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**Functional Annex –
Public Health**

Approved (May 1, 2007)

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1 Purpose

The purpose of this plan is to outline how Washington County will respond to public health emergencies caused by existing or emerging health threats such as infectious (i.e., communicable) diseases; water-, vector-, and food-borne diseases; and toxins. The plan establishes the framework within which the County's public and environmental health staff will work to ensure that appropriate and coordinated public health measures are implemented in a timely and effective manner.

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

2 Situation and Assumptions

2.1 Situation

Washington County is subject to a number of natural and technological hazards such as disease outbreaks, severe earthquakes, and acts of terrorism that could significantly affect the health of the public and place extraordinary demands on the delivery of public and environmental health services. In the case of a pandemic, its long duration and widespread impact will greatly limit the availability of state or federal resource support.

The Washington County Department of Health and Human Services has very broad responsibility and specific legal authority for protecting the population (including residents and visitors) of the County from public health threats.

Chapter 431 of the Oregon Revised Statutes (ORS 431) and Part 333 of the Oregon Administrative Rules (OAR 333) address the administration and enforcement of public health programs and laws at the state and local levels. Under ORS 431.045, Oregon State Public Health (OSPH) has full power in the control of communicable diseases. All state and local public health officers and employees, including peace officers, are authorized to enforce rules adopted by OSPH relating to public health and other health matters subject to state authority. County governments and health districts established under ORS 431.414 are the local public health authorities responsible for management of local public health services. The County Board of Health (the Board of County Commissioners for Washington County) is the County policymaking body in implementing the duties of local departments of health. Activities include Epidemiology, control of preventable diseases and disorders, and environmental health services. All County public health administrators (including the Director of the Washington County Department of Health and Human Services) possess the powers of constables or other peace officers in all matters pertaining to public health.

The County's Department of Health and Human Services manages its responsibilities and authorities on a daily basis through its Community Health Division and Environmental Health Program.

The Community Health Division includes communicable disease staff; community health nurses, nurse practitioners, and others who staff family planning and immunization

clinics in the cities of Hillsboro, Beaverton, and Tigard; maternal child health nurses; and health educators. The community health staff provides public health and health education services for Washington County citizens. They maintain a small inventory of medical supplies and routine vaccines.

The Communicable Disease (CD) staff are epidemiologists responsible for monitoring disease outbreaks and patterns, conducting disease investigations, and developing appropriate recommendations to protect public health. The CD staff monitor disease outbreaks through either passive surveillance (providers calling in to report cases of a disease) or active surveillance (the staff calling out to providers to inquire into cases that might be present in the community). During a disease investigation, the staff also define the population at risk (who is getting the disease and where they live and work), and then use the information to develop and implement appropriate recommendations regarding prevention, control and treatment of the disease for those exposed, healthcare providers, and the public.

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

The CD staff work closely with the Oregon State Public Health Office of Acute and Communicable Diseases Prevention (ACDP) during disease outbreaks. ACDP provides consultation, expertise, and occasional staffing assistance when requested. ACDP also provides assistance in coordinating multi-county outbreaks and is often the agency that recognizes an outbreak is occurring in more than one county.

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

The Washington County Environmental Health Program includes a staff of environmental health specialists and health educators responsible for monitoring environmental health conditions, conducting inspections intended to prevent outbreaks of water-, food-, or vector-borne diseases, and educating the public about environmental health issues and problems. The staff inspects food preparation and handling practices at restaurants and other public eating facilities; approves septic systems; inspects and tests small public water supply systems, public swimming pools and fountains; responds to and investigates animal bites; and monitors for vector-borne diseases such as West Nile Virus.

