Oregon Public Health Preparedness:

Building Resilient Communities

The Oregon Public Health Emergency Preparedness Strategic Work Plan

"The public health emergency response system in Oregon is a complex infrastructure across the state, county and tribal governmental jurisdictions and agencies. The system also includes non-governmental partners such as hospitals, health care systems, private sector, and community-based partners."

– 2011 Oregon Public Health Emergency Preparedness program application abstract

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Front cover photo: Yaquina Head lighthouse in Newport, Oregon.

PUBLIC HEALTH DIVISION
Emergency Preparedness Program
John A. Kitzhaber, MD, Governor

Oregon Health Authority

July 29, 2011

Dear Colleagues,

It is with great pride that I present to you the Oregon Public Health Emergency Preparedness Strategic Work Plan. This plan was developed with contributions made by more than 100 stakeholders from state and local public health agencies, healthcare systems and hospitals, tribal health agencies, professional associations and other important health and medical emergency response partners.

This plan provides the strategic direction for the Oregon Emergency Service Function 8, Health and Medical response system through 2016. The Work Plan takes into account our evolving understanding of public health emergency preparedness in terms of capabilities; the important role preparedness programs play in public health infrastructure development and accreditation process; the integration of public health and healthcare systems; and the demonstration of continuous learning and quality improvement so characteristic of the preparedness planning, training and exercise cycle.

Public health has made tremendous advances in health and medical preparedness in Oregon since the events of September 11, 2001. We have built systems and relationships and responded to real life events, such as flooding, H1N1 influenza, and the radiation event in Japan. We have learned from our emergency management partners at both the state and local levels.

While we have much to be proud of, we continue to recognize the unique threats and hazards in Oregon and remain dedicated to work strategically to leverage resources and produce the greatest public value by practicing excellent stewardship and accountability. We are committed to supporting the most vulnerable people in Oregon; developing better, faster, more accurate information on public health emergency situations as they evolve; communicating with the public about hazards; and to meet these challenges effectively to reduce death, illness and injury and to support a rapid, efficient recovery.

Thank you for your dedication and support for this important work. I look forward to working together to building more resilient communities in Oregon.

Sincerely,

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Acknowledgements

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In addition, we would like to thank everyone who worked with us to identify the key activities that will move Oregon's public health preparedness forward.

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Public Health Preparedness Vision

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Public Health Preparedness Mission

Developing public health systems to prepare for and respond to major, acute threats and emergencies that impact the health of the people of Oregon.

Overarching Program Requirements

- Address needs of at-risk individuals.
- Engage State Office for Aging.
- Inform/educate hospitals on their responsibilities.
- Comply with Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) guidelines.
- Solicit public comment on plans and implementation.
- Meet National Incident Management System (NIMS) requirements.
- Utilize Emergency Management Association Compact (EMAC) (state) and other Memoranda of Understanding.
- Comply with Cities Readiness Initiative Guidance.

About

This document sets out a summary of strategies that are proposed to address the functions listed for each Public Health Emergency Preparedness (PHEP) capability and the functions within each capability.

Oregon has adopted the federal performance measures to establish state and local accountability. Existing performance measures were included in this plan. Several performance measures were still under development at the time this report was published. Where relevant, preparedness standards for public health accreditation were included in recognition of the important role preparedness plays in the accreditation process.

An indication of importance and a timeline are identified for each function. Each function is rated to be of high-, medium-, or low-level importance to correspond to the potential for risk of death, injury, or disease to the community if the function is not met.

The timeline provided delineates the following goals: (1) to **sustain** current activities, (2) **short-term** goal of 1-2 years, (3) **mid-term** goal of 2-3 years, or (4) **long-term** goal of 4-5 years.

Capability 1: Community Preparedness

Community preparedness makes possible the sustained ability of communities to prepare for, withstand, and recover—in both the short and long terms—from public health incidents.

Community preparedness includes ensuring communities that—

- have public health, medical, and mental health systems that support recovery;
- coordinate awareness, training, and practices with community partners on how to prevent, respond to, and recover from public health incidents;
- have access to medical and mental health resources that help protect the community's health;
- can attend to their own health needs (including psychological support) until assistance from public, private, or community agencies can support impacted health services;
- have engaged public and private organizations that represent the cultural and socio-economic, demographic components of the community in preparedness activities;
- have identified those populations that may be at higher risk for adverse health outcomes; and
- are able to receive and/or integrate the health needs of incoming displaced populations.

Community resilience is not possible without strong and sustainable public health, health care, and emergency response systems.

– Kathleen Sebelius, Secretary of the U.S. Department of Health and Human Services

Function 1A: Determine risks to the health of the jurisdiction.

Identify the potential hazards, vulnerabilities, and risks in the community that relate to the jurisdiction's public health, medical, and mental health systems, the relationship of those risks to human impact, interruption of public health, medical, and mental health services, and the impact of those risks on the jurisdiction's public health, medical, and mental health infrastructure.

Proposed Strategies:

- Develop, refine, and maintain health vulnerability assessments integrated with general Hazard Vulnerability Assessments that include public health effects of global climate change in Oregon.
- Refine data collection and analysis of state-level Hazard Vulnerability Analysis.
- Integrate and align Hazard Vulnerability Analysis with community health assessment.

Importance: Medium
Timeline: Mid-term

PHAB Standard
1.2.1 B: Analyze and draw conclusions from data to identify trends over time, clusters, health problems, behavioral risk factors, environmental health hazards, and social and economic conditions that affect the public's health.

Function 1B: Build community partnerships to support health preparedness.

Identify and engage public and private community partnerships that can (1) assist with the mitigation of identified health risks and (2) be integrated into the jurisdiction's health emergency plans with defined community roles and responsibilities related to the provision of public health, medical, and mental health emergency support functions.

Proposed Strategies:

- Build coalitions of community partners.
  - Identify and support business continuity plan training needs.
  - Identify communication patterns between Community-Based Organizations.
  - Support local health care advisory boards.
  - Develop and disseminate FAQ sheets on top ten health hazards identified in the State of Oregon.
- Maintain and refine Healthcare Preparedness Program Boards, expand understanding of the

scope and scale of Healthcare Preparedness Program roles, responsibilities, plans, and lines of communication.

- Assist with establishing a system to address the health and medical needs of displaced persons as a percentage of the people who are impacted.

- Engage community-based organizations, faith-based organizations and private sector partners to be "push partners" or to care for their own workforce or vulnerable populations and community members. A "push partner" is a private sector response partner that will distribute prophylactic interventions for employer groups.
  - Support community-based organizations' and faith-based organizations' continuity of operations planning, training, and exercise.

- Identify and develop partnerships among government, private community, and local emergency management.
  - Maintain and expand Medical Reserve Corps capacity statewide.
  - Establish and maintain inventory of available public health, medical, and mental health services within the jurisdiction that supports the mitigation of identified disaster health risks.

Importance: High
Timeline: Sustain current partnerships; build additional partnerships long-term

PHAB Standards
4.1.1 B: Establish and actively participate in collaborative partnerships and coalitions to address public health issues.
4.1.2 B: Recruit and engage governing entity members, stakeholders, community partners, and the public to participate in collaborative partnerships and coalitions to address important public health issues.
4.2.2 B: Engage the community about policies and strategies that will promote the public's health.
7.1.2 B: Identify underserved and at-risk populations and those who may experience barriers to health care services.
7.2.3 B: Lead or collaborate in culturally-competent initiatives to increase health care access for underserved and at-risk populations.

Function 1C: Engage with community organizations to foster public health, medical, and mental health social networks.

Engage with community organizations to foster socially cohesive (e.g., how connected residents are to jurisdictional public health efforts) networks that ensure public health, medical, and mental health services in a community before, during, and after an event.

Proposed Strategies:

- Identify potential community organizations and private sector partners that can be engaged to foster public health, medical, and mental health social networks, for example:
  - Healthcare Preparedness Program boards
  - Education Service Districts for training and planning efforts
  - Large employers to be part of emergency management system
- Utilize existing partnerships to develop and disseminate messages or materials for community constituency groups about how to connect to public health agencies to participate in public health and/or community partner preparedness efforts.
- Coordinate public health, medical, and/or mental health service agencies that provide essential health services to the community and that are connected to jurisdictional public health preparedness plans and efforts.
  - Integrate with current broad public health mission and initiatives.

Importance: High
Timeline: Long-term

Close coordination and partnership with the Immunization Program and tribal health centers added to the success of the H1N1 vaccination campaign.

– Janice McMichael, PHEP Project Officer, CDC

PHAB Standards
7.1.2 B: Identify underserved and at-risk populations and those who may experience barriers to health care services.
7.2.3 B: Lead or collaborate in culturally-competent initiatives to increase health care access for underserved and at-risk populations.

Function 1D: Coordinate training to ensure community engagement in preparedness efforts.

Ensure community partners are educated and trained in prevention, protection, response, crisis and disaster messaging, and recovery methods for the specific risks applicable to the jurisdiction.

Proposed Strategies:

- Assess public health participation in community-based preparedness training efforts.
  - Involve community-based programs in developing assessment for training needs.
  - Advocate for community-based programs to be included in training opportunities where appropriate.
- Coordinate or assist in development and dissemination of training materials relevant to Hazard Vulnerability Assessment (HVA), responder safety, and public health-related topics.

Importance: High
Timeline: Long-term

Capability 2: Community Recovery

Community recovery includes the ability to implement sustainable short- and long-term recovery and adaptation processes during and after an incident.

