- Tab E: Trained Spokespersons
- Tab F: Joint Information Center Organization [TBD]
- Tab G: Lane County Emergency Public Information Web Site [TBD]
- Tab H: Translation of Public Information [TBD]
- Tab I: Public Health Reader Board [TBD]

Introduction

This plan provides a comprehensive guide to planning for and providing timely and coordinated public alert, notification and risk communication needs for all public health emergency situations that Lane County may face. This includes

- building relationships
- developing agreements among primary emergency response partners at the local, state and federal levels;
- opening communication channels with key stakeholder groups and the general public; and
- identifying and obtaining the resources necessary for an effective public information response.

In a major emergency or disaster, the timely release of honest, consistent and accurate information can help prevent loss of life and property, and help build public trust and cooperation.

Lane County Public Health's primary communication objectives are to:

- Coordinate accurate, consistent, and responsive information and messages that support response objectives.
- Establish procedures for conveying information internally and externally through the most efficient and appropriate channels.
- Recommend specific steps that people can or should take to protect themselves.
- Deliver information that is non-patronizing and culturally appropriate.
- Deliver information in appropriate formats and languages for audiences who have special communication needs related to the incident.

This plan outlines key assumptions, summarizes relevant authorities, explains the Lane County Health Department responsibilities, and defines a concept of operations for communicating with the public the public and partners in an emergency. This document is an appendix to the Lane County Emergency Management Plan, Health Services Annex H.

Purpose

The purpose of this attachment is to outline the principles, procedures and expectations for public health emergency risk communication and public information dissemination during a public health crisis. This document details the protocols and procedures for providing timely, accurate public information and advice to policy makers during emergencies; developing and issuing health alerts; and contacting the media and the public in an emergency.

Authorities

See Lane County Emergency Operations Plan Health Services Annex H.

Situation and Assumptions

Situation

When an emergency occurs in a community, there may be little or no public information initially available about the incident. Once an incident is made public, there is a need for professional and articulate public information from a credible medical or public health source. During an emergency, it is critical that the public receive consistent and timely information, especially concerning their health.

A biological or communicable disease emergency is highly likely to generate a high level of public and media interest. It is estimated that during a public health emergency demands for services from the “worried well” could, in some situations, outnumber the demand from those who are actually ill by 20 to 1, potentially overwhelming the available medical response resources. Timely, accurate information about when and where to seek care can help allay fears, and can help to prevent systems from being overrun.

It will be necessary for the health department to identify the most effective means for distributing information to the public. Some persons may be unable to receive or act upon crucial messages, or may be disconnected from mainstream media. During a public health emergency, reasonable effort will be made to accurately identify groups with special information needs related to the type of emergency and to effectively address those needs.

Some situations may arise which require immediate notification or warning of an impending danger (e.g. chemical or radiological release, bioterrorism). In order to reduce loss of lives, adequate and timely warnings must be provided and appropriate action oriented information must be supplied.

When disaster strikes without warning, the public information system may not be able to react rapidly enough to properly inform the public about the hazard. For this reason it is important that before the occurrence of an emergency the public be made aware of potential hazards and the protective measures that should be employed.

Assumptions

- A warning period will be available for some emergency situations although the amount of lead-time will vary from hazard to hazard.
- Some disaster events such as an earthquake may occur without any warning period.
- Proper use of adequate warning systems will save lives, reduce injuries and protect property.
- A public emergency or crisis brings an immediate local, regional, national and sometimes international demand for information. There must be a professionally-staffed communications structure prepared to coordinate and handle information efficiently.
- The public needs a consistent resource for receiving accurate and timely information.
- Inaccurate or late risk communication information can lead to public mistrust; further demand on resources; or failure to take protective measures.
- During an emergency, Public Health staff will quickly be overwhelmed and additional staff may be necessary.
- The public information office will react using the best resources (site, equipment, personnel) available at the time. County Administration staff and non-union employees may be used to help staff the Public Inquiry Center.
- A PIO member network has been established and maintained. The PIOs represent diverse local agencies and can be called out during emergencies to work in the JIC. Some of the PIO members will already have existing emergency functions within their own agency and may be unavailable to report, depending upon the type of emergency.
- Each type of public health emergency will have populations who may have special information needs related to the incident. As the incident requires, accommodations for communication with non-English speakers, homeless, disabled, tourists, children, and other identified vulnerable populations will be made.
- Agencies and organizations working with special populations have emergency plans and may be able to assist in the dissemination of emergency information to such groups as the hearing impaired, non-English speaking, physically disabled, homebound, etc.
- Schools, hospitals and nursing homes have emergency plans that may be adequate in slowly developing emergencies. In immediate, life-threatening emergencies, such facilities may be contacted at the direction of the Incident Commander.
- Lane County Public Health Emergency Response personnel are familiar with this plan.
- Individuals and organizations identified in the plan will execute their assigned responsibilities in the event of an emergency.

Concept of Operations

Risk Communication

During an emergency, it is critical that the public receive consistent and timely information, especially concerning their health. The Public Health Information Officer and associated staff fulfill this role. The Incident Commander activates Risk Communication measures by assigning the Public Information Officer, who may coordinate with PIOs from other lead and support organizations.

The Public Information Officer (PIO) supports the incident command structure by representing and advising the Incident Commander on all public information matters related to the management of the incident. Under the command and management structure of the Incident Command System, the Lead PIO is part of the Command Staff and reports directly to the Incident Commander. The PIO handles all media and public inquiries, emergency public information and warnings, rumor monitoring and response, media monitoring, and dissemination of information related to the incident. To avoid confusion and misinformation, all contact with the news media will be limited to the Public Information Officer and staff. Requests for information during the emergency situation shall be referred to the Public Information Officer. Public Information Officers may arrange for news interviews with elected officials, incident managers, or other identified spokespersons.

Should the demand and volume of information required exceed Lane County Public Health's regular Public Information Office's capacity; the Public Information Officer will establish a Joint Information Center (JIC) with a phone bank for public non-emergency calls, media center and Public Information Officer (PIO) working room. In addition, the PIO will activate the Joint Information Center (JIC) if the emergency involves multiple agencies.

Each organization participating in the Joint Information Center contributes, through its Public Information Officer, to the unified message while maintaining its own programs, policies, and identity. The JIC is scalable and will be staffed and configured to meet the needs of the incident. To adequately staff the JIC, LCHD may call on other Lane County Public Affairs staff, LCPH Public Health Educators, members of the Lane County Public Information Network, or other Lane County employees or volunteers with crisis and emergency risk communication training.

Public Information Tools & Resources:

In the event of an emergency, the following tools and resources are available to aid public information work:

Public Health Reader Board

An electronic display reader board is located on the back of the Lane County Public Health Services Annex and is visible from the corner of 6th Avenue and Pearl Street. It can be used to communicate brief critical alert messages in the event of an emergency, including phone numbers, web sites, alert levels.