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

In addition to its ACDP staff, Oregon State Public Health provides several other services and has specific operational responsibilities that work in support of the County’s public health program. These services and responsibilities include:

- Receipt, staging, storage, and delivery of the Strategic National Stockpile (SNS), a federal asset with significant pharmaceutical and medical supplies.
- Maintaining and updating the Health Alert Network (HAN), a secure website where alerts and warnings regarding health and security issues are posted, as well as an alerting and notification system for public health and other officials.
- Operating the Oregon State Public Health Laboratory (OSPHL). The OSPHL provides laboratory testing to support the state and local health departments. The lab performs the following tasks:
 - Provides specified laboratory testing.
 - Provides printed and Web-based instructions on specimen collection and evidence-control for health care providers.
 - Provides specimen collection material, as needed.
 - Refers selected specimens to the CDC as appropriate.
 - Communicates testing results to clinicians and to local, state, and federal health officials.
 - Participates in the state’s Laboratory Response Network (LRN).
 - Assists public and private sentinel laboratories by providing training and support in specimen collection, storage, and shipment, evidence-control measures, and recognition of chemical and biological terrorism agents.
 - Collaborates with the World Health Organization (WHO) and CDC laboratory network.
 - Develops and distributes novel disease testing criteria in collaboration with the ACDP and CDC.

According to ORS 433.441, the Governor may declare a state of impending public health crisis. An impending public health crisis is a situation where a “threat to the public health is imminent and likely to be widespread, life-threatening, and of a scope that requires immediate medical attention.” Such a declaration gives power to the Oregon Department of Human Services to order, authorize, and adopt reporting requirements, diagnostic and treatment protocols, public health measures including temporary isolation and quarantine, and other reasonable administrative actions, and to impose civil penalties for non-compliance.

The Oregon Military Department operates a Civil Support Team (CST), a National Guard unit whose mission is to augment local and regional terrorism response capabilities in the event of a known or suspected weapons of mass destruction (WMD) incident. The team has sophisticated communications, sampling, and testing equipment that can assist local public health, HazMat, and law enforcement officials with identification of chemical, biological, and radiological agents, assessment of incident consequences, and development of appropriate response and protective actions.

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

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

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

2.2 Assumptions

All government agencies will maximize use of their own human, material, and financial resources before requesting assistance from another unit of government.

Mutual aid agreements with neighboring counties will be invoked as needed for localized incidents/emergencies.

Use of mutual aid agreements in widespread emergencies will be minimized to facilitate the allocation of resources to the highest priority incidents by county, regional, state, and/or federal incident managers.

A portion of the County's public health staff will be affected by the emergency and will not be available to respond.

Outside public health resource support will be available to assist the County’s public health staff except in catastrophic or other emergencies with broad geographic and/or transportation impacts.

Federal resources generally will not be available for 24-72 hours from the time of request.

Physicians, nurses, and other medically trained citizens will volunteer to assist. They may do so through an organized and pre-identified Health or Medical Reserve Corps or in a spontaneous, non-affiliated way. However, concerns about personal safety and/or family welfare may limit the number of medical personnel willing to volunteer in certain incidents.

Citizens will volunteer to assist public agencies. However, concerns about personal safety and/or family welfare may limit the number of volunteers willing to provide assistance.

3 Acronyms and Explanation of Terms

3.1 Common Public Health Acronyms and Abbreviations

ACDP	Office of Acute and Communicable Disease Prevention within the Public Health Section of Oregon Health Services
AOC	Agency Operations Center (state agency)
CD	Communicable Disease
DMAT	Disaster Medical Assistance Team (a federal asset of trained medical professionals)
DOC	Department Operations Center (county or other local department)
ECC	Emergency Coordination Center
EOC	Emergency Operations Center
Epi	Epidemiology (the study of diseases in a human population)
HAN	Health Alert Network
JIC	Joint Information Center
LPHA	Local Public Health Authority
LRN	Laboratory Response Network (statewide)
NDMS	National Disaster Medical System
OSPH	Oregon State Public Health, a division of the Department of Human Services
OSPHL	Oregon State Public Health Laboratory
POD	Point of Dispensing
PPE	Personal Protective Equipment (e.g., masks and gloves)

SNS	Strategic National Stockpile (a federal asset with large quantities of medicines and medical supplies)
VMAT	Veterinary Medical Assistance Team (a federal asset of trained veterinary professionals)
WHO	World Health Organization

3.2 Definitions and Explanations of Terms

3.2.1 Mutual Aid

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

3.2.2 Surge Capacity

Ability of the healthcare system (hospitals, clinics, etc.) to deal with a substantial increase in patient load that cannot be supported by routine methods.