Community recovery includes the ability to rebuild the public health, medical, and mental health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where appropriate.

Function 2A: Identify and monitor public health, medical, and mental health system recovery needs.

Assess the impact of an incident on the public's health to determine and prioritize public health, medical, or mental health system recovery needs.

Proposed Strategies:

Within the context of the National Recovery Framework:

- Develop and maintain continuity of operations plans at state, local, and tribal public health agencies.
  - Identify subject matter experts to evaluate recovery plans.
  - Develop local partnerships between public health and mental health providers.
  - Conduct ongoing surveillance for public health, health care, and mental health.
- Develop an assessment protocol for community recovery.

With both disasters and the number of people affected by such events on the increase, the importance of disasters as a public health problem is now widely recognized.

– Eric K. Noji, MD, MPH, Centers for Disease Control and Prevention

  - Establish a baseline and conduct analysis using baseline data during an event.
  - Conduct recovery needs assessments for public health, health care, and mental health.

- Develop a process and templates to guide community recovery decision making.

- Conduct training across disciplines (public health and mental health).
  - Provide education and training community recovery tools (decision making guide and other toolbox items).

- Conduct exercises across disciplines (public health and mental health).

Importance: Medium
Timeline: Long-term

Communities reported that past planning, training, and exercising created successful response efforts at the local level.

– *H1N1 After-Action Report Improvement Plan*, November 2010

Function 2B: Coordinate community public health, medical, and mental health system recovery operations.

Facilitate interaction among Community-Based Organizations (e.g., businesses, families, and government agencies) to build a network of support services which will minimize impacts on human health after a national disaster or other event.

Proposed Strategies:

- Engage private and non-profit sectors and faith communities to support affected vulnerable populations and provide the general community with information and recovery activities.
  - Determine roles and responsibilities for health and medical personnel in recovery activities.
  - Establish connections with existing support networks in advance of an incident.
  - Improve communication and coordination of recovery for health and medical operations.
- Identify and prioritize potential recovery needs.

Importance: Medium
Timeline: Long-term

Function 2C: Implement corrective actions to mitigate damages from future incidents.

Incorporate observations from the current incident to describe actions needed to return to a level of public health, medical, and mental health system function at least comparable to pre-event levels (improved levels where appropriate). Document these items in a written after-action report and improvement plan, and implement those corrective actions that are within the purview of public health.

Proposed Strategies:

- Develop or participate in the development of after-action reports including public health, health care and mental health agencies.
- Communicate recovery information with other agencies and jurisdictions.
- Include community recovery efforts in after-action reports and improvement plans.
- Exercise recovery plans with public health, health care and mental health agencies.
- Develop community support for improvement plans and implementation.

Importance: High
Timeline: Sustain

PHAB Standard
2.2.3 B: Complete an after-action report following communicable disease outbreaks, environmental public health risks, natural disasters, and other events that threaten the health of people.

Capability 3: Emergency Operations Coordination

Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System (NIMS).

Function 3A: Conduct preliminary assessment to determine need for activation.

Define the public health threat of an event or incident and gather appropriate subject matter experts necessary to make a recommendation on the need for, and scale of, incident command operations.

Proposed Strategies:

- Maintain 24/7 readiness.
  - Provide training and exercise of Public Health Duty Officer role and responsibilities.
  - Maintain 24-hour emergency contact capability and function.
- Include analysis of activation process in after-action and improvement planning.

Importance: High
Timeline: Sustain

PHAB Standards
5.4.1 B: Participate in the development and maintenance of an All-Hazards/Emergency Response Plan.
5.4.2 B: Develop and maintain a public health emergency response plan. (Emergency Response Plan as defined by Project Public Health Ready or other state or national guidelines.)
2.2.3 B: Complete an after-action report following communicable disease outbreaks, environmental public health risks, natural disasters, and other events that threaten the health of people.

Function 3B: Activate public health emergency operations.

In preparation for, and in response to, the notification of an event or incident of public health significance, engage resources (human, technical, physical space) sufficient to address the incident or event in accordance with NIMS and consistent with jurisdictional standards and practices.

Proposed Strategies:

- Activate public health response partners and medical Incident Command System teams.
- Maintain current ability to activate state public health Incident Command System team within one hour of notification.
- Conduct drills or tests for activation.
  - Use of satellite phones
  - Multi-layer communications plan for activated Emergency Operations Centers
  - Business continuity plans
- Train staff in Incident Command System roles, responsibilities, and lines of communication.
- Develop regional Incident Command System teams for mutual aid.
- Establish multi-lateral communications plan for all activated Emergency Operations Centers.
  - Develop protocol to assemble without standard communication capability.

Importance: Medium
Timeline: Sustain

Function 3C: Develop incident response strategy.

Produce an Incident Commander- or Unified Command-approved, written Incident Action Plan containing general objectives reflecting the overall response strategy for managing Type 1, Type 2, and Type 3 events or incidents (as described in NIMS) during one or more operational periods.

Proposed Strategies:

- Maintain current capability to produce Incident Action Plans and test during incidents and exercises.
- Provide training for Incident Command System general and command staff positions.
- Maintain and improve documentation of incident response.
- Develop leadership program to support Incident Command System positions.

Importance: High
Timeline: Sustain

Function 3D: Manage and sustain the public health response.

Direct ongoing public health emergency operations to ensure the availability of resources through the duration of the response, including multiple operational periods and multiple concurrent responses.

Proposed Strategies:

- Define concept of operations for the policymaking group and Incident Command System response structure at the state level.

- Develop and test concept of operations for interface between policymaking and appropriate Incident Command System structure.

- Train staff in Incident Command System roles tailored to public health, responsibilities, and lines of communication.

- Conduct long term exercises to test public health recovery capabilities.

- Expand the use of inventory management systems across the public health response system.

- Create system for coordinating conference calls and partner communication.

- Assess methods for public health to best utilize multiple emergency management software systems.

- Maintain and improve State Medical Advisory Group, including members to be included in policy-making plan.

  - Train members included in policy-making plan.

Importance: High
Timeline: Sustain

Function 3E: Demobilize and evaluate emergency operations.

Stand-down resources no longer required by the event or incident and conduct an assessment of the efforts, resources, actions, leadership, coordination, and communication utilized during the incident for the purpose of identifying and implementing continuous improvement activities.

Proposed Strategies:

- Continue to conduct hot washes.
- Continue to develop and share after-action reports.
- Continue to develop, share, and implement improvement plans.

Importance: Low
Timeline: Sustain

PHAB Standard
2.2.3 B: Complete an after-action report following communicable disease outbreaks, environmental public health risks, natural disasters, and other events that threaten the health of people.

Capability 4: Emergency Public Information and Warning

Emergency public information and warning includes the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

Function 4A: Activate the emergency public information system.

Notify and assemble key public information personnel (who have been identified prior to an event or incident) to provide information to the public during an event/ incident.

Proposed Strategies:

- Conduct assessment of current public information resources, roles, responsibilities, and lines of communication.
- Pre-identify agency and jurisdictional Public Information Officers and their contact information.
- Conduct training for disseminating public information and for developing the knowledge, skills and abilities of Public Information Officers and back-up staff.

Importance: High
Timeline: Sustain

PHAB Standard
3.2.3 B: Maintain written risk communication plan.

Five best practices for communication during an outbreak or health emergency:

1. Build trust.
2. Announce early.
3. Be transparent.
4. Respect public concerns.
5. Plan in advance.

– *Public Health Emergency Communications: Report to the State of Oregon, Public Health Division*, Carlson Communications, June 2011

Function 4B: Determine the need for a joint information system.

Determine the need for, and scale of, a joint information system, including if appropriate, activation of a Joint Information Center within the public health agency and participate with other jurisdictional Joint Information Centers in order to combine information-sharing abilities and for consistency of messaging.

Proposed Strategies:

- Participate in a coordinated joint information system.
- Exercise a coordinated joint information system.
- Develop guidelines for activation and scale of a joint information system.
- Establish mechanism for communication among Public Information Officers during events.
  - Maintain Public Information Officer network.

Importance: High
Timeline: Short-term

PHAB Standard
3.2.3 B: Maintain written risk communication plan.

Function 4C: Establish and/or participate in information system operations.

Monitor traditional media, conduct press briefings, and provide rumor control for traditional media outlets, utilizing a NIMS-compliant framework for coordinating event-related communications.

Proposed Strategies:

- Maintain Standard Operating Procedures, reporting mechanisms, staffing, and pre-developed messages to operate the Public Health Information Center.
- Provide training to Public Information Officer network participants.
- Conduct exercises with Public Information Officer network participants.
- Refine Standard Operating Procedures to improve timeliness of message approval and release.
  - Develop bilateral public information agreements between local jurisdictions and the state.

Importance: High
Timeline: Sustain

PHAB Standard
3.2.2 B: Establish and maintain communication procedures to provide information outside the agency.

Function 4D: Establish avenues for public interaction and information exchange.

Provide methods for the public to contact the health department with questions, concerns, etc., through call centers, help desks, hotlines, social media, web chat or other communication platforms.