Lane County Web Site

Emergency information can be posted on the Lane County Web Site in the event of an emergency. Pages can be uploaded and activated, or information can be posted on existing pages as appropriate. Media releases are regularly posted on the web site, and would also be posted in an emergency.

Broadcast Fax

Faxes can be used to provide alerts, instructions, or other relevant information to medical professionals, schools, or other community partners. Utilizing the services of two commercial firms, it is possible to send out a large volume of faxes over a brief period of time. Lane County Public Health maintains and regularly updates fax lists for pharmacies, hospitals, clinics, school based health clinics, and school districts.

Virtual Joint Information Center (V-JIC)

The Virtual JIC (Virtual Joint Information Center - V-JIC) offers a secure online environment for Oregon Public Information Officers (PIOs) to manage incident specific public information in the event of an emergency. It also offers collaboration tools to share information between locations and agencies online. HAN V-JIC access is reserved for PIOs and key stakeholders holding responsibilities in the event of a public health crisis or emergency.

Public Inquiry Call Centers / Phone Banks

Should the demand and volume of information required exceed Lane County Public Health's regular capacity, the Public Information Officer will establish a phone bank for public non-emergency calls. Existing phone bank systems are capable of queuing external calls and providing pre-recorded messages to the caller while they wait to speak to someone. Public Inquiry Call Centers / Phone Banks can be used to:

- Relieve 9-1-1 lines by receiving non-emergency calls.
- Provide information from officials and approved releases (news releases, news briefings, etc.)
- Receive, route and verify rumors.
- Triage and route potential cases/contacts related to an outbreak investigation
- Route other inquiries related to usual operations.

Public Notification and Warning Services

The need to warn the public of impending danger or a disaster event could arise at any time. In situations posing an immediate threat to life, the Incident Commander will contact the Lane County Sheriff's Office Dispatch Center (LCSO) and Lane County Emergency Management to activate available notification and warning services (see Lane County Emergency Operations Plan – Annex K: Notification and Warning Services). Such information shall be disseminated by the most effective method.

If time permits, the issuance of emergency public information will be with the concurrence of the Board of Commissioners and will be coordinated and disseminated by the Public Information Officer (PIO). Dissemination of warning or emergency information to the public, essential workers, and public officials may utilize any or all of the following systems: Broadcast fax; Emergency Alert System (EAS); Community Emergency Notification System (CENS); National Warning System (NAWAS); Sirens and Public Address Systems; Door to Door Warnings. For complete descriptions see Lane County Emergency Operations Plan – Annex K: Notification and Warning Services.

Roles and Responsibilities

Mitigation/Preparedness

State

Oregon State Public Health

- Develop a Public Information and Risk Communication plan and make it available to local and state Health Departments.
- Oversee development and distribution of common emergency communication templates.
- Provide Risk Communication Training for local Public Information Officers.
- Design and implement exercises to practice intrastate communication.

Local

Lane County Public Health Services

- Work with Lane County Emergency Management to identify potential health hazards and prepare the appropriate Public Health information response for such hazards
- Develop and maintain a Public Information and Risk Communication plan and make it available for review by local emergency agencies. Include plans to communicate with vulnerable populations. Whenever possible, incorporate

suggestions from vulnerable populations, their advocates, or organizations which serve vulnerable populations.

- Participate in exercises with other agencies designed to practice the Public Information and Risk Communication plan.
- Develop agreements and establish the protocols for communicating official information.
- Prepare and maintain culturally appropriate and relevant press releases, fact sheets, in advance, as possible.
- Identify effective means for delivering information to vulnerable populations, as appropriate.
- Establish relationships and agreements with support agencies to facilitate the dissemination of information to vulnerable populations.
- Maintain and update media lists
- Designate spokespersons and public information officers and ensure training in Risk Communication.
- Maintain and test procedures for disseminating information to local healthcare providers, dispatch centers, and media. Test the procedures at least once a year.
- Conduct preventive public information campaigns including hazard awareness, protective measures and meaning of warning signals.

Community Based Organizations, State & Local Governments serving Vulnerable Populations

- Develop and maintain client emergency contact information, if relevant
- Identify best means for distributing information to clientele in an emergency
- Participate in exercises designed to practice and test emergency public information and risk communication plans.

Response

State

Oregon State Public Health

- If the emergency involves multiple counties, the State PIO will coordinate the messages between the counties. The State PIO will work with the County PIOs to develop the message and coordinate the timing of its release.
- Collaborate with local Public Health to develop health messages in a single county incident.

Local

Lane County Emergency Management

- Maintain and test public emergency notification and warning systems

Lane County Public Health Services

- In situations posing an immediate threat to life, LCPH will contact the Lane County Sheriff's Office Dispatch Center and Lane County Emergency Management to activate available notification and warning services
- Establish a Joint Information Center, if necessary.
- Contact the State Public Health Division for activation of the Virtual Joint Information Center, if necessary.
- Utilize appropriate communication channels in both English and Spanish to provide culturally appropriate information about:
 - the event and health effects to the public.
 - protective measures to be taken by the public and partnering agencies.
 - where to receive additional information (website, information line, hotline, etc.).
 - the progress of events and any changes to previous messages.
- Anticipate the communication and information needs of vulnerable populations at risk from the emergency. Utilize appropriate means to communicate with identified vulnerable populations.
- Utilize public feedback as a measure of the informational program's effectiveness or to make immediate changes.
- Maintain rumor control. Monitor the public media and issue updates and clarifications as needed/appropriate for the media, public and staff.
- Establish a Public Inquiry Center / Hotline ("Phone Bank") to assist with non-emergency calls and handling of rumor control. Spanish speaking attendants and TTY services will be made available.
- Provide consultation and updates for local elected officials.

Community Based Organizations, State & Local Governments serving Vulnerable Populations

- Provide assistance in the dissemination of information, to vulnerable populations served. Community based organizations will utilize communication means appropriate to the populations they serve including home visits, telephone, e-mail, letters, and fax, as appropriate.
- Participate as part of the joint information center, if appropriate.

Recovery

State

Oregon State Public Health

- In a multi-county or statewide incident, coordinate final messages between counties.
- In a multi-county or statewide incident, keep recovering counties informed on what is happening with counties still in the response phase.
- Review the After Action Reports from each affected county and make recommendations for procedure changes.
- Support and assist with local public information recovery responsibilities, when appropriate.

Local

Lane County Public Health Services

- Provide the public with updates as to outcomes of the event as appropriate.
- Provide information about potential or continuing hazards affecting public health and offer appropriate guidance for mitigation of harmful effects.
- Continue to provide information about protective measures as appropriate.
- Notify the public and healthcare providers when the emergency situation no longer exists.
- Assess effectiveness of the emergency notification and public information practices and protocols and make changes as needed. Whenever possible, solicit feedback from affected vulnerable populations. Complete an after action assessment and report the results.
- Take advantage of heightened public awareness to begin appropriate public education and to reinforce prevention messages relevant to the incident.