3.2.3 Zoonotic Diseases

Illnesses caused by infectious agents that can be transmitted between (or are shared by) animals and humans.

4 Concept of Operations

Washington County public health services are provided as a function of County government and are delivered countywide. The County's cities, special districts, non-governmental organizations, businesses, and citizens are dependent upon those services on a daily basis and during emergency response and recovery operations. During emergencies affecting public health, the County's unique role in the delivery of public health services greatly increases the need for effective situation, information, resource, and policy coordination.

To meet these emergency-related needs, the public health organization and service delivery process must change from the routine and deliberate approach outlined in the situation paragraph to the more dynamic, emergency-focused approach noted in the paragraphs that follow.

4.1 Roles and Levels of Response

Washington County public and environmental health emergency response operations are framed by both the nature and extent of public health impacts. The local (i.e., county) public health authority (LPHA) may play a lead or supporting role depending on the nature or type of the incident/event and may manage response to an incident on an internal basis or as part of a larger countywide, regional, or national response depending on the extent of incident impact.

4.1.1 Agency Role

As used in this paragraph, the term "Lead Agency" refers to an agency with specific legal authority and responsibility for responding to an emergency where those authorities and

responsibilities are critical to managing the impacts of the primary hazard causing the emergency. The term “Supporting Agency” refers to a similar agency when its authorities and responsibilities are not central to managing the impacts of the primary hazard causing the emergency. An agency’s role may change during an incident as the nature or phase of the emergency changes.

Lead Agency – The LPHA will assume a primary or lead agency role when an adverse health event such as bioterrorism or a pandemic threatens or is impacting the citizens of the County. They will share this role with local and/or federal law enforcement officials when the public health event creating the threat or impact involves terrorism or other criminal action. The source of the adverse event may originate from one or more of the following sources:

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

Supporting Agency – The LPHA will assume a supporting agency role when adverse health threats or impacts result from other incidents such as:

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

4.1.2 Levels of Response

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

- **Level 1 (Routine Event)** – An event that is confined to a small area of the County, presents few, if any, operational or policy issues, generates little or no media interest, and can be handled with LPHA resources following internal procedures. The event may affect multiple counties and the State may also be involved, but the public health impacts are still limited in scope. Activation of the Health and Human Services Department Operations Center (DHHS DOC) is not necessary. Coordination with local governments is accomplished through direct contact with impacted/affected agencies.
- **Level 2 (Minor Event)** – An event that is confined to the County but which has the potential to expand. It may also affect other counties, but the public health impacts are still limited in scope. The event involves minor operational

and/or policy issues and generates local media interest, and could require some outside assistance from the State or other local health departments. Activation of the DHHS DOC is necessary to deal with the policy, resource management, and/or media issues generated by the emergency and to more efficiently coordinate with impacted/ affected local governments. Activation of the County Phone Bank may also be necessary to assist with public and media inquiries.

- **Level 3 (Major Emergency)** – An emergency that broadly affects the County or multiple counties, has significant operational and/or policy issues, and generates heavy media interest. The emergency cannot be handled with normal LPHA resources and, therefore, requires the activation of additional internal resources and substantial assistance from other public health agencies. Other emergency response disciplines may also be heavily impacted, thereby increasing the need for multi-agency and multi-discipline coordination. The DHHS DOC and County EOC are activated as is the County Joint Information Center (JIC) and the County Phone Bank. Coordination of public health policy, operational, and media issues is handled at the County EOC. If public health is the lead agency for a Level 3 event, it may be necessary to activate a regional EOC and a regional JIC to coordinate and unify public health policy, resource, and information management activities. The State ECC and OSPH Agency Operations Center (AOC) are activated to support county operations. A federal Joint Field Office (JFO) is activated if needed to coordinate federal resource support. If the emergency involves actual or suspected terrorism, the FBI's Joint Operations Center (JOC) is activated to coordinate investigative (i.e., crisis management) activities.
- **Level 4 (Disaster/Catastrophic Emergency)** – An emergency that broadly affects the region or state or an even larger portion of the Country. The event has extraordinary policy and operational issues and generates national and possibly international media interest. LPHA and other emergency responder resources are overwhelmed and substantial assistance from the State and the Federal Government is needed. The DHHS DOC and County EOC are activated as is the County Joint Information Center (JIC) and the County Phone Bank. Coordination of public health policy, operational, and media issues is handled at the County EOC. If public health is the lead agency for a Level 4 event, a regional EOC and a regional JIC will be activated to coordinate and unify public health policy, resource, and information management activities. The State ECC and OSPH Agency Operations Center (AOC) are activated to support county operations and a federal Joint Field Office (JFO) is activated to coordinate federal resource support. If the emergency involves actual or suspected terrorism, the FBI's Joint Operations Center (JOC) is activated to coordinate investigative (i.e., crisis management) activities.