Proposed Strategies:

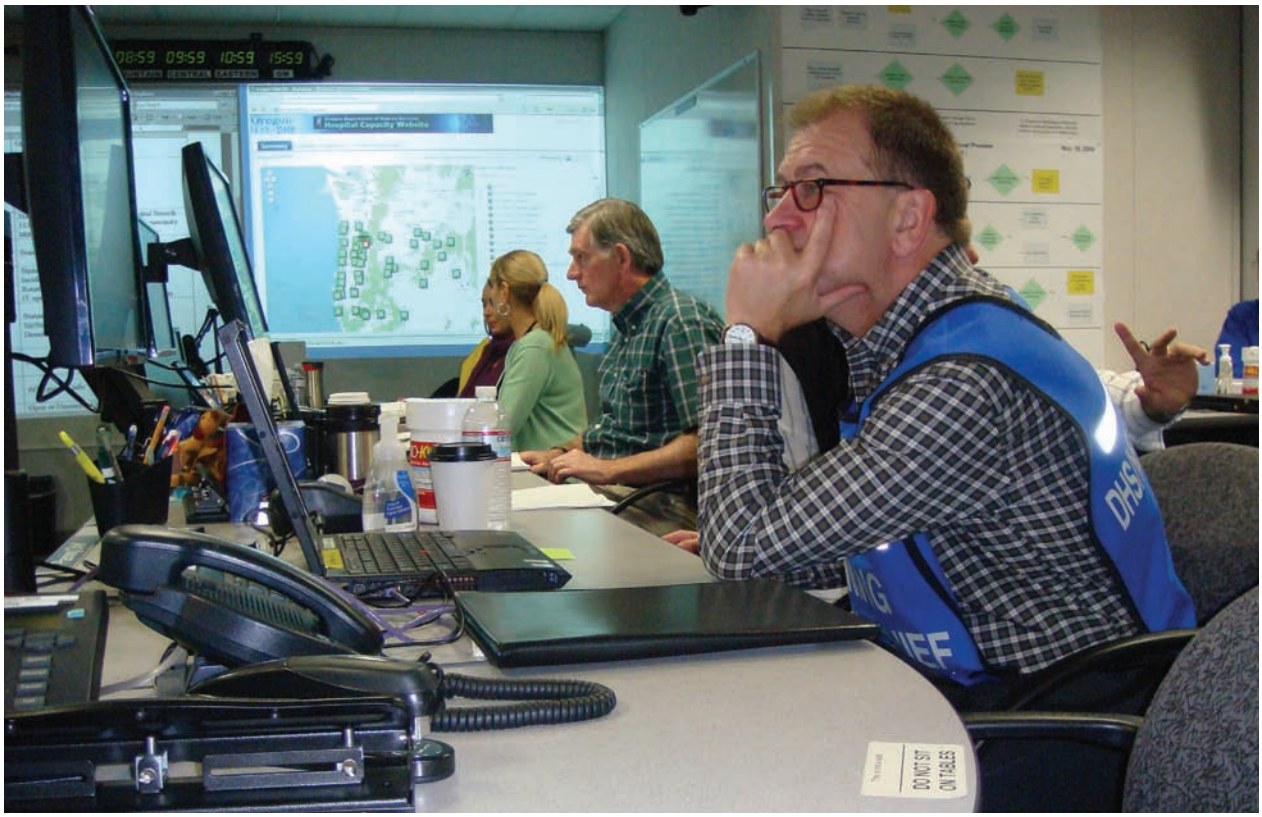
- Integrate public engagement into day-to-day preparedness activities to establish public awareness.
- Conduct training on communications methods.
  - Include emerging social media communications.
  - Develop the surge capacity of staff trained in communications.
- Adapt messages for emerging social media.
  - Partner with other agencies or community partners to conduct social media communications.
- Maintain or enhance relationships with Poison Control and 211.
- Establish contingency contracts for large capacity hotlines.
- Establish useful and coordinated communications technologies that are relevant to existing platforms (smart phones, etc.).
- Develop group of subject matter experts who develop and maintain FAQ for hazards as reflected in Hazard Vulnerability Analysis.
- Maintain relationships and technology in-place to communicate information quickly and effectively.

Importance: High
Timeline: Short-term

PHAB Standard
3.2.4 B: Make information available through a variety of methods, including a website.

Function 4E: Issue public information, alerts, warnings, and notifications.

Disseminate, utilizing crisis and emergency risk communication principles, critical health and safety information to alert the media, public, and other stakeholders to potential health risks and reduce the risk of exposure to ongoing and potential hazards.



Proposed Strategies:

- Maintain ongoing and emergency risk communication training for Public Information Officer network and spokespersons.
- Pre-develop message templates for all hazards present in Hazard Vulnerability Analysis.
- Improve alerting capacity to conduct timely dissemination of public information and notification.
  - Develop multiple-language message delivery.
  - Develop timely translation of messages.
  - Improve timeliness of message approval and release.
  - Identify trusted communication networks to aid in public information dissemination.
  - Maintain active list of subject matter experts to support timely message development and approval.

Importance: High
Timeline: Sustain

PHAB Standards
3.1.1 B: Provide information to the public on health risks, health behaviors, health needs, prevention, and/or wellness approaches.
3.1.2 B: Implement health promotion strategies to protect the population from preventable conditions.
3.2.4 B: Make information available through a variety of methods, including a website.
3.2.5 B: Demonstrate that accurate and current information is available in formats that are accessible to everyone in the community.

Capability 5: Fatality Management

Fatality management is the ability to coordinate with other organizations (e.g., law enforcement, health care, emergency management, medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of remains and personal effects, and facilitate access to mental health services to the family members, responders, and survivors of an incident.

NOTE: In Oregon, fatality management is the responsibility of the Oregon Medical Examiner system. Public health may provide a support function.

Function 5A: Determine role for public health in fatality management.

Prior to an incident, identify the roles and responsibilities of jurisdictional public health entities for the coordination and operation of fatality management activities.

Proposed Strategies:

- Conduct an assessment of the state and local fatality management system to identify and clarify Emergency Support Function 8 support roles and responsibilities.
  - Determine maximum carrying capacity of the jurisdiction and triggers to implement mass fatality procedures.
- Assist in developing a plan for fatality management.
  - State public health may provide consultation on issues, barriers, cultural considerations, etc., to assist in developing local-level fatality management plans and procedures.
  - Participate actively in a support role with medical

examiners, medical facilities, and funeral homes, and Disaster Mortuary Operational Response Team (DEMORT) in developing fatality management plans.
  - Identify what is needed to develop a tracking system.
  - Develop guidance/template for fatality management plans.
  - Integrate fatality management planning with Hazard Vulnerability Assessment planning.

- Communicate the role of public health to response partners including emergency management in Oregon.

Importance: High
Timeline: Short-term

Function 5B: Activate public health fatality management operations.

Facilitate access to resources (e.g., human, record keeping, physical space) to address the fatalities from an incident in accordance with public health jurisdictional standards and practices.

Proposed Strategies:

- Ensure issuing of death certificates including cause of death and definitions are timely and accurate.

- Ensure death records are maintained and communicated in a timely manner for situational awareness.
  - Provide situational awareness using existing information systems.
  - Provide public information related to mass fatality issues.

- Collaborate with partners to ensure safe handling of human remains.
  - Develop health and medical guidance for handling remains.

- Administer payments for claims on indigent or unclaimed remains for disposition from funeral homes.

Note: In Oregon, fatality management is the primary responsibility of the Oregon Medical Examiner system. Public health may provide a support function.

Importance: Medium
Timeline: Sustain

Function 5C: Coordinate the collection and dissemination of ante-mortem information.

Through a Family Assistance Center (FAC) Model or other mechanism, coordinate with jurisdictional and regional partners, as necessary, to gather and disseminate, as required, ante-mortem data.

The FAC is established primarily for the comfort and information gathering point for families and relatives of potential victims. It will be recognized as a central location where families can come to find the status of individuals thought to be victims and to stay informed about the circumstances surrounding the event.

Proposed Strategies:

- Clarify support role for public health with family notification and support and with Family Assistance Centers.

Importance: Low
Timeline: Long-term

Function 5D: Participate in survivor mental health services.

Coordinate with jurisdictional and regional partners to provide non-intrusive mental health support services to responders, family members of the deceased, and incident survivors.

Proposed Strategies:

- Clarify extent of public health role in providing mental health services in a mass fatality event.
- Within the extent of public health's role, assist in coordinating mental health and crisis intervention services with local mental health administration, State Emergency Registry of Volunteers in Oregon (SERV-OR), Red Cross and other partners.
  - Assist in developing resources to support mental health's infrastructure engagement in fatality management planning.
- Exercise public health support roles, responsibilities, and lines of communication in coordinating mental health support.

Importance: Medium
Timeline: Long-term

Function 5E: Participate in fatality processing, storage, and disposal operations.

Assist jurisdictional authorities and agencies in ensuring that the remains and associated personal effects are appropriately and safely processed, transported, tracked, stored, and disposed or released to authorized person(s).

Proposed Strategies:

- Establish a procedural vital records protocol with mortuaries, hospitals, funeral homes, etc., to gather information.
  - Identify trends in mass fatality events.
- Develop protocols for assessing environmental health impacts resulting from a mass fatality.
  - Use toxicology and radiation expertise to ensure safe handling of human remains.
    - Ensure workers are handling remains in a safe manner.

Importance: Low
Time Line: Short-term

Capability 6: Information Sharing

Information sharing is the multi-jurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, and tribal layers of government, and the private sector.

The information sharing capability includes the routine sharing of information as well as issuing of alerts to federal, state, local, and tribal layers of government, and the private sector in response to events or incidents of public health significance.