Community Based Organizations, State & Local Governments serving Vulnerable Populations

- Provide clientele and staff with updates, as appropriate
- Assess effectiveness of the agency's emergency notification and public information practices and protocols and make changes as needed. Whenever possible, solicit feedback from affected populations, especially identified vulnerable populations.

Vulnerable Populations

Every emergency will affect populations who may have special information needs related to the incident. This includes any persons unable to receive messages through mainstream media, persons unable to act on crucial messages and potentially life saving information, or persons who require specialized information relevant to their circumstances, capabilities, and available resources. Examples of affected vulnerable populations include:

- Persons with limited English proficiency
- Persons with physical or cognitive impairments or disabilities (ranging from minor impairments where independence and ability to function are maintained to no ability to survive independently).
- Blind, visually impaired, low vision
- Deaf, hearing impaired, hard-of-hearing
- Frail elderly or seniors
- Children, unattended minors, runaways, latchkey kids
- Persons with limited or no access to information or limited escape routes (geographically isolated)
- Undocumented persons, political dissidents, or others who may not avail themselves to government or other services.
- Ex-convicts, registered offenders and other clients of the criminal justice system
- Culturally isolated persons with little or no interaction or involvement outside of their immediate community (including religious, ethnic, sexual orientation etc.)
- Medically dependent or medically fragile
- Chemically dependent
- Tourists, homeless or shelter dependent
- Poor, or extremely low income
- Single parents with no support systems
- Owners of pets (including companion animals), and livestock
- Those for whom the messages or recommended protective actions present a serious challenge to important cultural or religious beliefs.

Alert and public Information response strategies which may facilitate communication with vulnerable populations include the following:

- Distribute information via trusted community based organizations (including social service agencies, faith based organizations, and other service agencies).
- Provide written materials in Spanish, or other appropriate languages.
- Inform Spanish Language Media outlets (radio, television, or print), and assure availability of Spanish Language public information staff. Utilize other translation services when appropriate.
- Utilize contracted TTY services for public information phone banks and publish the number.
- Use simple, clear language. Review printed information for readability. Provide visuals, such as maps or sketches when relevant.
- Incorporate suggestions from vulnerable populations, their advocates, or organizations which serve them when preparing and maintaining media tools.

During a public health emergency, reasonable effort will be made to identify groups with special information needs related to the type of emergency and to effectively address

those needs. Attention will be given to delivering messages and information which is accessible, meaningful, relevant, and culturally appropriate for the identified vulnerable populations.

Training and Exercises

All Lane County Public Health staff and volunteers will be trained according to the standards established in the approved Public Health Preparedness Training program (see Lane County Public Health Emergency Operations Plan Attachment 4 – Training Plan). Further training may be required as new procedures are developed.

Training will additionally be conducted in conjunction with exercise of the plan. The plan shall be activated at least once a year in the form of a simulated emergency to provide practical controlled operational experience to those individuals who have Emergency Operations Center responsibilities.

The LCPH strategic training plan identifies a variety of topics that are important to communicating with the public during an emergency response. These courses are offered regularly to local public health staff and emergency response partners around the state and include the following:

- CDC Crisis and Emergency Risk Communications
- CDCynergy
- CDC Emergency Risk Communications By Leaders for Leaders
- CDC Crisis and Emergency Risk Communication for Pandemic Influenza
- Spokesperson Training, including on-camera exercises.
- Joint Information System/Center Training and Exercises.

The training schedule and materials are available on the DHS Learning Center at <https://dhslearn.hr.state.or.us>. Training materials can also be requested by contacting the State of Oregon Public Health Emergency Preparedness program.

Plan Maintenance

In cooperation with appropriate non-governmental organizations, local, state, and federal partners, all Lane County Public Health programs will be responsible for developing and maintaining their respective segments of the plan. The Public Health Preparedness Coordinator will be responsible for ensuring all program leadership involved in this plan conduct an annual review of the plan.

The Public Health Preparedness Coordinator ensures that necessary changes and revisions to the plan are prepared, coordinated, published and distributed. The plan will undergo revision whenever:

- It fails during emergency
- Exercises, or drills reveal deficiencies or “shortfalls”
- County government structure changes
- Applicable statutes or regulations change
- Community situations change
- State requirements change
- Any other condition occurs that causes conditions to change

The Public Health Preparedness Coordinator will maintain a list of individuals or organizations which have controlled copies of the plan. Only those with controlled copies will automatically be provided updates and revisions. Plan holders are expected to post these changes. Revised copies will be dated, assigned a version number, and marked to show where changes have been made.

Glossary

Broadcast fax: A notification system that sends documents or messages simultaneously to many fax machines. Sometimes called “blast fax.”

Community Emergency Notification System (CENS): often called reverse 911. The system simultaneously dials land-lines in the effected area and delivers brief instructions on how to respond.

Emergency Alert System (EAS): a network of AM, FM, and TV broadcast stations and non-government industry utilities operating on a voluntary, organized basis during emergencies at National, State or local levels. It provides for the alerting of participating stations, dissemination of standardized emergency information, and/or termination of non-emergency station activities until the emergency subsides.

Joint Information Center (JIC): A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media.

National Warning System (NAWAS): a nationwide private telephone communications system intended primarily as a down-link system in case of attack warning or an accidental weapon launch. It may also be used to

disseminate severe weather watches or warnings issued by the National Weather Service, or may be used in case of other major incidents.

Virtual Joint Information Center (V-JIC): a secure online environment for Oregon Public Information Officers (PIOs) to manage incident specific public information in the event of an emergency.

Acronyms and Abbreviations

CENS: Community Emergency Notification System

EAS: Emergency Alert System

JIC: Joint Information Center

NAWAS: National Warning System

PIO: Public Information Officer

V-JIC: Virtual Joint Information Center

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Functional Appendix 4 Health Surveillance and Disease Outbreak Control & Response

May 23, 2008
Version 1.0



This appendix is part of Annex H of the Lane County Emergency Operations Plan and should be used in conjunction with the other appendices. It is not a stand-alone plan.

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- Tab A: Outbreak and Case Investigation
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- Tab F: Laboratory Services; Packaging, Shipping, Specimen Collection [TBD]
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Introduction

Disease outbreak emergencies are circumstances caused by chemical, radiological, and biological agents, including organisms such as bacteria, viruses or toxins with the potential for significant illness or death in the population. Disease outbreak emergencies may include naturally occurring outbreaks (e.g., measles, mumps, meningococcal disease), emerging infectious diseases (e.g., SARS, avian influenza), bioterrorism, and accidental or intentional chemical or radiological exposures. The circumstances of disease outbreak emergencies may vary by multiple factors, including type of biological agent, scale of exposure, mode of transmission, intentionality (e.g. bioterrorism), and many other factors. Public health measures to contain such outbreaks are especially important for diseases with high morbidity or mortality and limited medical prophylaxis and/or treatment.