4.2 Impact Assessment

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

4.2.1 Epidemiological (Epi) Investigation/Disease Surveillance

Working under the direction of the Community Health Division Manager or the DHHS DOC, the Community Health Division Epi team will take the following steps as appropriate for the emergency (see Tab A):

- Notify the State and initiate collaboration with neighboring or other impacted counties;
- Continue passive surveillance and initiate or expand active surveillance (including active surveillance at shelters, if appropriate);
- Conduct Epi investigations in partnership with the environmental health staff for food-borne illnesses;
- Conduct Epi investigations in partnership with the FBI and/or local law enforcement for criminal incidents; and
- Where lab testing is an integral component of the event characterization process, support the sample collection and tracking process in close coordination with the OSPHL (and the FBI for criminal incidents).

4.2.2 Environmental Health Hazard Assessment

Working under the direction of the Environmental Health Program Manager or the DHHS DOC, the Environmental Health Program Specialists will take the following actions as appropriate for the emergency:

- Conduct field surveillance to assess damage to food facilities;
- Conduct environmental health assessments at sites where epidemiological investigation has identified suspected cases of food-borne illness;
- Contact water purveyors in damaged areas to determine if water service has been affected by the emergency;
- Determine the availability of laboratories to conduct water system testing;
- Determine the operational condition of public sewer systems;
- Determine if normal solid waste collection services are available and assess the storage and disposal needs of mass feeding sites, hospitals, mass care centers, and other public places;

- Determine the location, capacity, and condition of all significant or strategic emergency mass shelters and assess food handling and sanitation at those facilities; and
- Assess the effect of the emergency on known vector populations and the impacts those effects may have on human populations.

4.2.3 Community Needs Assessment

During a Level 3 emergency, if appropriate, and during every Level 4 emergency, the LPHA will conduct a community needs assessment. This randomized sampling of households in affected areas of the County helps identify public health, social service, and other community impacts and assists with identification of resource needs. The assessment will be conducted early in a natural hazard or other event impacting physical infrastructure but will typically be performed later in a disease event.

4.2.4 Healthcare System Assessment

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

4.3 Risk Communication

Risk communication is an important part of public health response and recovery operations. It is a vital component of keeping the public, local governments, and others informed regarding events, and decreasing rumors and misinformation. Recognizing that the Portland metro area is a single media market, risk communication regarding any impact affecting the region must be developed in collaboration with the region's other public health agencies. The LPHA will use its PIO, the County Phone Bank, the County or regional JIC, the Health Alert Network, and other communications tools and resources as appropriate to deliver risk communication messages. Key risk communications responsibilities include:

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

4.4 Implementation of Preventive Measures

Working through the DHHS DOC and County EOC as appropriate, the LPHA will initiate or expand preventive measures to limit or contain the impacts of the emergency. These measures include:

4.4.1 Mass Medication/Prophylaxis

- Recommending activation of the Strategic National Stockpile (SNS) to support mass prophylaxis operations (See Tab B); and
- Activating Point of Dispensing (POD) operations as needed to facilitate mass prophylaxis (medication or immunization) of the public.

4.4.2 Isolation/Quarantine (Social Distancing)

- Making recommendations to local elected officials to control the spread of disease (e.g., school closures); and
- Issuing isolation/quarantine orders and coordinating enforcement with the Sheriff's Office and other local law enforcement agencies (See Tab C).

