

# 8

## **Cascadia Subduction Zone Catastrophic Annex**

### **ESF 8 – Public Health and Medical Services**

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### ESF 8. Public Health and Medical Services

ESF 8 Tasked Agencies	
<b>Primary Agency</b>	Oregon Health Authority (OHA), Public Health Division (PHD)
<b>Supporting Agencies</b>	Department of Administrative Services (DAS) Oregon Department of Agriculture (ODA) Occupational Safety and Health Division (OSHD) Oregon Department of Fish and Wildlife (ODFW) Oregon Military Department (OMD)
<b>Adjunct Agency</b>	American Red Cross (ARC)

## 1 Purpose

ESF 8 coordinates State assistance to provide public health and medical care needs (to include veterinary and/or animal health issues when appropriate) during a catastrophic disaster or incident and/or a developing potential health and medical situation.

## 2 Scope

ESF 8 provides assistance to local and tribal governments in identifying and meeting the public health and medical needs of victims of a major disaster.

- Assess public health needs; public health surveillance; medical care personnel; medical equipment and supplies; patient evacuation; hospital care; safety and security of human drugs, biologics, medical devices, and veterinary drugs; food safety and security; agricultural safety and security; radiological/biological hazards; public health information; and potable water.
- Coordinate mental and behavioral health care through the Mental Health Division; and, victim identification/mortuary services through the Medical Examiner Division.
- Health/Medical Equipment and Supplies includes receipt and distribution of the Strategic National Stockpile.

## 3 Roles and Responsibilities

### 3.1 Primary Agency

#### 3.1.1 Oregon Health Authority – Public Health Division

##### Priorities

- Account for staff;
- Assess condition and safety of OHA-OPHD facilities and determine who can make it to work;
- Follow established procedures for staff safety and security;
- Available staff to report within 24 hours;
- Establish communications at surviving facilities;
- Establish situational awareness for ESF-8 issues;

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- Determine how to coordinate with ECC being over 50 miles away (likely unable to send liaison, at least initially. Public Health provides common operating picture to ECC for ESF-8 issues and across all the ESFs where Public Health has a role);
- Determine availability of resources for:
  - Medical Reserve Corps (MRC)
  - State Managed Volunteer Pool (SMVP)
  - Oregon Disaster Medical Team (ODMT)
  - Hospital facility structural and non-structural status, utilities, patient/staff status and bed availability
  - EMS status
  - Local Health Departments
- Initiate immediate contact with HHS, FEMA Region X and CDC Operations Center to relay mission critical information to federal agencies.

#### **Assets**

- The primary office and agency operations center for the Oregon Public Health Division is located at 800 NE Oregon Street, Portland, OR 97232. Other Public Health facilities are located at:
  - Pendleton (two staff members);
  - Bend (two staff members);
  - Astoria (one staff member);
  - Eugene (two staff members);
  - Grants Pass (one staff member);
  - Roseburg (one staff member);
  - Salem (one staff member);\*No Public Health staff locations in tsunami zones.
- Alternate “West of the Willamette River” OPHD Agency Operations Center is at the Oregon State Public Health Laboratory at 3150 NW 229th, Hillsboro. The alternate “East of the Willamette River” OPHD Agency Operations Center site is ODOT office at 9200 SE Lawnfield Road in Clackamas. If infrastructure is passable, available staff to report within 24 hours as directed;
- Public Health can function virtually via the use of computer systems- (HOSCAP, HAN, OpsCenter, Web EOC, Inventory Request Management System (IRMS)) if those systems are up and running to gain some situational awareness and start operating at some level;
- Public Health staff east of the Cascades could take certain actions on command and control decisions – Strategic National Stockpile (SNS) and other issues (anticipated timeline is 24 hours for Eastern staff to be up and functioning);
- Staff located outside of Portland are equipped with satellite phones and Blackberries, laptops with wireless cards, plans stored on flash drives, etc.;