Purpose

The purpose of this plan is to describe how Lane County Public Health will work to identify the cause of illness and control an outbreak of disease caused by an infectious agent or biological toxin, or respond to other infectious disease emergencies that result in a local level emergency (e.g., a detection of a potential bioterrorism agent in the environment or one case of smallpox). The plan is not intended for day-to-day responses to routine reportable or non-reportable diseases. The Health Surveillance and Disease Outbreak Control and Response Plan is intended to be used for any disease outbreak emergency that requires a response that exceeds the LCPH normal disease control capacity. This may include outbreaks with significant morbidity and/or mortality of naturally occurring diseases, emerging or unknown diseases, and bioterrorism situations. Hazard Appendices provide additional detailed information for responses to Bioterrorism, Chemical, and Radiological, Communicable Respiratory Illness (e.g. pandemic influenza), and Foodborne Outbreak Emergencies (see the Hazard Appendices for guidance).

Authorities

See Lane County Emergency Operations Plan – Health Services Annex H.

Situation and Assumptions

Situation

Infectious diseases are a continuing danger to Lane County. In an age of expanding air travel and international trade, infectious microbes are transported across borders every day, carried by infected people, animals, and insects, and contained within commercial shipments of contaminated food. “Old” diseases such as malaria, measles, and foodborne illnesses are endemic in many parts of the globe, and new diseases such as acquired immunodeficiency syndrome (AIDS; caused by the human immunodeficiency

virus [HIV])—as well as new forms of old diseases such as multidrug-resistant tuberculosis (TB)—can emerge in one region and spread throughout the world.

Emerging and reemerging infectious diseases and antimicrobial resistance represent a continuing threat to all Lane County. With a local airport, major travel corridors through the county and increasing national and international travel a microbe originating elsewhere can easily arrive in Lane County within 24 hours. This was clearly demonstrated in 2007, when an outbreak of measles occurred in Lane County after an unvaccinated Eugene man returned from a trip to Japan, a nation experiencing a widespread measles outbreak.

The potential for deliberate dissemination of biological or chemical agents is also of growing concern. Terrorist incidents in the United States and elsewhere involving bacterial pathogens, nerve gas, and a lethal plant toxin (i.e., ricin), have demonstrated that the United States is vulnerable to biological and chemical threats. The only proven incident of bioterrorism the United States has ever experienced was a plot by the Rajneeshees, a religious cult, to steal a county election in Oregon in 1984 through intentional Salmonella contamination of salad bars in The Dalles, Oregon. As with emerging infectious diseases, early detection and control of biological or chemical attacks locally will be an important function of Lane County Public Health.

Lane County Public Health Services is the lead agency tasked with the responsibility to prevent or reduce the impact of potential outbreaks. It fulfills this role through its Communicable Disease Control program and Environmental Health Program. The Communicable Disease and Environmental Health Programs routinely receive reports of cases of infectious disease, conducts investigations and implements disease containment measures.

To facilitate the early detection of potential outbreaks of infectious illness, healthcare providers, healthcare facilities, and licensed laboratories in Lane County are required by law to report diagnoses or positive test results for specific infections, diseases, and conditions, including any “uncommon illness of potential public health significance” and “any outbreak of disease” to Lane County Public Health immediately.

LCPH serves as the local point of contact for healthcare providers, healthcare institutions, laboratories and the public regarding outbreak investigations and recommendations. To assure a timely response and activation of response plans, LCPH maintains a staffed reporting telephone number whereby, physicians, hospitals, other health care providers, and the public can phone to report communicable disease or other public health emergencies 24 hours a day, seven days a week. Outside of regular business hours an on-call supervisor can receive calls.

Additional statewide monitoring and surveillance activities for outbreaks are also provided through the State of Oregon Public Health Division – Acute and Communicable Disease Program (ACDP). The program develops disease prevention, preparedness and response guidelines which guide LCPH disease outbreak investigation and control activities. The program is also available to provide technical support and assistance to the LCPH when necessary and available, and will assist in coordinating investigations when an outbreak extends beyond Lane County. Two ACDP epidemiologists are on call to respond to outbreaks of communicable disease during business hours, and one epidemiologist is on call to respond after hours including nights, weekends and holidays. ACDP has several public health epidemiologists it can call on if more staff are needed. They also have a registry of trained students and faculty from the Oregon Health Sciences University epidemiology program.

Assumptions

- Healthcare providers, healthcare facilities, and licensed laboratories promptly notify Lane County Public Health of reportable illnesses when they are recognized and within timeframes specified by law.
- LCPH can, if necessary, access other Lane County Health and Human Services resources, including staff time and space, for investigating large outbreaks.
- LCPH is able to receive, evaluate, and respond to reports of reportable illnesses from providers and private citizens 24 hours a day, 7 days a week.
- The Oregon Acute and Communicable Disease Program (ACDP) is able to receive, evaluate, and respond to calls from LCPH and private citizens regarding communicable diseases 24 hours a day, 7 days a week.
- ACDP has qualified epidemiologic staff available to assist LCPH in outbreak investigations and control measures.
- The ACDP will provide technical support to LCPH in the investigation and control of outbreaks of communicable disease if needed.
- Lane County Public Health Emergency Response personnel are familiar with this plan.
- Individuals and organizations identified in the plan will execute their assigned responsibilities in the event of an emergency.
- Outbreaks may involve people or institutions in more than one local health department (LHD) jurisdiction.
- The need for epidemiologic investigation, laboratory testing, case follow-up, treatment, or prophylaxis may exceed the resources of the LCPH.
- An outbreak can be naturally occurring, or the result of a deliberate exposure with criminal or terrorist implications.
- All confidential data regarding individual cases will not be shared outside of those who need to know in order to fulfill legally mandated public health functions.

Concept of Operations

Within Lane County Public Health Services, the Communicable Disease Program and Environmental Health Programs are the lead programs for a disease outbreak emergency response in Lane County. These programs will provide the core staffing and technical expertise. Outbreak investigations involving residents of multiple states or counties or exposures in multiple states or counties will be led by Oregon Public Health Division epidemiologists, with local coordination by Lane County Public Health.

As indicated by the Lane County Emergency Operations Base plan, principles of the National Incident Management System (NIMS) and the Incident Command System (ICS) will be utilized to manage a response once this plan is activated. The Incident Commander will decide which roles to activate and notify the appropriate staff to report according to LCPH emergency activation protocol. The operations section, if activated, will carry out the core functions of the Health Surveillance and Disease Outbreak and Control plan. Within the operations section, a Public Health Field Operations Branch may be activated to carry out responsibilities related to environmental health assessment, epidemiology and surveillance, and disease containment and control as appropriate (see Functional Appendix 1 – Command and Control).