Function 6A: Identify stakeholders to be incorporated into information flow.

Identify stakeholders within the jurisdiction across public health, medical, law enforcement, and other disciplines who should be included in information exchange and identify cross-jurisdictional public health stakeholders who should be included in information exchange. Determine the levels of security clearance needed to access information across and between these stakeholders.

Proposed Strategies:

- Identify current and potential new HAN stakeholders and the appropriate level of health intelligence security clearance each HAN user should be assigned.
- Maintain Health Alert Network.
  - Review and refine Health Alert Network protocols for transparency.
  - Increase representation of health care providers in Health Alert Network.

Health Alert Network (HAN) use is highly varied. Sixty-four percent of respondents use the HAN at least once per month, with 27% using the network regularly or never.

– *Public Health Communications: Report to the State Public Health Division*, Carlson Communications, June 2011.

- Improve support for Health Alert Network implementation to ensure information is accurate through Health Alert Network administrators.

- Develop a logic model of communication linkages.

- Identify the stakeholders who should be on a central list of response partners.

- Manage training and system administration.

- Consider alternatives to Health Alert Network to ensure continuity of operations.

Importance: Medium
Timeline: Mid-term

PHAB Standard
1.3.1 B: Use data to recommend and inform public health policy, processes, programs, and/or interventions.

Function 6B: Identify and develop rules and data elements for sharing.

Define minimum requirements for information sharing for the purpose of developing and maintaining situational awareness. Minimum requirements include:

- When data should be shared
- Who can share data
- What types of data can be shared
- Data use and re-release parameters
- What data protections are sufficient
- Legal, statutory, privacy, and intellectual property considerations

Proposed Strategies:

- Develop and maintain data use agreements that outline the requirements of data sharing.
- Provide training about intellectual property and the legal issues for data sharing.
- Develop and update laws and policies related to data sharing.
  - Emergency response data sharing
  - Situation status reports and other event intelligence to share with partners and the public
- Develop surge capacity within the public health system for public information function and general information sharing.

Importance: Medium
Timeline: Mid-term

PHAB Standard
1.3.1 B: Use data to recommend and inform public health policy, processes, programs and/or interventions.

Function 6C: Exchange information to determine a common operating picture.

Share information (both send and receive) within the public health agency, with other identified intra-jurisdictional stakeholders, and with identified inter-jurisdictional stakeholders, following available national standards for data vocabulary, storage, transport, security and accessibility.

Proposed Strategies:

- Identify appropriate partners (i.e. education, public safety, business, etc.) to participate in routine and emergency information sharing.
- Investigate the development of a status dashboard to create a health and medical common operating picture.
- Continue to participate in Fusion Center.
- Develop and refine protocol to communicate with first responders and public safety personnel.
  - Identify and define critical responders.
  - Develop and refine protocols to communicate with other critical responders.
- Disseminate standards about communication and data information sharing.
  - Establish protocols about information gathering
  - Develop health data exchange protocols between health systems, public health entities, and federal agencies.

Importance: High
Timeline: Mid-term

Capability 7: Mass Care

Mass care is the ability to coordinate health services to address the health needs of those impacted by an incident at a congregate or other locale, including, but not limited to, the distribution of medication, consumable medical supplies (e.g., hearing aid batteries, incontinence supplies), or durable medical equipment.

Function 7A: Determine public health role in mass care operations.

Use the Emergency Support Function 6 and Emergency Support Function 8 functional areas/initial actions to determine the jurisdictional public health roles and responsibilities in providing medical care, health services, and shelter services during a mass care incident.

Proposed Strategies:

- Identify the roles, responsibilities, and lines of communication between Emergency Support Function 8 agencies and Emergency Support Function 6 agencies at the state and local levels.
- Develop policies and procedures or plans that support the public health and medical roles, responsibilities, and lines of communication established at the state and local levels.

Importance: High
Timeline: Long-term

Function 7B: Determine mass care needs of the impacted population.

Determine the public health, medical and mental health needs of those impacted by the incident.

Proposed Strategies:

- Develop and maintain relationships with culturally competent Community-Based Organizations and agencies active in disasters to determine population needs.
  - Develop agreements to work with those agencies during an event.
- Develop policies and procedures or plans to strengthen population health/safety monitoring for mass care operations.

  - Determine entrance into communal sheltering facilities including triaging special health or medical needs.
  - Determine rostering of mass shelter population.

- Create protocols for rapid assessments of facilities and care needs.
  - Employ incident-specific planning during a response.
  - Integrate current health demographic data into rapid assessments.

- Establish a network of vulnerable population providers to respond to current client needs as well as emergent population needs.
  - Include mental health providers.

- Collaborate with Emergency Support Function 6 partners to assess needs for care and chronic medications.

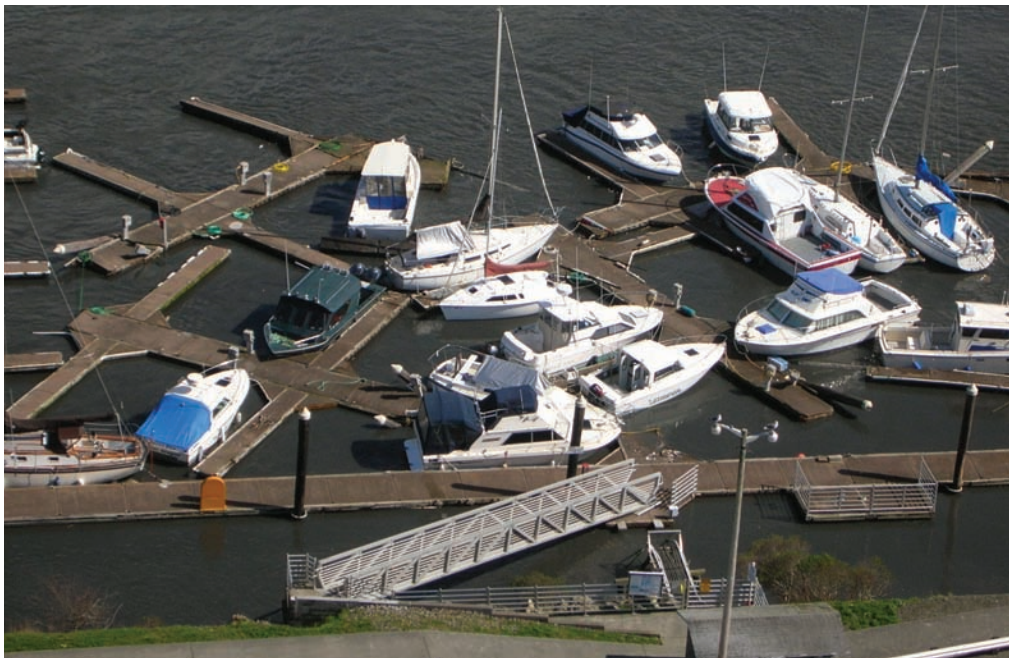
- Collaborate with behavioral health providers and stakeholders to assess current readiness to provide a behavioral health response at the local level that is coordinated at the state level.

- Make recommendations for future consideration.

Importance: High
Timeline: Long-term

Function 7C: Coordinate public health, medical, and mental health mass care services.

Provide or coordinate access to health services, medication, consumable medical supplies, and durable medical equipment for the impacted population.



Proposed Strategies:

- Train and exercise existing mass care services plans.
  - Communications exercises to include private clinics, safety net clinics, and public health.
  - Continuity of care and referral
- Maintain contact database that includes mental health providers.
- Develop policies and procedures or plans.
  - Food and water safety
  - Sanitation for people and animal workers
- Establish methods or partnerships to ensure people can receive their medications and supportive medical treatments such as dialysis, oxygen, etc.
- Continue to follow Emergency Support Function 8 operational concept and command structure that is capable of coordinating in complex incidents across all jurisdictions.
  - Promote NIMS adoption and training.

Importance: High
Timeline: Long-term

Function 7D: Monitor mass care population health.

Monitor ongoing health-related mass care support and ensure health needs continue to be met as the incident response evolves.

Proposed Strategies:

- Develop and support meaningful use of syndrome surveillance.
- Identify environmental/physical/mental health needs. Refer requests for assistance through the public health Incident Management System for additional action as needed.

Importance: High
Timeline: Mid-term

Capability 8: Medical Countermeasure Dispensing

Medical countermeasure dispensing is the ability to dispense appropriate medical countermeasures (including prophylaxis, vaccination and treatment) to the identified population within the appropriate public health guidelines.

Your TAR score 94/100 is exemplary as well as the plans to expand on the SNS system to bring the score even higher.

– Janice McMichael, PHEP Program Officer, Centers for Disease Control and Prevention

Function 8A: Identify and initiate medical countermeasure dispensing strategies.

Notify and coordinate with partners to identify roles and responsibilities consistent with the identified agent or exposure within the timeframe appropriate to the incident.

Proposed Strategies:

- Maintain or expand Push Partner Registry as feasible.
- Maintain and refine consistent Strategic National Stockpile/public health and medical resource plans at state and local levels.
  - Train on Strategic National Stockpile/Public health and medical resource plans at state and local levels.
  - Exercise Strategic National Stockpile/Public health and medical resource plans at state and local levels.
- Coordinate across response partners to identify assets needed and tracked for all hazards in Inventory Resource Management System.
  - Maintain relationships developed during prior incidents, including H1N1.
- Maintain distribution sites within inventory management system.