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- Portable hard drives and access to GIS information, if systems are up and running;
- Public Health vehicles are equipped with 72-hour kits so staff driving them would be self-sufficient for a period of time without resources;
- Health Preparedness staff have preparedness type tools (all staff – 72 hour kits) because they are core to incident management team for ESF-8;
- HF and UHF radio capability;
- 180 satellite phones distributed by OPHD-HSPRP to Oregon partners and internal staff as follows:
  - Tribes: One (1) each distributed to each of 8 tribes (Total: 8)
  - Local Health Departments: Two (2) each to each of 33 LHDs; Three (3) each to one (1) LHD. (Total: 69)
  - Hospitals: One (1) each to each of 63 hospitals (Total: 63)
  - OHA and OPHD: One (1) each to each of 40 positions (Total: 40)
- Small caches of MCI supplies in 10 trailers that are pre-deployed around the State – but those would provide limited resources for this type of scenario. Would likely not have what was needed, and would run out rapidly;
- Oregon Disaster Medical Team (ODMT): A volunteer group of 135 licensed health care providers and paraprofessional medical personnel (supported by a cadre of logistical and administrative staff) designed to provide emergency medical care during a disaster or other event occurring in Oregon. OPHD and ODMT have signed a Memorandum of Understanding that allows this 501(c)(3) not-for profit to plan, train and provide relief healthcare services when local, county and mutual aid reserves are inadequate due to a mass casualty incident, disaster, or public health emergency;
- Medical Reserve Corps (MRC) units are deployed locally and by Public Health. They can be part of State level response (MRCs have to preregister to help out State). MRC personnel register in SERV-OR;
- If a county calls up MRC, liability belongs to county MRCs are serving. State Public Health assumes liability if they mission task MRCs on State level;
- Storage for temperature controlled vaccines at public health facility in Portland.

#### **Capabilities**

The OHA programs involved in emergency preparedness and response are:

**Health Security Preparedness & Response Program (HSPRP)** improves public health preparedness capacity by ensuring coordination among tribes, local, regional, State and Federal agencies and private health care partners before, during and after emergency events where the public's health is an issue.

**The Health Security & Response Program Planning and Evaluation section** manages the training of public health, hospital, and other relevant partners in various aspects of preventing and responding to public health emergencies. It also manages the emergency exercise program for public health response.

**Epidemiology and Surveillance Program** is responsible for the identification, investigation, and prevention of diseases caused by infectious agents. This program

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conducts disease surveillance; collects and analyzes surveillance data; publishes public health recommendations; develops disease prevention, preparedness and response guidelines; and investigates and helps control disease outbreaks.

**Acute and Communicable Disease Prevention Program** provides epidemiologic and clinical expertise and guidance to the Incident Commander and develops guidance on disease related risks.

**Public Health Laboratory** serves as a level 3 bio-safety facility for biological, clinical and unknown environmental sample testing (human chemical testing is provided by state public health labs in Alaska, Washington and Idaho).

- Provides biological confirmatory testing, and chemical specimen collection and specimen referral guidance to Oregon Sentinel Laboratory Response Network (LRN) laboratories;
- Works cooperatively with CDC;
- Manages the Oregon Laboratory Response Network that supports environmental and human testing of unknown biological and chemical threat agents;
- Provides confirmatory laboratory testing on human clinical specimens; and
- On implementation, OSPHL's Laboratory Information Management System (LIMS) allows:
  - Client health departments, laboratories and providers to submit laboratory requests directly;
  - Communications with clients through a dedicated messaging system;
  - Health officials to streamline the access and correlation of laboratory data throughout the State for outbreak investigation; and
  - Phase 2 (spring of 2012) will allow laboratory results to be directly input into Electronic Medical Record (EMR) systems.

**Emergency Medical Services (EMS) Section** develops situational awareness of EMS resources; communicates with EMS providers; and coordinates realignment of EMS resources during a surge event. They coordinate Statewide trauma system planning, ambulance service area planning, and develops standards for ambulance personnel and emergency medical technicians.

**Office of Environmental Public Health (OEPH)** assures Statewide control of environmental hazards through drinking water protection, radiation protection, environmental toxicology and epidemiology programs and regulation of food, pool and lodging facilities.

- **Drinking Water Program** administers and enforces drinking water quality standards for public water systems. It provides guidance on prevention of and response to water system contamination.
- **Radiation Protective Service** provides radiation monitoring expertise and is the State's primary radiological response organization. It also provides radiation monitoring training to local government emergency response agencies.

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- **Environmental Toxicology Section** protects the health and safety of the public from environmental hazards.

Public Health has responsibilities to support these **public health** response missions (Aligns with the 10 Essential Functions of Public Health):

- Monitor health;
  - Diagnose and investigate;
  - Inform, educate and empower;
  - Mobilize community partnership;
  - Develop policies;
  - Enforce laws;
  - Link to/provide care;
  - Assure competent workforce;
  - Evaluate; and
  - Research.
- HSPRP , with the aid of the Local Health Departments, hospitals and health care systems, develops plans and procedures to prepare and respond to emergencies concerning the public's health;
  - Coordinate logistical ESF 8 support by obtaining medical supplies; organize teams and personnel, etc. Support medical missions logistically for private and public sector. Maintain list of private sector medical suppliers;
  - Receipt and distribution of the Strategic National Stockpile, coordination with ODOT for SNS movement;
  - Strategic National Stockpile coordination and administration;
  - Set up and management of the AOC;
  - Provide trained personnel, and provide "just-in-time" training, as needed;
  - Develop and coordinate external and internal communications in partnership with OHA communications, to include public messaging on incident status and mitigation measures;
  - Coordinate requests for and deployment of public health resources;
  - Provide one or more liaisons to the State ECC;
  - Provide technical assistance (guidance) on and establish mechanisms for tracking of financially-related information to support reimbursement requests from FEMA;
  - Assist in coordinating patient movement;
  - Support agency in providing environmental health analysis side for clean water, food safety, and chemical spills;
  - Ensure potability of water supplies;
  - Manage continuity of public health operations;
  - Public Health Authorities can be put into place to close facilities and quarantine people;