The plan may be activated by the Health and Human Services Director, Deputy Director, or LCPH Administrators, Supervisors or identified designees. It may be activated when:

- An outbreak occurs in Lane County requiring more than routine LCPH resources;
- Bioterrorism is suspected or confirmed
- The first or initial case(s) of an emerging infectious disease with potential for significant illness or death in the population is reported
- A high profile situation involving an infectious disease occurs
- The Department Operations Center and/or the Lane County Emergency Operations Center is activated for an disease outbreak emergency response or other emergency with potential need for a disease outbreak emergency response.

The plan may be deactivated when the above conditions no longer exist, and the incident commander has determined that applicable disease outbreak emergency response objectives have been adequately addressed.

An activation of the plan triggers the notification of the following persons:

- Director of Health and Human Services
- Deputy Director of Health and Human Services
- Public Health Services Program Manager
- LCPH Health Officer
- Public Information Officer
- Oregon Department of Public Health Duty Officer
- Lane County Emergency Management
- County Administrator

The need to notify other internal and external partners of the activation of the Plan will be determined by the circumstances of the event including: the suspected biological agent, the anticipated scope of the response, the size of the impacted populations, and whether bioterrorism, radiation, or chemical exposure is suspected (see the Hazard Appendices for guidance).

Roles and Responsibilities

Mitigation/Preparedness

State

Oregon Public Health Division

- Establish requirements for disease reporting, and guidelines for investigation
- Monitor surveillance data to identify trends and outbreaks, chemical releases, and human exposures of significance
- Train Lane County Public Health Services staff on microbiology, epidemiology, case investigation, chemical and radiation event response

Local

Public Health Services

- Complete training in communicable disease reporting, contact tracing, and other issues in epidemiological investigation.
- Perform epidemiological surveillance, case and outbreak investigation and follow-up using ACDP forms and guidelines
- Initiate preventive health measures to control and prevent the spread of communicable diseases.
- Provide for the monitoring and evaluation of environmental health risks or hazards as needed and ensure that appropriate actions are taken to protect the health and safety of the general public

Health care workers, clinical laboratories, health care facilities, Hospitals and Healthcare Systems

- Report to LCPH all reportable diseases as well as unusual cases or clusters of disease of potential public-health significance as required by Oregon statute (ORS433.004; OAR 333-018-0000 to 333-018-0015).

Response

State

Oregon Public Health Division

- Serve as primary contact with Centers for Disease Control and Prevention (CDC), public health officials in other states, and relevant state and federal agencies involving acute and communicable disease issues.
- Gather and provide disease-specific expertise regarding the investigation and control of outbreaks in Lane County.
- Communicate recommendations regarding investigation and control of communicable diseases to local public health authorities, health care workers and facilities, news media, and the public.
- Direct and coordinate the investigation and control of outbreaks of communicable disease that have state-level implications.
- Develop, pilot and implement surveillance systems pertinent to event.
- Specify outbreak data to be collected and outbreak data collection tools to be used.
- Design and disseminate an outbreak questionnaire for use by LCPH.
- Analyze outbreak data.
- Review case reports and store outbreak information in an electronic database.

Oregon Public Health Division – Oregon State Public Health Laboratory

- Provide confirmation and typing of foodborne disease agents.
- Perform cultures of respiratory and other viruses as needed.
- Provide confirmation of Category A agents of bioterrorism.

Oregon Department of Agriculture (ODA)

- In consultation with state and local health departments, investigate food borne illnesses resulting from a food incident in ODA-licensed facilities (see Hazard Appendix 6 – Foodborne Oubreaks)

Local

Public Health Services

- Perform epidemiological surveillance, case and outbreak investigation, contact tracing, monitoring and management.
- Cooperate with the Oregon Public Health Division in the investigation and control of large or multi-jurisdictional outbreaks.

- Report outbreaks or suspected outbreaks of communicable diseases to Oregon Public Health Division
- Recommend / Initiate preventive health measures to control and prevent the spread of communicable diseases (e.g., infection control, mass prophylaxis, isolation and quarantine, restriction, exclusion, clearance, or control of vectors)
- Obtain, and coordinate distribution and administration of vaccine and chemoprophylactic medications if needed.
- Coordinate the collection and submission of samples to the Oregon State Public Health Lab (OSPHL) for appropriate testing.
- Communicate recommendations regarding investigation and control of communicable diseases to local public health authorities, health care workers and facilities, news media, and the public. Advise on such matters as infection control, isolation, quarantine, prophylaxis, restriction, vectors, food safety, immunizations, and disinfection.
- Coordination with city, regional, state, and federal law enforcement agencies conducting an incident criminal investigation (e.g. intentional contamination of food supplies, release of chemicals or other criminal activities)

Health care workers, Health Care Facilities, Hospitals and Healthcare Systems

- Coordinate with local emergency responders to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or bacterial agents to other patients and staff.
- Cooperate with any investigation and control measures.

Clinical Laboratories

- Assist in transport and submission of samples to the Oregon State Public Health Lab as requested by LCPH
- Cooperate with any investigation and control measures.

Recovery

State

Oregon Public Health Division

- If necessary, perform long-term monitoring and reporting.

Local

Public Health Services

- Help with tracking and follow-up of exposed individuals as appropriate.
- Communicate information regarding the control of the outbreak, closure of investigation, and end of required control measures to local public health authorities, health care workers and facilities, news media, and the public.

Vulnerable Populations

Those who are most vulnerable during a disease outbreak emergency will vary by the type and severity of the outbreak, the modes of transmission, and other epidemiological characteristics of the illness. It can be anticipated that communicable disease outbreaks will pose a significantly higher risk to those who are unimmunized for the particular illness, or are immunocompromised, have serious chronic health conditions, or are otherwise more susceptible to complications or death if they contract the illness. This may include the very young, frail elderly, and medically fragile persons.

Other individuals are vulnerable because they are disconnected from or unable to receive messages through mainstream media, may be unable to act on crucial messages and potentially life saving information, and/or may require specialized assistance relevant to their circumstances, capabilities, and available resources. For example, certain control measures such as isolation and quarantine may create additional hardships for persons who may not have sick leave or vacation benefits to mitigate the financial impact of not being able to work. Other persons may have a limited safety net, and may not have someone to provide home care if they become sick or assist with obtaining appropriate medical care or prophylaxis.

During a disease outbreak emergency, reasonable effort will be made to identify groups of persons with conditions of vulnerability related to the outbreak and to effectively address those conditions. This may include specifically considering and anticipating both the consequences and the direct effects of control measures upon vulnerable populations. Attention will also be given to delivering messages and information which is accessible, meaningful, relevant, and culturally appropriate for the identified vulnerable populations. When possible, appropriate messages will be drafted and effective means of delivering the message will be identified prior to an emergency (see Functional Appendix 3 – Public Information, Notification, and Risk Communication).

Training and Exercises

All Lane County Public Health staff and volunteers will be trained according to the standards established in the approved Public Health Preparedness Training program (see Lane County Public Health Emergency Operations Plan Attachment 4 – Training Plan). At the minimum all employees will receive introductory training on the National Incident Management System (NIMS) and the Incident Command System (ICS). Employees with identified command and general staff roles will require advanced training. Further training may be required as new procedures are developed.