4.4.3 Environmental Health Controls

- Notifying the public of community water system conditions and any protective actions necessary including “boil water” orders;
- Assisting with arrangements for distribution of emergency bottled water supplies;
- Providing technical information on water disinfection and storage including information for homeowners whose wells may be contaminated;
- Notifying the public of the availability and location of potable water;
- If the normal solid waste collection, storage, and disposal system is not available, preparing instructions for disposal including special handling of infectious or hazardous wastes;
- Providing environmental health consultation and assistance to mass feeding sites;
- Providing food safety information to assure that contaminated food is properly disposed of or salvaged;
- Assisting with emergency sewage and liquid waste disposal capabilities at hospitals and other healthcare facilities, emergency medical facilities, evacuation shelters, emergency operations centers, local government facilities, and affected neighborhoods;
- Advising the public to avoid contaminated areas;

- Applying vector control measures according to the vectors, the health risk they pose, and environmental conditions;
- Terminating use/stopping operations at non-compliant or unsanitary facilities;
- Requiring occupants to vacate premises where appropriate; and
- Requiring cleanup, repair, or correction of identified problems.

4.5 Resource Management

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

- Mobilizing and orienting pre-identified and pre-credentialed medical volunteers (e.g., Health or Medical Reserve Corps);
- Organizing and managing emergent volunteers in support of POD or other emergency response and recovery operations;
- Requesting activation of the NDMS to acquire the specialized services, personnel, and/or supplies made available through that system; and
- Supporting acquisition of healthcare resources when hospitals and healthcare providers are unable to acquire those resources through their local suppliers or system/network providers.

4.6 Policy Determinations

- Under emergency conditions, the LPHA may be faced with a number of significant public health policy issues. These conditions may require extraordinary actions to control the spread of disease and maximize the efficacy of the public health and healthcare systems. Such actions may include:
 - Altering standards of care across the healthcare system;
 - Developing event-specific priorities for mass prophylaxis and treatment operations;
 - Implementing appropriate social distancing measures to control the spread of disease (e.g., closing schools; restricting travel; limiting social gatherings; etc.);
 - Identifying alternative treatment center locations and operations, including mass clinics;
 - Implementing appropriate vector control measures; and

- In collaboration with OSPH, making animal vaccination recommendations to veterinarians to deal with zoonotic diseases.
- Any such policy actions should be appropriately coordinated with local, regional, and state elected officials and public and private senior executives.

5 Organization and Assignment of Responsibilities

5.1 Board of County Commissioners

- Serve as the Board of Health and exercise those authorities granted to the Board under ORS 431.
- Act on recommendations made by the Policy Group.
- Provide financial support within the limitations of the County budget and other available resources.
- Coordinate with private sector healthcare executives and elected officials at the local, regional, state, and federal level as appropriate for the event.

5.2 Policy Group

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

5.3 County Emergency Operations Center (EOC)

- Track public health situation and strategic resource status countywide (Plans)
- Assess impacts to public health and healthcare system infrastructure and resources (Plans, Ops)
- Receive and process resource requests from healthcare providers (Logs)
- Strategically manage assigned public and environmental health resources countywide (Command, Ops, Plans, Logs)
- Formalize and release risk communication messages (Command, Ops, PIO/JIC)
- Distribute public health summary reports and protective measure recommendations to local governments, businesses, and other affected organizations (Plans, Ops)

- Request activation of the Strategic National Stockpile if warranted (Command, Ops, Logs)
- Request activation of NDMS services, personnel, and/or materials (Command, Ops, Logs)

5.4 LPHA Department Operations Center (DHHS DOC)

- Initiate and manage the public health impact assessment process and the implementation of preventive measures (Command, Ops, Plans)
- Track public health situation and tactical resource status countywide (Plans)
- Tactically manage and support assigned public and environmental health resources countywide (Command, Ops, Plans, Logs)
- Develop content for risk communication messages (Ops, PIO)
- Analyze data collected from impact assessment processes and provide summary reports to the EOC, healthcare providers, and OSPH (Plans, Ops)
- Request activation of the County Phone Bank if needed to support risk communication efforts (Command, PIO, Logs)
- Coordinate with neighboring county, state, and federal public health agencies and local medical providers (Command, Ops, Plans)