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- Develop and implement demobilization plans;
- Develop incident after action reports (AARs);
- Provide Healthcare System Liaison communications:
  - To and from Regional Coordinators for clarification of issues/status of hospitals, EMS and other components of the regional healthcare system;
  - Obtain regional SITREPs to include specific information (e.g., employee absentee rates in hospitals);
- Mission assignments are made or requested of the following:
  - Oregon Disaster Medical Team (ODMT);
  - National Disaster Medical Team (NDMS);
  - Federal Medical Station (FMS) – The AOC healthcare branch is involved in siting/staffing decisions;
  - Medical Reserve Corps (MRC) and SMVP deployment of volunteers;
- Maintain and manage regional medical supply caches including -DECON; MCI; Incident command trailers; and satellite trailers;
- Oversees relocation of medical supply assets. The State has the ability to relocate Hospital Preparedness Program funded assets (e.g., generators, trailers, PPE, etc.);
- Coordinate staffing of alternate care sites through SERV-OR and/or MRC, as requested;
- Assist in emergency credentialing SERV-OR and MRC volunteers;
- Assist the Office of Health Care Regulation & Quality Improvement in developing requests for Centers for Medicare & Medicaid Services (CMS) related bed identification to allow use of beds for purposes other than originally designated (Form 1135 Waiver);
- Emergency Medical Services (EMS): Maintain situational awareness of EMS assets and needs. Facilitate redeployment of these assets on a mission essential basis;
- Provide public messaging, outreach and guidance for public health issues;
- Facilitate development of crisis standards of care;
- Provide subject matter experts to advise local communities on health issues;
  - Epidemiologists
  - Physicians
  - Mass fatality technical specialists
  - Drinking Water
  - Radiation Protection Services
  - Toxicology
  - Mass Care responsibilities for congregate care facilities

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#### Post Event Activities:

- Conduct post-event surveillance of medical care systems;
- Collection of data on medical conditions;
- Post-event exposure registry rostering for hazardous material exposure;
- Testing for safety of drinking water and food.

#### Maintain the following web-based systems:

- Hospital Capacity Web Site (HOSCAP): This system is used in hospital emergency departments and participating EMS agencies to provide situational awareness in mass casualty incidents and other events. Provides Emergency Department (ED), trauma and inpatient bed availability and additional hospital capacity and logistics information;
- Health Alert Network (HAN) is part of the CDC National Health Alert Network System and is a key component of the Public Health Information Network (PHIN). HAN is used to convey consistent and timely health information to partners around the State. HAN has a document library available for routine, non-emergent collaboration within the public health system with local health departments, tribal, and hospital partners;
- SERV-OR: Volunteer registry for licensed health professionals.
- EM Track: A web-based system for tracking patients from an incident scene to admission to a hospital.

#### Catastrophic Event Operational Challenges

- By nature of a catastrophic event, essential personnel will be delayed in response due to commitments to personal and family safety and security. Responses will be delayed as personnel check in as 'available' for mission deployment;
- Logistics (SNS) movement and distribution is heavily reliant on transportation. MOU with ODOT for that, but may need to partner with State ECC to get a work-around if ODOT couldn't move it. Not sure how that would occur absent viable road infrastructure;
- Medical system overwhelmed and unable to provide care due to damaged facilities;
- Public Health has no transportation capabilities for this type of logistical movement and supply (agency only has a few motor pool cars, for the most part), nothing that could be used as backup transport for SNS;
- Isolated care locations would quickly run out of supplies;
- After initial trauma issues are cared for, subsequent medical surge will be chronic care (examples-blood pressure, diabetes, dialysis, etc.). Limited hospital resources to offer care typically received. It is extremely likely resources will be needed to move people out of State for care;
- None of private sector health care has long-term capabilities if their normal day-to-day logistics is cut off. No back up warehouses or caches of supplies that would even come near what would be needed post-quake. Statewide, the system would run out of supplies, medications, hospital beds, and providers almost immediately;