Training will additionally be conducted in conjunction with exercise of the plan. The plan shall be activated at least once a year in the form of a simulated emergency to provide

practical controlled operational experience to those individuals who have Emergency Operations Center responsibilities.

Plan Maintenance

In cooperation with appropriate non-governmental organizations, local, state, and federal partners, all Lane County Public Health programs will be responsible for developing and maintaining their respective segments of the plan. The Public Health Preparedness Coordinator will be responsible for ensuring all program leadership involved in this plan conduct an annual review of the plan.

The Public Health Preparedness Coordinator ensures that necessary changes and revisions to the plan are prepared, coordinated, published and distributed. The plan will undergo revision whenever:

- It fails during emergency
- Exercises, or drills reveal deficiencies or “shortfalls”
- County government structure changes
- Applicable statutes or regulations change
- Community situations change
- State requirements change
- Any other condition occurs that causes conditions to change

The Public Health Preparedness Coordinator will maintain a list of individuals or organizations which have controlled copies of the plan. Only those with controlled copies will automatically be provided updates and revisions. Plan holders are expected to post these changes. Revised copies will be dated, assigned a version number, and marked to show where changes have been made.

Glossary

Contact: a person that has been in such association with an infected person or a contaminated environment as to have had an opportunity to acquire the infection

Case: In epidemiology, a countable instance in the population or study group of a particular disease, health disorder, or condition under investigation. Sometimes a case is an individual with the particular disease.

Clearance: Clearance is the final step in the restriction or exclusion process to allow persons who have been restricted or excluded from an occupation or situation to return to their regular work duties or situation after they are no longer considered to be infectious, or are no longer at risk of becoming infectious.

Disease Outbreak Emergency: circumstances caused by chemical, radiological, and biological agents, including organisms such as bacteria, viruses or toxins with the potential for significant illness or death in the population.

Exclusion: Prevent an exposed or infected person from entering a workplace or group setting in order to prevent the transmission of an infection to susceptible populations.

Epidemiology: The study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems.

Isolation: Separation, for the period of communicability, of infected people or animals from others in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent from those infected to those who are susceptible or who may spread the agent to others.

Mass Prophylaxis: a public health strategy to dispense pharmaceuticals and/or administer vaccine to potentially exposed populations and/or those at risk of exposure in order to prevent infection

Outbreak: An outbreak of communicable disease is defined as a number of cases of a communicable disease that exceeds the expected rate for a given time and location.

Quarantine: Restriction of the activities of well people or animals who have been exposed to a case of communicable disease during its period of communicability to prevent disease transmission during the incubation period if infection should occur.

Restriction: Prevent an exposed or infected person from performing specific work activities, in order to prevent the transmission of an infection to susceptible populations.

Surveillance: The collection, analysis, and dissemination of data about a disease.

Vectors: An animate intermediary (e.g. person, animal, or insect) in the indirect transmission of an agent (e.g. virus or bacteria) that carries the agent to a susceptible host (i.e. a person who will develop the illness).

Acronyms and Abbreviations

ACDP: Acute and Communicable Disease Program

CDC: Centers for Disease Control and Prevention

LCPH: Lane County Public Health

LHD: Local Health Department

ODA: Oregon Department of Agriculture

OSPHL: Oregon State Public Health Lab

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Functional Appendix 5 Health and Medical Resource Management

September 10, 2008
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DRAFT



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This appendix is part of Annex H of the Lane County Emergency Operations Plan and should be used in conjunction with the other appendices. It is not a stand-alone plan.

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Tabs:

- Tab A: Emergency Resource Request & Activation
- Tab B: Resource Check-in and Tracking
- Tab C: Resource Demobilization
- Tab D: Emergency Volunteer Management
- Tab E: Medical Reserve Corps Activation
- Tab F: Behavioral Health Response Team Activation
- Tab G: Emergency Shelter Activation and Setup

Introduction

Emergencies can require more resources than may be available to Lane County Public Health, or other health and medical response partners. The resource management function is necessary to ensure that:

- A complete picture of available resources is known to decision-makers.
- All available resources are used appropriately and arrive where and when they are most needed.
- Additional resources can be secured as resources are expended or damaged.
- Accountability is maintained for the use of resources.
- Scarce resources are prioritized and allocated effectively.

As presented here, resource management is a process that ranges from determining needs to finding and staging resources to meet these needs. County and mutual aid resources, volunteers, donated goods, and potentially, state and federal assistance, must be carefully tracked and allocated to ensure incident response needs are met.

Purpose

This annex describes the means, organization, and process by which a Lane County Public Health will find, obtain, allocate, and distribute resources to satisfy needs that are generated by an emergency.

Authorities

Lane Code Chapter 20.255 Local Contract Review Board: Exemptions and Authorizations as Circumstances Arise – Emergency Contracts.

Lane Code Chapter 21.128 Contract Policies: Emergency Contracts

Lane County Administrative Procedures Manual: Chapter 2 – Fiscal Administration Section.

See Lane County Emergency Operations Plan – Health Services Annex H.

Situation and Assumptions

This section describes the factors that directly impact the ability of the Lane County Public Health Services to satisfy resource demands and manage support activities during emergency operations.

Situation

A number of natural and human made disasters are likely to occur in Lane County, each requiring varying levels of public health and medical responses. During a public health

emergency, resources may be in limited supply due to high demand, production delays, or the interruption of supply chains, among other causes. Public health emergencies frequently require a sustained and extended response that often extends beyond the initial event.

Lane County Public Health resources are limited and can become quickly exhausted under most conditions beyond normal operating levels. Maintaining an adequate level of resources to meet emergency response needs will be a challenge, and under most circumstances will require that resources be obtained through other sources, including memorandum of agreement, other county departments, private vendors, and state and federal governments. In the event of a threatened or actual public health disaster or emergency in which division resources are taxed, resources can be requested through the Lane County Emergency Operations Center (EOC). Through the EOC various state and Federal resources can be accessed including, but not limited to:

- Disaster Medical Assistance (e.g. Oregon Disaster Medical Assistance Teams, National Guard Medical Teams)
- Specialized State Public Health Emergency Response Teams (e.g. Radiation Protection Services, Acute and Communicable Disease)
- Antiviral and Vaccine Caches
- Antitoxins for Nerve Agents
- Strategic National Stockpile (national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, medical/surgical supplies)

Below is a summary of the existing resources available to Lane County Public Health to respond to a health or medical emergency:

Personnel:

Lane County Public Health employs a skilled multidisciplinary staff of public health professionals, including a health officer/physician, public health nurses, lab technicians, environmental health specialists, public health educators, managers, dieticians, clerical and other support staff. Additional fiscal, human resource management, and administrative support is provided through Lane County Health and Human Services Administration. Some staffing for supports such as information services, communications, legal services, and public information are provided through other Lane County departments.