Importance: High
Timeline: Mid-term

Function 8B: Prepare to receive medical countermeasures from the Strategic National Stockpile..

Prepare state, local (including health departments and private organizations) and tribal sites to receive medical countermeasures in a timeframe applicable to the agent or exposure.

Proposed Strategies:

- Develop clear request communication pathways for timely receipt of countermeasures.
- Maintain CHEMPAK caches.
- Maintain health care caches.
- Maintain protocols and standard operating procedures for receipt of medical countermeasures from the SNS.
- Conduct exercises to test receipt of countermeasures.

Importance: High
Timeline: Mid-term

Function 8C: Activate dispensing modalities.

Ensure appropriate resources (e.g., human, technical, space) are activated to initiate dispensing modalities that support a response requiring prophylaxis, vaccination, and/or treatment.

Proposed Strategies:

- Develop procedures for alternate Receipt, Store, Secure sites
  - Conduct training on procedures for alternate Receipt, Store, Secure sites.
  - Coordinate employees or volunteer staffing pools.
  - Review and refine plans for volunteer management, including liability issues.
  - Use epidemiological data to define throughput to determine the number of points of dispensing required for the event.
- Exercise primary Receipt, Store, Secure sites.
  - Review and refine plans for points of dispensing at regional and local levels (Technical Assistance Review).
- Provide training and education on CHEMPAK and Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) protocols.

Importance: High
Timeline: Mid-term

Function 8D: Dispense appropriate medical countermeasures to identified population.

Dispense appropriate countermeasures in accordance with appropriate public health guidelines for the identified agent or exposure.

Proposed Strategies:

■ Train and test on dispensing procedures.

■ Build state and local capacity to document amount of countermeasures dispensed.

- Increase timeliness and efficiency of communications.
- Increase timeliness of state and local public health and health care partners' communications.
- Increase transparency and bidirectional communication between response structures.

Importance: High
Timeline: Sustain

All Oregon public health staff should be commended on their hard work and untiring efforts to improve the state's ability to respond to a major public health emergency.

– Joseph Vitale, BA, MS, Public Health Advisor, Division of Strategic National Stockpile, Centers for Disease Control and Prevention

Function 8E: Follow-up on reported adverse events.

Respond to adverse event notifications from an individual, a provider, or other sources.

Proposed Strategies:

■ Utilize existing or designated methods for adverse events reporting.

- Maintain use of existing vaccine information sheets.

■ Investigate and provide follow-up for reported adverse events.

Importance: High
Timeline: Sustain

Capability 9: Medical Materiel Management and Distribution

Medical materiel management and distribution relate to the ability to acquire and maintain (includes cold chain storage or other applicable storage protocol) medical materiel (e.g., pharmaceuticals, gloves, masks, ventilators); to transport, distribute, and track medical materiel during an incident; and to recover and account for unused medical materiel, as appropriate, after an incident.

Function 9A: Direct and activate medical materiel management and distribution.

Coordinate the logistical operations and medical materiel requests from public and private jurisdictional agencies and organizations when an incident exceeds the capacity of the jurisdiction to handle supply chain operational demands, including the support and activation of staging operations to receive and/or transport additional medical materiel.

Proposed Strategies:

- Maintain online inventory system for tracking countermeasures and medical materiel.
  - Make available to counties and partners for their plans, trainings, and exercises.
  - Maintain relationships with state partner agencies.
  - Maintain contingency contracts in-place for medical materiel storage and receipt and distribution.
- Test Strategic National Stockpile/public health and medical resource system annually.

The Oregon Public Health SNS staff has worked extremely hard to prepare for and respond to an event involving the release of a biological agent.

– Joseph Vitale, BA, MS, Public Health Advisor, Division of Strategic National Stockpile, Centers for Disease Control and Prevention

- Enhance and expand alternate Receipt, Store, Secure sites throughout the state.

- Identify commercial logistic partner roles and support.

Importance: High
Timeline: Mid-term

Function 9B: Acquire medical materiel.

Obtain medical materiel from jurisdictional caches and request materiel from jurisdictional, private, regional, or federal partners, as necessary.

Proposed Strategies:

- Maintain capacity of reporting inventory status through inventory management system.
  - Develop an inventory of medical materiel caches, control, and contact information.

- Clarify roles and responsibilities at each response tier level for medical resource ordering system.

  - Train operations for medical resource ordering system at each response tier level.
  - Establish standards of inventory management that meet stakeholder needs.

Importance: High
Timeline: Short-term

Function 9C: Maintain updated inventory management and reporting system.

Maintain inventory system for the jurisdiction's medical materiel for the life of the materiel, including the acquisition, receipt, storage, transport, recovery, disposal, return or loss of the materiel.

Proposed Strategies:

- Develop a plan to achieve 100% interface of inventory management system for state/federal supplied assets at state and local levels.

- Train on inventory management system at the state and local levels.

- Exercise inventory management level system at state and local levels.

- Coordinate connections and links to existing community partner systems for materiel management and distribution.

- Develop contingency plans for inventory management system.

Importance: High
Timeline: Mid-term

Function 9D: Establish and maintain security.

Secure medical materiel during all phases of transport and ensure security for receiving site and distribution personnel.

Proposed Strategies:

- Train on security plans with state and local partner agencies.
- Exercise security plans with state and local partners.

Importance: High
Timeline: Sustain

Function 9E: Distribute medical materiel.

Distribute medical materiel to treatment locations (e.g., dispensing sites, treatment locations, intermediary distribution sites, and/or closed sites). Distribution may be accomplished by way of intermediary distribution sites, if necessary.

Proposed Strategies:

- Define and develop a scalable, robust system to deliver materiel to local response partners.
  - Develop a procedure for designing route plans in advance.
- Provide training on route planning capabilities within inventory management system.

- Provide technical support and materiel to test and maintain cold chain systems.
- Conduct audits to ensure cold chain.
- Establish appropriate roles for private sector partners in distribution of medical materiel.

Importance: High
Timeline: Mid-term

Function 9F: Recover medical materiel and demobilize distribution operations.

Recover remaining medical materiel and demobilize distribution operations as required.

Proposed Strategies:

- Maintain plans to recover federally-provided assets with plug-ins or wheels
  - Test procedures to recover materiel required by federal authorities.
- Develop procedures to recover non-Strategic National Stockpile/public health and medical resource state provided materiel.
- Tie or determine final disposition of assets to demobilization plans at state and local in accordance with Incident Command System principles.
- Use inventory management system life cycle, including recovery.
  - Maintain cache as materiel ages out of useful shelf life.

Importance: Low
Timeline: Long-term

Capability 10: Medical Surge

Medical surge is the ability to expand an existing jurisdictional health care system (public health, medical, and mental health) to provide medical care during an incident that has challenged the immediate ability to render health services while maintaining continuity of care for the urgent needs of non-incident-related injuries/illnesses.

Function 10A: Assess the nature and scope of the incident.

Coordinate the jurisdiction's health care response through the collection and analysis of data (from Emergency Medical Services, fire service, local law enforcement, public health, medical, public works, utilization of incident command system, mutual aid agreements, and activation of Emergency Management Assistance Compact agreements) to define the needs of the incident and the available health care staffing and resources.

Proposed Strategies:

- Recruit health systems and private clinics to provide real-time data for Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) to support medical surge response needs.
- Refine policies to provide situational awareness data on Oregon's Hospital Capacity tracking web system (e.g. HOSCAP, ESSENCE).
  - Leverage Emergency Medical Services structure and funding for partnership opportunities.
  - Improve data and refine data systems.

This strategic work plan is one major tool in our kit to assist us in moving toward resilient communities.

– Michael K. Harryman, Preparedness Manager, Public Health Division, Oregon Health Authority

- Build health information analysis into situational awareness unit.

- Complete development of standardized statewide policies and procedures that include the conditions that trigger activation of alternate or crisis standards of care.

- Establish a network of operational surveillance clinics to assist in monitoring situation.

Importance: High
Timeline: Mid-term

Function 10B: Coordinate activation of medical surge.

Coordinate and support health care coalitions and partnerships in the expansion of the jurisdiction's health care system including additional staff, beds, and equipment to provide access to additional health care services (e.g., call centers, alternate care systems, emergency medical services, emergency department services, inpatient services) in response to the incident.

Proposed Strategies:

- Refine a coordinated process to Oregon EMTrack Patient Tracking and Hospital Evacuation (pre-hospital and inter-hospital patient tracking system) and HOSCAP during medical surge events statewide.

  - Integrate tracking of alternate care sites into HOSCAP.
  - Provide technical assistance to support expansion of HOSCAP during event to improve situational awareness.
  - Develop local alternate care systems by engaging local and statewide entities.
  - Integrate medical surge and care into population-based sheltering.
  - Provide education and tools to private clinics on how to deal with medical surge.
  - Explore liability options for health care facilities providing alternate care sites.

- Develop roles and responsibilities of volunteers during medical surge.

- Complete state crisis care guidance that promotes development of alternate care sites and is effective in home care settings.

  - Complete development of crisis standards of care.

- Develop capacity to support ancillary services for federal medical stations.

Importance: High
Timeline: Mid-term

Function 10C: Coordinate jurisdictional medical surge operations.

Coordinate health care resources in conjunction with response partners including access to care and medical services, and the tracking of patients, medical staff, equipment and supplies (from intra- or inter- state and federal partners, if necessary) in quantities necessary to support medical response operations.