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- Limited availability in Oregon of pre-positioned pharmaceutical and medical supply caches. Agreements in place with certain pharmaceutical wholesalers for just in time delivery of certain products;
- Some hospitals have warehouse storage for supplies, but they only have 24-72 hours of supplies under a “normal use” situation;
- Lack of interoperability (i.v. tubes, for example, are all different sizes and they all have very specific purposes for individual care). There are very few linkages between medical supplies, so that makes it harder on the providers and facilities because what they need for each patient is very specific;
- Oregon hospitals and health systems have been developing medical surge plans that take into account both early patient discharge and transfers, expansion of bed capacity and establishment of Alternate Care facilities, among other strategies. Sufficiency of this surge capacity is directly related to the extent of the surge event in question;
- Regulations and Policies that could hinder response:
- Legal issues for triaging doctors in this scenario are a problem. Many medical providers have become unwilling to serve during these types of disasters for this reason. Governor has authority by statute to waive certain rules;
- No legal mechanism for public not wishing to be quarantined;
- Challenge of prioritizing who is the priority for limited medical resources.

#### **Support Needed Immediately After a Catastrophic Event**

- Accessibility to fuel resources;
- Aerial (fixed wing and rotor) support for medical evacuation and insertion of teams;
- Security of SNS;
- Medical system overwhelmed and unable to provide care due to damaged facilities, will need resupply and additional personnel to manage, or will require mass patient transport to locations more able to deal with surge;
- Would be working with Federal counterparts to bring in Federal medical stations and other supplies (NDMS – National Disaster Medical System)- Example: 250-bed units of care to take loads off hospitals;
- Would require immediate Federal and out-of-State medical team assistance:
- D-MAT, D-VET (veterinary teams), D-MORT (Disaster Mortuary Teams);
  - Additional supplies from SNS;
  - American Medical Response (AMR) medical transport assistance;
  - Providing supplies to isolated care locations;
  - Logistical support;
- Public Health will work on rule modifications for patient transport with Emergency Medical Services (EMS) Ambulance Service Area (ASA) contract: Public Health would work on rule modifications for patient transport following scenario.

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#### 3.2 Support Agencies

##### 3.2.1 Department of Administrative Services

###### See ESF-7 for additional DAS CSZ information

- Provide resource support (locating, purchasing and coordination of delivery of resources) to support the ESF-8 mission.

##### 3.2.2 Department of Agriculture

###### See ESF-11 for additional ODA CSZ information.

The Animal Health and Identification Division provide veterinarian services to control and eradicate animal diseases, especially those transmissible to humans, livestock and birds. The Division provides guidance and assistance to local jurisdictions for response to disasters that involve domestic animals.

###### Priorities

- Damage assessment and staffing of the agency AOC;
- Establish essential communications;
- Response to distressed animals and/or diseases effecting domestic animals;

###### Assets

- Agency has own AOC for emergency operations, however will send a liaison to the ECC;
- State staff of three Veterinarians;
- Field Staff – approximately 240 (some of this number is seasonal) – brand inspectors who document testing that is done on domestic animals so that they can be shipped in and out of State to sustain quality control and commerce capability;
- Team of private veterinarians 125 – 150 that have been credentialed and trained in ICS response activities that can be called upon to assist the State. These team members are under contract with the Department of Agriculture;
- Have four animal response trailers located throughout the State;
- Have two livestock trailers capable of hauling mobile corrals;
- Have MOU's with veterinarians Statewide to provide assistance;
- Have MOU's with veterinarians to augment ODA response Statewide;
- OSU can provide responders for disease control;
- Have livestock sheltering areas east of the Cascades. Have private landowner information to possibly be able to establish alternate private livestock sheltering capabilities.

###### Capabilities

- Testing and movement of domestic animals to areas of the State/ out-of-State able to care for displaced livestock;
- Re-establish commerce capabilities and regulatory standards;

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- Monitor safety and environmental health of Confined Animal Feeding Operations (CAFO);
- Assist with coordination, control and eradication of outbreak of zoonotic diseases that could affect humans;
- Assure food safety and security in coordination with other agencies, as appropriate;
- Coordination for the disposal of animal carcasses resulting from disease;
- Assist with pet sheltering;
- Staff is able to telework throughout the State with communication resources intact;
- Can sustain basic operations for three to four days with current human resources.

#### **Catastrophic Event Operational Challenges**

- Two thirds of the available staff is located west of the Cascades. This scenario may impact their ability to respond;
- Main Department of Agriculture building in Salem will need generator power;
- Determining and acquiring disposal sites for dead animals;
- Currently have no radio communications capabilities;
- No amateur radio capability.