Volunteers:

Lane County Public Health actively maintains and utilizes a directory of screened and trained volunteers, including a small number of public health nurses. LCPH also maintains a directory of active members of the Medical Reserve Corps, a voluntary group organized by the Lane County Medical Society and consisting of local physicians

who have agreed to provide voluntary medical services in the event of a health or medical emergency (see Tab E: Medical Reserve Corps Activation).

Communications and Information Management Resources

A number of resources are available to Lane County Public Health to communicate and manage information. These resources include: Land-line / cellular telephones and voice mail, PDA's, numeric pagers, text messaging, handheld short-range and UHF radios, networked computers, Internet, E-mail, and Fax. Internet based tools and technologies maintained by the state or Oregon are also available and include the Oregon Health Alert Network (HAN), the Virtual Joint Information Center (V-JIC) and the Hospital Capacity Website (HOSCAP).

Other communication resources are available through activation of the Lane County Emergency Operations Center including:

- Amateur Radio Operators (HAM Radio)
- Public Inquiry Call Center / Phone Banks; and
- Other Public Notification and Warning Services

For further information on communications and information management resources, refer to Functional Appendix 2 – Communications and Information Management.

Vehicles

Lane County Public Health maintains a small pool of passenger vehicles for transporting staff and small quantities of supplies. Other transportation resources are available through the Lane County motor pool.

Medical, office, and other emergency supplies

Medical and office supplies are stocked for regular business operations. An additional store of emergency response and shelter-in-place supplies is also cached and available for use. These supplies include antibiotics (for prophylaxis of possible Anthrax exposures, See Hazard Appendix 4 - Bioterrorism), personal protective equipment (masks, face shields, gloves, and scrubs), first aid supplies, water, food, blankets, sanitation supplies (e.g., hand sanitizer and portable toilets), and flashlights. LCPH also owns several large portable shelters for field operations as needed (see Tab G: Emergency Shelter Access & Setup).

Behavioral Health Support

Lane County Mental Health maintains a roster of trained and certified individuals to serve on Behavioral Health Response Teams, and Non-licensed Community Volunteer Strike Teams to assist during emergencies. Lane County Public Health can activate these services should the need arise in a health or medical emergency (See Tab F: Behavioral Health Activation).

, Mutual Aid.

Various mutual aid agreements have been established between Lane County Public Health and private and government entities. Through these agreement LCPH can access facilities, volunteers, staffing and other support as needed .

Assumptions

The following assumptions apply to this plan, in addition to the assumptions outlined in the Lane County Emergency Operations Plan Annex H – Public Health and Medical Annex:

- Known resources can be accessed in a timely manner.
- Lane County Public Health will use existing supplies and resources and activate mutual aid agreements before requesting additional resources through the Lane County EOC.
- There is a potential for donations of resources for any emergency, especially an emergency that generates sustained media coverage.
- Performance of the resource management function may depend on the availability of a pool of volunteers. Offers of help will be received.
- Some parties to existing mutual aid agreements will themselves be affected and unable to provide the resources.
- Decisions around resource allocation, prioritization and altered standards of care will be conducted in an ethical and fair manner that is respectful of all people
- Decisions on resource allocation, prioritization and altered standards of care will be transparent, sensitive to minority populations, and receive public input.

Concept of Operations

Lane County Public Health Services is a division of Lane County Health and Human Services. Within H&HS, LCPH in cooperation with the Emergency Operation Center (EOC) has primary responsibility to coordinate the location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support public health and medical operations during an emergency in Lane County.

The plan may be activated by the Health and Human Services Director, Deputy Director, or LCPH Administrators, Supervisors or identified designees. Activation may occur during or in anticipation of any public health or medical emergency where needs are expected to exceed Lane County Public Health Service’s resources and capabilities, or under any of the circumstances outlined in the Lane County Emergency Operations Plan, Annex H – Health and Medical Services where needs exceed the ability of responding health and medical agencies to cope. If the plan is activated, Lane County Emergency Management will be notified. When warning is available, suppliers with whom agreements exist will be notified of the intent to activate the agreements.

Normal supply procedures of Lane County Public Health Services will be used whenever possible unless the severity of the disaster dictates that additional supplies and services must be obtained. Lane County Health and Human Services will manage departmental and mutual aid resources. When incident response requires resources beyond those available to the department, requests will be coordinated through the Lane County Emergency Operations Center (EOC) (see Tabs A-C). If time does not permit pre-coordination, the EOC will be notified as soon as possible. If local resources are threatened to be exhausted or are unavailable, the Incident Commander will request state assistance by first seeking an Emergency Declaration (See Functional Appendix 1 – Direction and Control). Lane County hospitals will forward requests for assistance directly to the Lane County Emergency Operations Center, if activated, or the Public Health Department Operations Center, if the EOC has not been activated.

Resources will normally be obtained and used in the following order:

1. Owned or employed by Lane County Health and Human Services
2. Owned or employed by Lane County
3. Outside assets and support available day-to-day
4. Resources available through mutual aid agreements
5. Contractors/commercial sources, as funds allow
6. State resources
7. Federal resources

Decisions regarding allocation of limited resources will be made consistent with the following response priorities:

1. Preserving life
2. Stabilizing the incident; containing the hazard
3. Protecting critical infrastructure, property and the environment

Principles of the National Incident Management System (NIMS) and the Incident Command System (ICS) will be utilized to manage a response once this plan is activated. The Logistics Section will process resource requests, identify options, and coordinate acquisition, deployment and staging. The Operations Section will determine the need for additional resources and recommend the release of assets. The Finance Section will track resource related costs and budgets, negotiate emergency contracts/agreements, establish emergency procurement procedures, and advise the Incident Commander regarding the on-going financial impact of the emergency. The Planning Section will track and document resource status and capabilities. At the discretion of the Incident Commander, additional units may be activated for each section as the emergency situation dictates (see Functional Annex 1 – Direction and Control).

Volunteer Management

Lane County Public Health may enlist the help of volunteers which have previously been screened and registered according to department policies; however should the

need arise to locate and/or manage additional volunteers (solicited or emergent), or if the Lane County Emergency Operations Center has been activated, volunteer management will be obtained from the Lane County Emergency Management Coordinator in the Sheriff's office (see Lane County Emergency Operations Plan – Volunteer Services Annex M). At the discretion of the Emergency Management Coordinator, specific health and medical volunteer activities may be assigned to Lane County Health and Human Services during a disaster event.

Donation Management

Citizens may want to help by donating goods or money. The Logistics Section will coordinate donations management activities. Donations –solicited and unsolicited – will be managed to the extent possible to meet response needs without adversely affecting other disaster response and recovery efforts.