Proposed Strategies:

- Collaborate with health systems to identify roles and responsibilities for logistics that are compliant

Stakeholders believe that without the HPP or the funds it has provided, they would not be as prepared today.

– *State of Oregon Hospital Preparedness Program Assessment*, IKR Consulting, Inc., March 2010

with NIMS and consistent with the Oregon Emergency Management Plan, including resource requests and ordering system.

- Full implementation of Oregon EMTrack - Patient Tracking and Hospital Evacuation and HOSCAP across the state
- Exercise cross-jurisdictional resource sharing.
- Identify barriers to implementing crisis standards of care and seek resolutions.

Importance: High
Timeline: Mid-term

Function 10D: De-escalation of medical surge operations.

In conjunction with other jurisdictional partners, return health care system to pre-incident operations by decreasing surge staffing, equipment needs, alternate care facilities, and other systems as well as the transition of patients from acute care services into their pre-incident environments or medical homes.

Proposed Strategies:

- Develop demobilization checklists at state and local levels.
- Provide training for demobilization plans.
- Coordinate demobilization plans within health care systems and state and local public health systems.

Importance: Medium
Timeline: Mid-term

Capability 11: Non-Pharmaceutical Interventions

Non-pharmaceutical interventions include the ability to recommend (and implement if applicable) strategies for disease, injury, and exposure control.

Non-pharmaceutical interventions include:

- Social distancing
- Hygiene
- Personal protective behaviors
- Isolation and quarantine
- Restrictions on movement, travel advisory/ warnings
- External decontamination

Function 11A: Engage partners and identify factors that impact non-pharmaceutical interventions.

Prior to an incident, identify and engage with health partners, government agencies, and community sectors (e.g., social, faith-based, business) to identify the community factors that affect the ability to recommend and implement non-pharmaceutical interventions.

Proposed Strategies:

- Develop and implement partnerships with federally-defined critical infrastructure partners including health care partners to implement non-pharmaceutical interventions.

> Reducing the number of persons infected will . . . minimize the impact of a pandemic on the economy and society.
>
> – *Guidance on Community Mitigation*, Centers for Disease Control and Prevention

- Conduct public engagement to generate social support for non-pharmaceutical interventions.
- Build on existing communication and public education tools.
- Develop and enhance relationships with education partners.
- Identify appropriate partners for non-pharmaceutical interventions.
- Identify barriers and challenges to engaging partners.

■ Provide training and exercises to improve public health's ability to work effectively with judiciary and law enforcement authorities to implement non-pharmaceutical interventions.

■ Develop a communications plan with partners to support non-pharmaceutical interventions.

- Expand inventory of public information materials available related to specific hazards as present in the jurisdiction.

Importance: High
Timeline: Sustain

Function 11B: Determine non-pharmaceutical intervention(s).

Prior to and during the incident, work with subject matter experts (e.g., epidemiology, laboratory, surveillance, medical, chemical, biological, radiological) to recommend the non-pharmaceutical intervention(s) to be implemented.

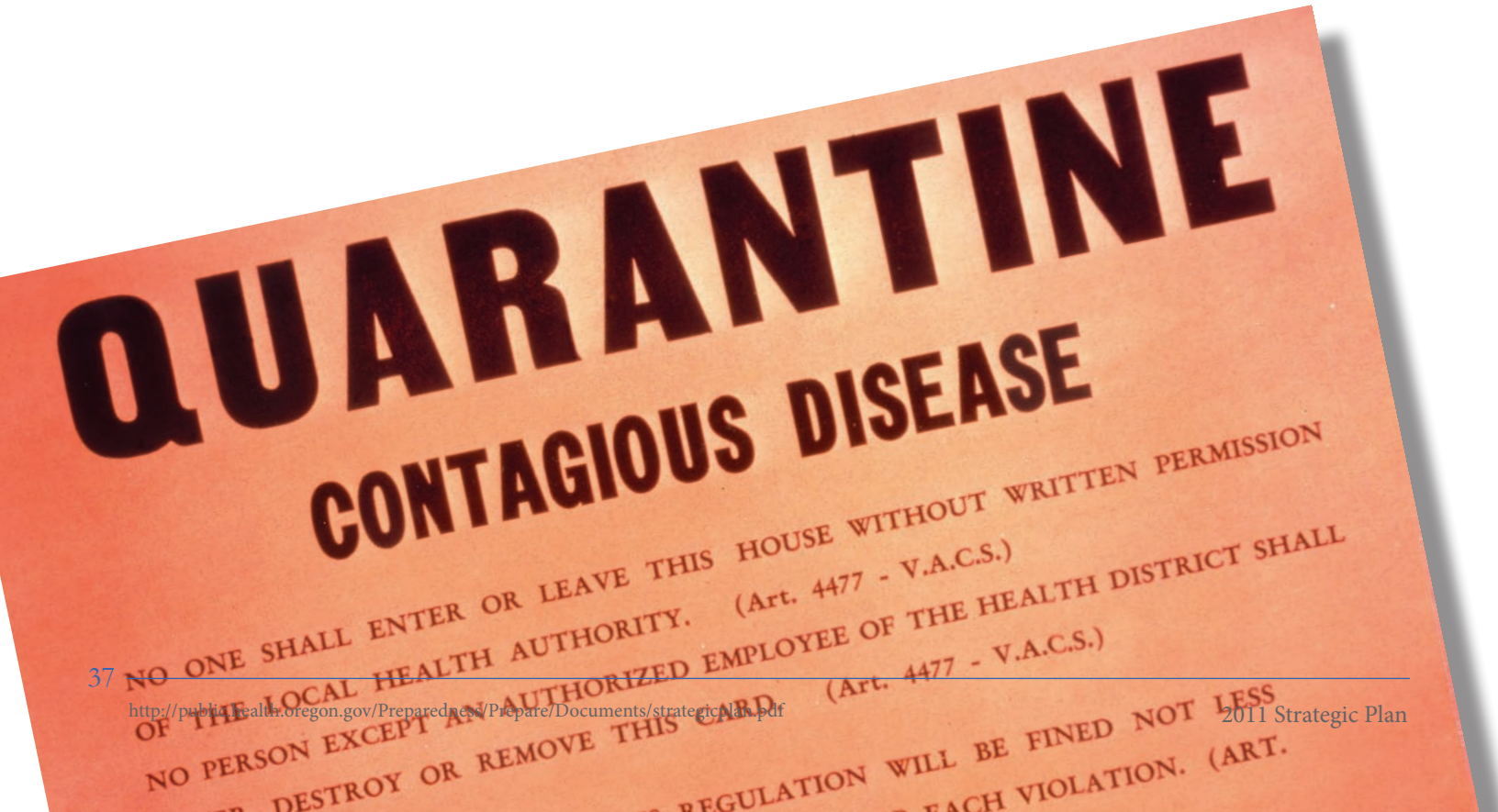
Proposed Strategies:

■ Establish pre-approved criteria for using spectra of non-pharmaceutical tactics.

■ Pre-identify subject matter experts and back-up personnel.

■ Maintain and strengthen advisory group to public health director on non-pharmaceutical policy issues.

Importance: High
Timeline: Sustain



Function 11C: Implement non-pharmaceutical intervention(s).

Coordinate with health partners, government agencies, community sectors (e.g., social, faith-based, business), and jurisdictional authorities (e.g., law enforcement, jurisdictional officials, transportation) to operationalize, and if necessary, enforce, the recommended non-pharmaceutical intervention(s).

Proposed Strategies:

- Identify barriers and concerns for partners to implementing non-pharmaceutical interventions.
  - Develop solutions that address identified barriers and concerns.
- Conduct ongoing training and education on non-pharmaceutical intervention.
- Conduct exercises on non-pharmaceutical interventions.
- Identify enforcement actions possible in current Oregon Administrative Rules.
- Maintain common normative interventions, e.g., "Cover Your Cough" campaigns and other non–pharmaceutical interventions in advance of an event.

Importance: High
Timeline: Mid-term

Function 11D: Monitor non-pharmaceutical intervention(s).

Monitor the implementation and effectiveness of interventions, adjust intervention methods and scope as the incident evolves, and determine the level or point at which interventions are no longer needed.

Proposed Strategies:

- Maintain epidemiology systems.
  - Establish and maintain epidemiology surge capability.
  - Implement syndromic surveillance system.
- Develop just-in-time training for epidemiology surge.
- Develop a plan to coordinate across jurisdictions to identify critical evaluation of non-pharmaceutical interventions.
  - Identify and partner with data sources relevant to non-pharmaceutical interventions.
  - Develop data sharing agreements with partners in advance.
  - Share data with all response partners relevant to response agencies and adjust methods as needed.
- Evaluate effectiveness of non-pharmaceutical interventions post event.
  - Develop baseline data to support evaluation of non-pharmaceutical interventions in advance of event.

Importance: High
Timeline: Mid-term

Capability 12: Public Health Laboratory Testing

Public health laboratory testing is the ability to conduct rapid detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all-hazards which include chemical, radiological, and biological agents in all matrices including clinical samples, food, and environmental samples (e.g., water, air, soil).

Public health supports routine surveillance, including pre-event or pre-incident and post-exposure activities. All-hazard incidents include those deliberately released with malicious intent as well as those resulting from unintentional or natural occurrences.

Function 12A: Manage laboratory activities.