5.5 County Phone Bank

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

5.6 Department of Health and Human Services

- Develop recommendations for altered standards of care, mass prophylaxis and treatment priorities, social restrictions, alternative treatment center locations and operations, animal vaccinations, and vector and disease control in consultation with state, regional, and other public health officials and healthcare providers
- Support public and environmental health emergency functions, including phone bank operations, as needed with staff and other resources

5.7 Sheriff's Office

- Partner with the LPHA in the conduct of epidemiological investigations as appropriate for the incident (with the FBI for suspected/actual terrorism and without the FBI for certain criminal acts)
- Provide security for PODs, mass vaccination clinics, and other epidemiological and environmental health functions as needed
- Manage crowd control operations at PODs, mass vaccination clinics, mass treatment facilities, and other public health sites as necessary
- Support deployment of the LPHA's portable shelters when requested

5.8 Facilities Management Division

- Support deployment of the LPHA's portable shelters when requested

5.9 Municipal Police Departments

- Partner with the LPHA in the conduct of epidemiological investigations as appropriate for the incident (with the FBI for suspected/actual terrorism and without the FBI for certain criminal acts)
- Provide security for PODs, mass vaccination clinics, and other epidemiological and environmental health functions as needed
- Manage crowd control operations at PODs, mass vaccination clinics, mass treatment facilities, and other public health sites as necessary

6 Direction and Control

- The Board of County Commissioners provides overall guidance for the management of county resources, establishes policy, coordinates with other local elected, and supports the County's response and recovery operations.
- In their capacity as the incident Policy Group, the County Administrator and department heads provide strategic direction to the Incident Commander regarding management of county resources, availability of funds for resource acquisition, and support to other jurisdictions. They keep the County Commissioners informed of resource requirements and policy and funding issues, and are responsible for continued oversight of day-to-day county government functions.
- Priorities for allocation and application of public and environmental health resources are established by the County EOC Incident Commander based on recommendations provided by the DHHS DOC, the Department of Health and Human Services, local healthcare providers, the EOC Command and General Staff, and the Policy Group.

- Tactical control of public and environmental health resources is exercised by the DHHS DOC except in circumstances where those resources are temporarily assigned to another organization or incident commander.

7 Administration and Logistics

7.1 Administration

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

7.2 Logistics

- For emergencies not requiring activation of the County EOC, the LPHA or DHHS DOC is responsible for providing necessary logistical support (e.g., food, transportation, lodging, etc.) for external resources.
- For emergencies requiring activation of the County EOC, the EOC will work with the DHHS DOC and any external resource provider to confirm and arrange for necessary logistics support.
- Although many national resources (e.g., DMAT and VMAT) come prepared to handle their own logistics, the EOC is responsible for coordinating any necessary logistics support with the resource unit leader(s).

8 Plan Development and Maintenance

- The Washington County Community Health Division and Environmental Health Program staff are responsible for developing and maintaining this annex and ensuring its consistency with other county, state, and federal plans and guidelines. They are also responsible for developing procedure necessary to implement the annex.
- This annex will be reviewed and updated at least biannually.

9 Authorities and References

9.1 Authorities

- Oregon Revised Statutes, Chapters 431 and 433
- Oregon Administrative Rules, Chapter 333

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

9.2 References

- Washington County Mass Fatality Incident Plan (MFI Plan)
- CDC Guideline for Isolation Precautions: www.cdc.gov/ncidod/hip/
- CDC Bioterrorism Facility Plan: www.bt.cdc.gov/planning
- CDC Bioterrorism Agents/Diseases: www.bt.cdc.gov/agent/agentlist-category.asp
- CDC Interim Smallpox Response Plan guidelines, 11/21/01
- APIC Facility Plan: www.apic.org/bioterror/
- FEMA, Guide for All-Hazard Emergency Operations Planning (SLG-101)
- American Red Cross Shelter Standards
- American Red Cross, Disaster Services Program, Disaster Health Service Protocols

10 Tabs

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Tab 1 - Epidemiology and Surveillance Procedures

[To be added by the County at a later date (to be developed)]

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Tab 2 - Mass Prophylaxis Plan

[To be added by the County at a later date (to be developed, published separately)]

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Tab 3 - Isolation and Quarantine Procedures

[To be added by the County at a later date (to be developed)]

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