#### **Support Needed Immediately After a Catastrophic Event**

- Two thirds of the available staff is located west of the Cascades. This scenario may impact their ability to respond.
- Request veterinarians from out of State who would help manage incident response;
- Will require assistance of Federal Veterinarian Response Teams;
- Field teams will require fuel and road access to areas as needed;
- Main Department of Agriculture building in Salem will need generator power;
- Potable water;
- Currently have no radio communications capabilities;
- No amateur radio capability;
- ODA will need fuel for animal carcass disposal, and disposal of contaminated feed. (Burning).

The **Food Safety Division's** team of field inspectors and staff license and inspect all facets of the food processing and distribution system, except restaurants, to ensure that food is safe for distribution and consumption. This includes shellfish harvesting, dairy, retail grocers, bakeries, non-alcoholic beverages, custom meat, eggs, warehouses and food manufacturing. ODA coordinates with the State Health Officer on milk and other food products in commerce in response to nuclear incidents and works closely with the Oregon PHD in response to all food emergencies.

#### **Priorities**

- Human health is primary priority;
- Animal health is secondary priority;
- Water testing of private wells being used as a water source for industrial food processing.

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#### **Assets**

- Have resources to assist county and State Health Departments with food safety issues;
- Have Statewide contact list for food producers and licenses.

#### **Capabilities**

- Licensing organization for - food processors, warehouses, grocery stores, delis, bottled water, milk producers, dairies;
- Inspect all facilities once a year and more often if necessary;
- Contract with FDA for inspections;
- Investigate food safety issues – and recalls;
- Responsible for activating FERN – Food Emergency Response Network and CCAP – Chemistry Cooperative Agreement Program;
- Provide expertise in determining the safety of sundry food supplies from grocery stores that are not perishable or contaminated to augment sheltering food needs.

#### **Support Needed Immediately After a Catastrophic Event**

- Will not have the capability of testing and verifying the safe handling of food being brought into impacted areas for human or animal consumption;
- Quality assurance of food will have to be done prior to being used in the State.
- By nature of a catastrophic event, essential personnel will be delayed in response due to commitments to personal and family safety and security. Responses will be delayed as personnel check in as ‘available’ for mission deployment;
- Accessibility to fuel resources;
- Aerial (fixed wing and rotor) support for medical evacuation and insertion of teams;
- Additional food inspectors will be needed to ensure food safety;
- Communications capabilities for ODA will need to be improved to communicate post-incident.

**Laboratory facilities** provide analysis for food and dairy samples, animal diseases, animal feeds, shellfish, fertilizer, water, plant pest and disease, pesticides, and market assurance analysis. Analyses are also provided for the Food Emergency Response Network (FERN).

#### **Assets**

- Animal lab in Salem for inspection and testing prior to shipping in and out of State;
- Portland Animal lab is located on the Naito Parkway, Portland;

#### **Capabilities**

- Can test Oregon food products destined for overseas shipments;
- Can assist the Department of Health with testing drinking water resources, as needed.

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The **Natural Resources Division's** mission is to conserve, protect, and develop natural resources on public and private lands. Primary program areas include: water quality, confined animal feeding operations, smoke management, land use, and Soil and Water Conservation Districts.

#### **Capabilities**

- Can assist county Health Departments with water testing;
- Can provide technical expertise in long term recovery of Agricultural production and conserving natural resources.

The **Pesticides Division** regulates the sale and use of pesticides, provides testing and licensing for all users of restricted-use pesticides, is responsible for fertilizer registration, and investigates incidents of pesticide misuse. It's Pesticide Analytical and Response Center (PARC) functions as a clearinghouse for information on alleged and actual health and environmental incidents and reports its findings. ODA investigates these incidents and reports its findings.

#### **Assets**

- Has licensing information of pesticide appliers.

#### **Capabilities**

- Can assist in sampling and ensuring safety of water supply;
- Coordinates with DEQ on providing pesticide information.

The **Plant Division** works to exclude, detect, and control or eradicate serious insect pests and plant diseases;

- Can provide support to public health matters for radiological incidents consistent with the Advisory Team for environment, food and health.

The **Food Safety Division's** team of field inspectors and staff license and inspect all facets of the food processing and distribution system, except restaurants, to ensure that food is safe for distribution and consumption.

#### **Capabilities**

- Field staff with expertise to assist local and State health departments with food inspections for safe distribution and consumption;
- Assist State and local public health departments as necessary;
- Will need additional field staff from out of State that are already certified.

#### **Support Needed Immediately After a Catastrophic Event**

- Will not have the capability of testing and verifying the safe handling of food being brought into impacted areas for human or animal consumption;
- Quality assurance of food will have to be done prior to being used in the State.
- By nature of a catastrophic event, essential personnel will be delayed in response due to commitments to personal and family safety and security. Responses will be delayed as personnel check in as 'available' for mission deployment.
- Accessibility to fuel resources;
- Aerial (fixed wing and rotor) support for medical evacuation and insertion of teams;

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- Additional food inspectors will be needed to ensure food safety;
- Communications capabilities for ODA will need to be improved to communicate post-incident.