Manage and coordinate communications and resource sharing with the jurisdiction's network of human, food, veterinary, and environmental testing laboratory efforts in order to respond to CBRE threats.

Proposed Strategies:

- Implement electronic data management with medical laboratories and public health departments.
- Cross-train with National Guard and Civilian Support Teams for laboratory sampling needs.
- Develop a Continuity of Operations Plan for the laboratory.
- Identify areas for improvement (e.g., role of private laboratories as part of Laboratory Response Network).

The Oregon State Public Health Laboratory supports state and local public health programs through testing, consultation, and emergency response.

– Michael R. Skeels, PhD, MPH,
Director of the Oregon State
Public Health Laboratory

- Develop Memorandum of Understanding or formal agreement with other states for radiation laboratory needs that covers the following considerations:
  - Who will provide technical assistance
  - Who will conduct sampling
  - Civil Support Team tests environmental samples only for isotope identification.
  - Radiation services are limited to dry samples.
  - How to accommodate the limited capacity at the federal laboratory

Importance: High
Timeline: Mid-term

PHAB Standards
2.3.1 B: Maintain provisions for 24/7 emergency access, including surge capacity, to epidemiological and environmental public health resources capable of providing for rapid detection, investigation and containment/mitigation of public health problems and environmental public health hazards.
2.3.2 B: Maintain 24/7 access, including surge capacity, to laboratory resources capable of providing for rapid detection, investigation and containment of health problems and environmental public health hazards.

Function 12B: Perform sample management.

Implement Laboratory Response Network established protocols and procedures where available and applicable (and other mandatory protocols, e.g., International Air Transport Association (IATA), Department of Transportation for sample collection, handling, packaging, processing, transport, and receipt.

Proposed Strategies:

- Training and exercise
  - Chain of custody
- Compliance with IATA regulations and procedures
- Improve chain of custody compliance where appropriate.
- Maintain Oregon State Public Health Laboratory at current level of services for Laboratory Response Network B (Biological) Level 2, Laboratory Response Network C (Chemical), Level 3. (Oregon has no plans to incorporate Laboratory Response Network R (Radiological) at any level unless funds become available.)
- Maintain the current capacity for gathering and processing chemical and radiological samples for both routine and surge capabilities to provide rapid detection, investigation, and containment of health problems due to environmental public health hazards through the existing dry radiation laboratory and the mobile all-hazards laboratory.

Importance: High
Timeline: Sustain

PHAB Standard
2.3.3 B: Maintain access to other support personnel and infrastructure capable of providing additional surge capacity.

Function 12C: Conduct testing and analysis for routine and surge capacity.

Perform, or coordinate with the applicable lead agency, testing of CBRE samples, utilizing Centers for Disease Control and Prevention (CDC) established protocols/procedures (e.g., Laboratory Response Network), where available and applicable, to provide rapid detection, characterization, and confirmatory testing to identify public health incidents. This testing may include clinical, food, and environmental samples.

Proposed Strategies:

- Maintain full compliance with federal regulations and requirements for level three laboratories.
  - Participate fully in Laboratory Response Network in accordance with level three lab responsibilities.
  - Ensure analytical capability.
- Conduct exercises to test the Laboratory Response Network system.
- Maintain laboratory Memorandum of Understanding with other states for all-hazards to ensure lab capability during surge event.
- Maintain courier system to ensure specimen collection and transport in a surge event.
- Develop and enhance capacity for routine and surge testing to provide rapid detection, characterization, and confirmatory testing to identify public health radiological incidents.
- Maintain and enhance the capabilities of the All-Hazards Mobile Laboratory to routine and surge testing to provide rapid detection, characterization, and confirmatory testing to identify public health chemical and radiological incidents.

Importance: High
Timeline: Sustain

PHAB Standards
2.1.6 S: Provide epidemiological, laboratory, and environmental public health consultation, technical assistance, and information to local health departments regarding disease/outbreak and public health hazard management.
2.3.2 B: Maintain 24/7 access, including surge capacity, to laboratory resources capable of providing for rapid detection, investigation, and containment of health problems and environmental public health hazards.
2.3.3 B: Maintain access to other support personnel and infrastructure capable of providing additional surge capacity.

Function 12D: Support public health investigations.

Provide analytical and investigative support to epidemiologists, health care providers, law enforcement, environmental health, food safety, and poison control efforts to help determine cause and origin, and definitively characterize a public health incident.

Proposed Strategies:

- Fully implement Laboratory System Improvement Program to close gaps in laboratory support for public health activities.
- Maintain and strengthen relations with local health departments Oregon State Public Health Laboratory and Urgent Epidemiology Response Team in day-to-day investigations.

Importance: High
Timeline: Mid-term

PHAB Standards
2.1.6 S: Provide epidemiological, laboratory, and environmental public health consultation, technical assistance, and information to local health departments regarding disease/ outbreak and public health hazard management.
2.3.2 B: Maintain 24/7 access, including surge capacity, to laboratory resources capable of providing for rapid detection, investigation and containment of health problems and environmental public health hazards.

Function 12E: Report results.

Provide notification of laboratory results and send laboratory data to public health officials, health care providers, and other decision makers.

Proposed Strategies:

- Maintain 24-hour on-call readiness.
- Maintain radiological support provided through state radiation laboratory.
  - Improve capacity for interoperable data exchange.
- Develop data sharing agreements with relevant agencies to communicate during an emergency event.
- Improve functionality to move beyond web-based reporting to electronic reporting of laboratory results.

Importance: High
Timeline: Sustain

PHAB Standard
2.1.5 B: Monitor timely reporting of notifiable diseases, laboratory test results, and investigation results.

Capability 13: Public Health Surveillance and Epidemiologic Investigation

Public health surveillance and epidemiologic investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiologic investigation processes, as well as to expand these systems and processes in response to natural or man-made threats or incidents.

Function 13A: Conduct public health surveillance and detection.

Conduct systematic collection, analysis, interpretation, and management of public health-related data to verify an event of public health concern; to characterize and manage it effectively through all phases of the event.

Proposed Strategies:

- Cross-train different public health disciplines to increase epidemiology surge capacity to respond to public health emergencies.
- Coordinate the collection of relevant data that is specific to public health emergencies.
- Build capacity for syndromic surveillance (i.e., ESSENCE) that includes emergency departments' discharge diagnoses as well as chief complaint information and make the data available for general public health use (e.g., asthma rates).
- Create an ongoing evaluation program for syndromic surveillance activities.
- Increase passive surveillance.
- Conduct outreach and education with providers on reportable disease.

[We] will maintain surveillance systems to detect emerging threats and to inform disease investigation.

– 2011 PHEP grant application narrative

- Recommend and coordinate methods of treatment, prevention, and control.
- Use environmental sampling or data to monitor changes in threat level.

Importance: High
Timeline: Mid-term

PHAB Standard
1.1.1 B: Demonstrate surveillance system is in place for receiving reports 24/7, and for identifying health problems, threats, and environmental hazards.

Function 13B: Conduct public health and/or epidemiologic investigation.

Identify the source of a case or outbreak of disease, injury, or exposure, its determinants in a population (e.g., time, place, person, disability status, living status, or other indices) to determine the population at risk, and report the summary results of the analysis to jurisdictional and/or federal partners.

Proposed Strategies:

- Develop and conduct training to enhance capacity for epidemiologic investigations.
  - Maintain and strengthen public health surveillance capacity at the state and local levels for routine and emergency surveillance.

(Expand Epidemiological Courses – Communicable Disease 101 & 303 for non-Acute and Communicable Disease Prevention epidemiologists and more local health departments.)
- Develop just-in-time training to expand epidemiological surge capacity.

- Partner with relevant agencies (environmental, law enforcement, etc.) to conduct all-hazard type investigations.
  - Engage academic partners to increase epidemiological surge capacity.

- Incorporate quality improvement processes to ensure performance measurement.
  - Refine feedback loop to local data providers.
  - Increase timeliness of reporting.

Importance: High
Timeline: Mid-term

PHAB Standards
2.1.1 B: Maintain protocols for investigation process.
2.1.2 S: Demonstrate expertise and capacity to conduct and/or support multiple investigations simultaneously.
2.1.3 B: Demonstrate expertise and capacity to conduct investigations of non-infectious health problems and hazards.
2.1.4 B: Establish partnerships and work collaboratively with governmental and community partners on reportable/disease outbreak or environmental public health investigations.

Function 13C: Recommend, monitor, and reassess mitigation actions.

Recommend and/or facilitate appropriate public health interventions to mitigate a threat, incident, or situation and monitor the effectiveness of the interventions.

Proposed Strategies:

- Identify and monitor process and effects of using disease control methods.

- Monitor case rate changes and characterize populations at risk for severe illness and death.
  - Build syndromic surveillance systems.
  - Maintain capacity for aggressive active surveillance to ensure all cases are identified and captured.

- Engage a variety of stakeholders across disciplines and coalitions when assessing and determining mitigation plans.
  - Involve affected populations in the development of mitigation plans.

Importance: High
Timeline: Long-term

PHAB Standards
2.2.1 B: Maintain protocols for containment/mitigation, including disease-specific procedures for outbreaks and conducting follow-up documentation and reporting.
2.2.2 B: Demonstrate that protocols include decision criteria for determining when a public health event triggers the All-Hazards Plan or the public health emergency response plan.

Function 13D: Improve public health surveillance and epidemiological investigation systems.