Roles and Responsibilities

Mitigation/Preparedness

State

Oregon Public Health Division

- Develop guidelines for use of scarce medical resources and pharmaceuticals, including decision-making processes for altered standards of care and appropriate triggers for activation of these standards.
- Develop and exercise resource management plans

Local

Public Health Services

- Develop mutual aid agreements with neighboring counties or relevant response partners
- Develop and exercise resource management plans, including management of spontaneous volunteers and donations
- Identify facilities/sites that may be used to store needed resources or donations
- Identify Points of Dispensing (POD) locations
- Identify receipt and distribution centers for Strategic National Stockpile assets and other public health and medical resources
- Develop an inventory of department available essential supplies and equipment for emergency response
- Recruit and screen volunteers for emergency response roles
- Provide relevant training to screened and registered volunteers, including Medical Reserve Corp volunteers and volunteer Public Health Nurses.

Response

State

Oregon Emergency Management – Emergency Coordination Center (ECC)

- Activate the state Emergency Coordination Center (ECC)
- Via the ECC, receive and process all resource requests from the Lane County Emergency Operations Center
- Request resources from other state and local agencies
- Activate appropriate memorandum of agreement, including interstate and regional agreements
- Request Federal assets when state resources have been exhausted or do not meet the need

Oregon Public Health Division

- Provide guidelines for use of scarce medical resources and pharmaceuticals, including activation of decision-making processes for altered standards of care.
- Activate the Agency Operations Center (AOC)
- Process and fulfill health and medical resource requests forwarded by Oregon Emergency Management ECC.
- Manage Strategic National Stockpile (SNS) operations

Local

Public Health Services

- Monitor for potential resource shortages in LCPH and local hospitals
- Activate appropriate memorandum of agreement
- Implement emergency procurement procedures as appropriate
- Identify functions critical to business continuity and emergency response and allocate resources to each function
- Coordinate requests for health and medical resources from local agencies and partners through the Lane County Emergency Operations Center
- Determine the need for and coordinate activation of facilities necessary for the coordinated reception, storage and physical distribution of health and medical resources
- Receive, inventory, store, and deploy public health and medical resources
- Track deployed resources
- Track and document all incident-related resource costs

Emergency Management

- Activate Emergency Operations Center
- Facilitate the Emergency Declaration Process
- Via, the EOC, activate appropriate county resources or memorandum of agreement

- Via the EOC, coordinate and prioritize resource requests through Oregon Emergency Management
- Via the EOC, activate and oversee volunteer management services

Recovery

State

Oregon Public Health Division

- Write an After Action Report and review performance of the Health and Medical Resource Management Plans. Make needed changes.
- Account for and examine all equipment and supplies that were used. Restock as appropriate.

Local

Public Health Services

- Demobilize according to the demobilization plan approved by the Incident Commander
- Write an After Action Report and review performance of the Health and Medical Resource Management Plans. Make needed changes.
- Account for and examine all equipment and supplies that were used. Restock as appropriate.
- Return loaned equipment to its owners
- Reimburse or compensate the owners of private property
- Submit required reports for any financial assistance available through the federal or state government.
- In coordination with the Public Information Officer, acknowledge and thank suppliers, volunteers, and donors who provided resources for the emergency, as feasible.
- Poll new suppliers about their interest in developing a memorandum of agreement to fill noted gaps prior to the next emergency.

Vulnerable Populations

In an emergency, special consideration may be necessary to assure access to services and resources for individuals who are disconnected from or unable to receive messages through mainstream media, are unable to act on crucial messages and potentially life saving information, and/or require specialized assistance relevant to their circumstances, capabilities, and available resources. Examples of such persons include seniors, children, disabled, homeless, non-English speakers, low-income or other persons who are otherwise in need of ongoing support.

During a public health and medical emergency, reasonable effort will be made to identify groups of persons with conditions of vulnerability related to the type of

emergency and to effectively address those conditions. Attention will be given to delivering messages and information about available resources which are accessible, meaningful, relevant, and culturally appropriate for the identified vulnerable populations.

Prior to an emergency, Lane County Health and Human Services will incorporate several strategies to improve the ability to effectively address the conditions of vulnerability during an emergency. Such actions will include strategies identified in the Lane County Emergency Operations Plan: Annex H – Public Health and Medical Services; and the Public Health Services Emergency Operations Plan: Functional Annex 3 – Public Information, Notification, and Risk Communication. Additional strategies may include:

- Identifying Points of Dispensing (POD) locations which are accessible for persons with disabilities, and strategically located throughout the county.
- Coordinating planning with Community Based Organizations to provide an appropriate and trusted support network for communication, resource and service provision, and problem solving for vulnerable populations in an emergency.

Training and Exercises

All Lane County Public Health staff and volunteers will be trained according to the standards established in the approved Public Health Preparedness Training program (see Lane County Public Health Emergency Operations Plan Attachment 3 – Training Plan). At the minimum all employees will receive introductory training on the National Incident Management System (NIMS) and the Incident Command System (ICS). Employees with identified command and general staff roles will require advanced training. Further training may be required as new procedures are developed.

Training will additionally be conducted in conjunction with exercise of the plan. The plan shall be activated at least once a year in the form of a simulated emergency to provide practical controlled operational experience to those individuals who have Emergency Operations Center responsibilities.

Plan Maintenance

In cooperation with appropriate non-governmental organizations, local, state, and federal partners, all Lane County Public Health programs will be responsible for developing and maintaining their respective segments of the plan. The Public Health Preparedness Coordinator will be responsible for ensuring all program leadership involved in this plan conduct an annual review of the plan.

The Public Health Preparedness Coordinator ensures that necessary changes and revisions to the plan are prepared, coordinated, published and distributed. The plan will undergo revision whenever:

- It fails during emergency
- Exercises, or drills reveal deficiencies or “shortfalls”
- County government structure changes
- Applicable statutes or regulations change
- Community situations change
- State requirements change
- Any other condition occurs that causes conditions to change

The Public Health Preparedness Coordinator will maintain a list of individuals or organizations which have controlled copies of the plan. Only those with controlled copies will automatically be provided updates and revisions. Plan holders are expected to post these changes. Revised copies will be dated, assigned a version number, and marked to show where changes have been made.

Glossary

Points of Dispensing (POD): designated dispensing locations for persons who are currently healthy but may have been "exposed" and need prophylactic (preventative) medication.

Strategic National Stockpile: a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re-supply state and local public health agencies in the event of a national emergency anywhere and at anytime within the U.S. or its territories.

Medical Reserve Corps: a voluntary group organized by the Lane County Medical Society and consisting of local physicians who have agreed to provide voluntary medical services in the event of a health or medical emergency

Acronyms and Abbreviations

AOC: Agency Operations Center

ECC: Emergency Coordination Center

EOC: Emergency Operations Center

MRC: Medical Reserve Corps

POD: Points of Dispensing

SNS: Strategic National Stockpile

References

Annex F, Public Health and Medical Services: Volume II – State of Oregon Emergency Operations Plan – Attachment E: Public Health and Medical Resources. Oregon Department of Human Services. August 22, 2007.

Lane County Emergency Operations Plan: Basic Plan, Section E – Concept of Operations. October 2005.

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