#### 3.2.3 Occupational Safety and Health Division

**Oregon OSHA:** Ensures employers understand their responsibilities for protecting their workers, especially during emergency response and recovery operations. Enforces occupational safety and health rules, investigates workplace fatalities, major accidents, and safety and health complaints. Coordinates and performs the actions identified within the Worker Safety & Health Support Annex of the National Response Framework, or State equivalent; provides occupational safety and health technical assistance to other State and local entities; assesses responder safety and health resource needs, e.g., OSHA on-site assistance, incident-specific personal protective equipment protocols, training, safety and health monitoring.

#### Priorities

- All DCBS divisions would need to assess their own operational needs and account for personnel;
- Respond to request to send liaison with State ECC.

#### Assets

- OR OSHA has field offices around State.
  - Location of field offices: Medford, Eugene, Salem, Bend, Portland, Pendleton.
  - Pendleton is a satellite office.
  - Oregon OSHA Laboratory is located in Portland.
- Vehicles for staff are located at each field office;
- Uses standard communication assets (phones, cell phones, internet);
- Uses the DCBS data network administered by DAS. DCBS/Oregon OSHA would be dependent on DAS for restoration of computer access;
- Operates a nationally certified occupational health laboratory in Portland. This well-equipped lab analyzes samples collected by compliance officers and consultants to determine chemical compositions and concentrations of hazardous substances to which workers may be exposed.

#### Capabilities

- Oregon OSHA serves as a regulatory agency with Statewide authority over public and private sector operations and work for worker safety. Worker safety and health complaints would be addressed through established enforcement policies and procedures. If there is a worker safety & health issue, Oregon OSHA may be tasked with ensuring an employer takes care of the issue;
- Works with other State departments to answer questions on worker safety and health;
- Provides technical assistance (answering questions, distributing information, etc.) regarding worker safety and health;

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- Education and training for responders and workers on dealing with safety and health hazards;
- Oregon OSHA can assist employers in complying with regulatory requirements for personal protective equipment;
- Liaises with Federal OSHA to ensure worker health and safety;
- Mechanisms are already in place to work with Federal OSHA in an earthquake scenario. In the context of disaster recovery, Federal OSHA will work with FEMA on the national level, assisting Oregon OSHA. This would go back through ECC for tracking ;
- Coordinates communication with labor unions, contractors, and other organizations regarding responder safety and health issues;
- Oregon OSHA has a large inventory of sampling equipment for a variety of substances and hazards, and staff trained on their use;
- Can coordinate with Federal OSHA to provide specialized response teams, for example, construction, biological or radiation safety. Access to and availability of Federal OSHA specialized response teams is contingent on federal/regional priorities.

#### **Support Needed Immediately After a Catastrophic Event:**

- By nature of a catastrophic event, personnel will be delayed in response due to commitments to personal and family safety and security. Responses will be delayed as personnel check in as 'available' for mission deployment;
- Electrical power backup for the Capital Mall buildings is serviced off the power grid, and OR-OSHA field offices do not have generators for emergency power backup;
- Oregon OSHA communications are dependent on telecommunications and internet;
- Loss of computer and data systems would impact Oregon OSHA operations significantly, however, enforcement citations could be issued through a manual process;
- Might require communication equipment and most likely vehicles, fuel or transport to work locations;
- No private sector contractors that could help with Oregon OSHA regulatory work, which would be bulk of post-quake work;
- Would need to turn to Federal OSHA for assistance, if necessary.

#### **3.2.4 Department of Fish and Wildlife**

##### **See ESF-11 for complete ODFW CSZ information**

- ODFW's ESF-8 responsibility is to provide assistance to ODA with control and eradication of an outbreak of a highly contagious or economically devastating animal/zoonotic disease.
- ODFW can assign assets not deployed on other ESF missions to assist with ESF-8 operations as requested.

### ESF 8. Public Health and Medical Services

#### 3.2.5 Oregon Military Department

##### Priorities

- Immediate assessment of surviving equipment and units available for response (including maintenance facilities);
- Establish communications with OMD facilities Statewide and begin implementation of Area of Responsibility (AOR) plans;
- Recall of personnel;
- Contact and Establish contracted medical re-supply pipelines;
- The Oregon National Guard may engage in immediate response lifesaving response actions for up to 72 hours at individual unit commander's decision;
- Respond to mission tasking by OEM;
- If contacted by local emergency management or local government authorities, units could respond (this action would likely be concurrent with Joint Operations Center (JOC) mission tasking to that unit).