Assess internal agency surveillance and epidemiological investigation systems both during and after an event and implement appropriate quality improvement measures as a result of these assessments.

Proposed Strategies:

- Conduct after-action reports and develop improvement plans for major exercises and all emergency events.
  - Increase timeliness of after-action reports.
  - Link data systems.
  - Engage community stakeholders in development of improvement plans.
- Document epidemiological and surveillance actions over the course of an event or exercise for post evaluation.
- Secure emergency department data from hospitals.
- Identify percentage of hospitals to report.

Importance: High
Timeline: Sustain

PHAB Standard
2.2.3 B: Complete an after-action report following communicable disease outbreaks, environmental public health risks, natural disasters, and other events that threaten the health of people.

Capability 14: Responder Safety and Health

Responder safety and health ensures adequately trained and equipped personnel and resources are available at the time of an incident to protect the safety and health of public health staff responding to an incident and support the health and safety needs of hospital/medical facility personnel (first receivers), on-scene first responders, and skilled support personnel.

Function 14A: Identify responder safety and health risks.

Assist in the identification of the medical and mental/behavioral health risks (routine and incident-specific) to responders and communicate this information prior to, during, and after the incident.

Proposed Strategies:

- Develop technical capability to provide guidance for protection of responders and communication channels.
- Build or partner with existing technical experts to ensure depth of subject matter expertise to identify risks.
- Develop protocols to ensure worker protection along established lines of communication.
- All Incident Command System structures must adhere to NIMS guidelines regarding safety officer role and responsibilities to ensure responder health and safety needs are addressed.
- Develop risk assessment for likely or potential exposures and develop pre-planning to address responder safety in coordination with Hazard Vulnerability Assessments.

[We] believe that the successful response to any incident relies on the ability of workers to perform their duties safely.

– 2011 PHEP grant application narrative

Importance: High
Timeline : Mid-term

Function 14B: Identify safety and personal protective needs.

At the time of an incident, based on incident-specific conditions, coordinate with occupational health and safety personnel and other subject matter experts to determine the necessary personal protective equipment, medical countermeasures, mental/behavioral health support services, and other items and services necessary, and distribute, as applicable, to protect the health of public health responders.

Proposed Strategies:

- Coordinate with Emergency Medical Services and medical first-receiver partner agencies to provide medical countermeasures and/or personal protective equipment to public health and medical responders, if indicated by the incident.
- Establish operational procedures and engineered solutions for responder safety.
  - Develop and maintain written Personal Protective Equipment and respiratory plans in advance of events.
- Develop and maintain health and vulnerability assessments and integrate with plans to mitigate impact on responders.

Importance: High
Timeline: Mid-term

Function 14C: Coordinate with partners to facilitate risk-specific safety and health training.

In conjunction with partner agencies, facilitate the inclusion of risk-specific (based on jurisdictional risk assessment) physical safety, mental/behavioral health, and personal protective equipment topics into public health responder training to prepare responders for the realities of the incident.

Proposed Strategies:

- Pre-identify local subject matter experts and establish contact with them.

- Determine response parameters.
- Conduct public health responder safety training assessment, prioritize results, and conduct training in accordance with these findings.
  - Conduct just-in-time training that includes responder safety and health messages.
- Share public health risk-specific information with other local response agencies as appropriate.

Importance: Medium
Timeline: Mid-term

Function 14D: Monitor responder safety and health.

Conduct or participate in monitoring activities to identify any potential adverse health effects of public health responders.

Proposed Strategies:

- Conduct surveillance of exposure, mental/behavioral health, and medical status of incident responders during all phases of an incident.
  - Maintain ability to support rostering responders to maintain communications.
  - Provide recommendations or considerations for any changes related to the use of personal protective equipment (e.g., to alter, suspend, or terminate any activity or personal protective equipment usage judged to be an imminent danger or immediately dangerous to life and health).
  - Coordinate with health care partners to facilitate and promote the availability of medical and mental/behavioral health services for responders, either on-site or off-site, as a result of monitoring data.
- Partner with Oregon Occupational Safety and Health Administration (OR OSHA).
  - Environmental sampling capabilities to identify responder environmental exposures.
  - Guidance to partner organizations on how to conduct monitoring of their employees post event.

Importance: High
Timeline: Mid-term

Capability 15: Volunteer Management

Volunteer management is the ability to coordinate the identification, recruitment, rostering, credential verification, training, and engagement of volunteers† to support the jurisdictional public health agency's response to incidents of public health significance.

Our aim is to have health and medical volunteers from diverse professional groups to support any scale emergency response in Oregon.

– Akiko Berkman, MPH, MPA, SERV-OR Coordinator

Function 15A: Coordinate volunteers.

Recruit, identify, and train volunteers who can support the public health agency's response to an incident. Volunteers identified prior to an incident must be registered with the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), Medical Reserve Corps, or other pre-identified partner groups (e.g., Red Cross, Community Emergency Response Team).

Proposed Strategies:

- Develop written agreements between health care facilities and SERV-OR system.
  - Health care providers with active licenses can request information and contact ESAR-VHP as part of the credentialing process at the health care facility.
- Use hospitals to help recruit volunteers, including private clinic physicians.
- Assess volunteer needs relative to overall human resource needs for worst-case scenarios.
  - Expand Medical Reserve Corps units as counties are able and interested.
  - Develop policy for spontaneous volunteerism.
  - Explore liability coverage for all volunteers.
  - Pursue personal injury coverage for all volunteers.

†Throughout the document, the term "volunteer" refers only to individuals or groups volunteering in support of the public health agency's response, including public health, medical and non-medical personnel.

  - Expand volunteers in specific disciplines needed in all hazard scenarios.

- Determine roles and responsibilities of volunteer management.

- Locate general volunteers, including ham radio operators.

- Improve automated credentialing through SERV-OR.

Importance: High
Timeline: Mid-term

Function 15B: Notify volunteers.

At the time of an incident, utilize redundant communication systems (e.g., reverse 911, text messaging) to request that prospective volunteers participate in the public health agency's response.

Proposed Strategies:

- Maintain or expand SERV-OR redundant notification capabilities.

- Test redundant volunteer notification procedures.

- Conduct drill of notification and deployment to test accuracy of confirmation of notification and arrival at the correct point of departure.

- Develop policy for mustering points in absence of communication technology.

Importance: High
Timeline: Sustain

Function 15C: Organize, assemble, and dispatch volunteers.

Coordinate the assignment of public health agency volunteers to public health, medical, mental health, and non-specialized tasks as directed by the incident, including the integration of jurisdictional (i.e., cross-border, federal) volunteer response teams into the jurisdictional public health agency's response efforts.

Proposed Strategies:

- Develop a process for rostering, deploying and tracking volunteers to ensure volunteer health is maintained.
  - Exercise procedures to correctly identify credential status of a presenting health care professional at an event site.
  - Integrate volunteers into Incident Command System to organize, assemble, and dispatch human resources.
  - Explore role of health systems in supporting timely SERV-OR credentialing and or privileging.
  - Have access to just-in-time curriculum.

- Develop standard operating procedures for volunteers.

- Develop cross-border agreements to share volunteers between states and counties.

- Develop a process of how to use unaffiliated volunteers.
  - Assess and assist emergency management and other partners in provide training for unaffiliated volunteers to participate in emergency response.

- Develop health and medical leadership opportunities for volunteer management.

Importance: High
Timeline: Long-term

Function 15D: Demobilize volunteers.

Release volunteers based on evolving incident requirements and coordinate with partner agencies to ensure provision of any medical and mental health support needed for volunteers to return to pre-incident status.

Proposed Strategies:

- Develop protocol to conduct exit screening during demobilizing to document exposure, injury, illness and to identify stress.
- Develop appropriate referrals for support and follow-up services as needed.

Importance: Low
Timeline: Long-term

"Public health has made tremendous advances in health and medical preparedness in Oregon since the events of September 11, 2001."

– Jean O'Connor, JD, DrPH, Deputy Director for Cross-Office Initiatives, Oregon Public Health Division, Oregon Health Authority

Glossary

After Action Reeport (AAR): A formal written report identifying strengths and evaluating areas of improvement

CBRE: Chemical, Biological, Radiological, and Explosive

CHEMPAK: Chemical Packs

DEMORT: Disaster Mortuary Operational Response Team

EMAC: Emergency Management Association Compact

ESAR-VHP: Emergency System for Advance Registration of Volunteer Health Professionals

ESSENCE: Electronic Surveillance System for the Early Notification of Community-based Epidemics

FAC: The FAC is established primarily for the comfort and information gathering point for families and relatives of potential victims. It will be recognized as a central location where families can come to find the status of individuals thought to be victims and to stay informed about the circumstances surrounding the event.

HOSCAP: Oregon's Hospital Capacity tracking web system

Hot Wash: Debriefing of the responders in an immediate post event or exercise environment

HVA: Hazard Vulnerability Assessment

IATA: International Air Transport Association

Improvement Plans (IP): Formal assignments of tasks to follow up on AARs to carry out improvements required

NIMS: National Incident Management System

PHEP: Public Health Emergency Preparedness

Push Partners: A private sector response partner that will distribute prophylactic interventions for employee groups

SNS: Strategic National Stockpile

UERT: Urgent Epidemiology Response Team

SERV-OR: State Emergency Registry of Volunteers in Oregon

Oregon Public Health Preparedness:
Building Resilient Communities

Oregon Health Authority