##### Assets

- One medical company located in Salem, has minimal ambulance capability, but capable of non-standard medical evacuations;
- Two air medical groups- located at PANG and Kingsley Airfield;
- Fatality search and recovery team- located at PANG, capable of storing 24 fatalities;
- UH-60 Blackhawk helicopters based in Salem;
  - Medical evacuation capability.
- CH-47 heavy lift helicopters based in Pendleton;
- CERF-P medical group consists of 45 personnel and is capable of mobile triage and stabilization in preparation for movement to higher care facility;
- Can request from National Guard Bureau for additional medical assets (96 hours to one week for arrival);
- Each National Guard unit Statewide has limited basic medical capabilities;
- Can perform casualty clearing/staging and other missions as needed including aero-medical evacuation and medical treatment.

##### Capabilities

- Triage and stabilization of wounded;
- Can provide available National Guard medical units, when authorized and necessary to provide support. Can perform casualty clearing/staging and other missions as needed including aero-medical evacuation and medical treatment;
- Fatality management;
- Minimal patient transport;
- Trauma nurses and doctors (no surgical capabilities);
- Provide support or direct care based on ESF-8 missions;
- Can provide available logistical support to public health/medical response operations.

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#### Catastrophic Event Operational Challenges

- By nature of a catastrophic event, essential personnel will be delayed in response due to commitments to personal and family safety and security. Responses will be delayed as personnel check in as 'available' for mission deployment.
  - Estimated that 24 hours after event only 30% of personnel available for duty.
  - Estimated that 72 hours after event 50% of personnel would be available for duty.
- Unknown percentage of National Guard personnel serving as first responders as their full-time profession;
- Accessibility to fuel resources;
- May have challenges recalling trained medical personnel that are working in hospitals as their primary profession.

#### Support Needed Immediately After a Catastrophic Event

- Resupply of medical supplies;
- Fixed wing air transportation;
- Additional ambulances.

### 3.3 Adjunct Agency

#### 3.3.2 American Red Cross

##### Priorities

- Life and safety of staff and public;
- Mass care of survivors;
- Provide and support sheltering, feeding, distribution of emergency supplies, supporting the bio-medical needs of impacted communities; Support responder and survivor information needs – where survivors can find assistance;
- Work with the Governor's office for transition to long term recovery.



##### Assets

- Within the State of Oregon, the American Red Cross has five chapters that provide program and services:
  - **Oregon Trail Chapter:** *Serving Baker, Clackamas, Clatsop, Columbia, Hood River, Gilliam, Morrow, Multnomah, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington and Yamhill Counties.* Oregon Trail Chapter serves as the lead chapter for the State of Oregon.
  - **Oregon Mountain River Chapter:** *Serving Crook, Deschutes, Grant, Harney, Jefferson and Wheeler counties and Warm Springs Reservation.*
  - **Oregon Pacific Chapter:** *Serving Benton, Coos, Douglas, Lane and Linn Counties.*

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- **Southern Oregon Chapter:** *Serving Curry, Jackson, Josephine, Klamath and Lake Counties.*
- **Willamette Chapter:** *Serving Lincoln, Marion and Polk Counties.*
- 12 supply caches, mostly trailers, across the coastal communities, staged out of the inundation zone in earthquake resilient buildings;
- National ARC caches are available to mobilize as needed;
- 100 person shelter set up, 100 cots, 200 blankets, administrative supplies to support shelter set up and occupation, basic first aid health items, and personal hygiene items per cache;
- MRE's in pre staged areas, however are in buildings of questionable integrity for large magnitude earthquake;
- ARC is capable of providing tent sheltering if no buildings meet their safety, security, and accessible criteria;
- 40 Caches (trailers) each capable of providing shelter for 100 people, in the State of Oregon, mostly trailers, up and down the I-5 Corridor. The bulk of supplies are in utility trailers 18 – 20 feet long. Can be moved by semi-trucks. These trailers contain non-perishable items;
- Reno, NV and the Umatilla Chemical Depot are large fixed site storage areas for disaster field supplies which includes mass care supplies. Inventory fluxes during the year with multiple disaster declarations and the need to ship out the supplies. These two storage areas have current contracts with common carriers already in place;
- Some MOU's exist with school districts;
- Six Emergency Response Vehicles (ERV's) in the State;
- Five 4wd SUV's;
- One EKRV – Emergency Kitchen Response Vehicle (Portland);
- Capable of heating and serving 250 meals 3 x per day;
- Amateur radio (Ham) equipment in Chapter offices and some of the sheltering trailers;
- ARC – has MOU's with Amateur Radio Emergency Services (ARES) to provide communications;
- ARC – emergency response vehicle has radio capabilities, however it is line of sight – no repeater capability. ARC has its own dedicated National Red Cross radio frequency, (4742). Radio Base Station is in the ARC office in Salem;
- Two Satellite radios in the State – One in Salem office and one in Lincoln County;
- ARC Office in Salem has a PACKET radio;
- ARC offers PIO's to interface and work with JIC for public messaging regarding sheltering and assistance;
- Two Joint Information Centers in Salem – one in Chemeketa Community College and one with CCTV;
- MOU with FEMA agreement for resource tracking and planning;

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- ARC Blood Center (Portland) processes and distributes 90% of the blood supply in Oregon. Have a national testing lab by Portland Airport.

#### Capabilities

- Upon request, assist in establishing, coordinating, and managing the State's sheltering missions to include supporting medical and mental health needs;
- Provide emergency first aid, consisting of basic first aid and referral to appropriate medical personnel and facilities, supportive counseling, and health care for minor illnesses and injuries to incident victims in mass care shelters, the JFO, selected incident cleanup areas, and other sites deemed necessary by the primary agency;
- Provide supportive counseling for family members of the dead, for the injured, and for others affected by the incident;
- Acquaint families with available health resources and services, and makes appropriate referrals;
- Support emergency medical needs on site;
- The ARC can expand its operations as a disaster requires;
- ARC is involved in distribution of emergency relief items, and case management, at its service delivery sites.
- Red Cross Health Services volunteers coordinate their efforts with those of the local health authorities and the medical and nursing communities. When staffing a shelter, dependent on staffing resources, a Red Cross Health Services nurse will be assigned. Health Services responsibilities carried out in any Red Cross facility are supervised by a Red Cross nurse, in consultation with a physician. Nurses, paraprofessional health care personnel and other personnel with acceptable first aid training or experience will be used, commensurate with their abilities, to provide the necessary health services coverage to clients in the shelters;
- The ARC has developed relationships with local emergency program managers and coordinates its response with local governments, as well as providing a liaison to the State ECC;
- Maintains agreements with local, State, and national organizations that support State ESF 6 and ESF 8 activities;
- ARC response staff can interface with State and volunteer teams to coordinate sheltering and feeding;
- Life Safety and Asset Protection Function and Staff Wellness Activity for responders – law enforcement professionals and medical professionals combined look after the health and wellbeing of ARC volunteer staff;
- Mental health staff is available to ARC volunteer staff to assist with mental and emotional issues during this type of event;
- In most instances – an automatic push of equipment and personnel begin to respond (push) to an accessible staging area;
- Can do medical screening for intake into general population shelters. The medical screening identifies people who may need functional needs support services for special needs and medical service;

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- Citizens who are medically fragile or need acute care will be referred to the Health Department for sheltering needs;
- Provides the 'Safe and Well' system for anyone who wishes to place their name in the data base for friends and relatives who would be inquiring about their safety. This is a voluntary program available to disaster survivors;
- The 'Safe and Well' program and Red Cross feeding operations can be extended for those who wish to shelter in place or in neighborhood camps;
- Red Cross has a program to process and train spontaneous volunteers;
- Red Cross have professionals to provide information to the general public and media regarding their services;
- Refers all concerns regarding animal health care, safety, or welfare to American Veterinary Medical Association contact(s) in the disaster area. These contact people are veterinarians affiliated with national, State, county, or local veterinary associations.

#### **Catastrophic Event Operational Challenges**

- Volunteer workers will be impacted by this event and the number of available workers will decrease exponentially;
- Need agreements with ODOT / OMD for transportation of life sustaining supplies;
- Health codes prohibit pets from entering a shelter. ARC works to co-locate pet care facilities next to shelters. ARC partners with other organizations to provide logistically close care and feeding for pets.

#### **Support Needed Immediately After A Catastrophic Event**

- Fuel;
- Generators;
- Medical supplies and prescriptions for chronic illnesses among survivors;
- Accessible roadways into the impacted areas;
- Supplies to support special needs and medical needs at shelters (medications);
- Additional trained personnel;
- Pre-determined staging areas for this event to enable an immediate 'push' of personnel and supplies.

## 4 ESF-8 Concept of Operations

OEM will coordinate all requests for assistance and communicate with the State agencies to identify the appropriate action and State resources to be used. Once Public Health and/or Medical assets have been identified to meet the request, OEM will create an action to the specific State agencies to accomplish the task.

The Oregon Health Authority – Public Health Division has the ability to activate for public health emergencies as identified in their operations plan.

During the response period, The Oregon Health Authority – Public Health Division has primary responsibility for the analysis of public health and medical assistance, determining the appropriate level of response capability based on the requirement

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contained in the action request form as well as developing updates and assessments of public health status.

**4.1 Objective**

To ensure emergency provision of the State’s resources for medical care; to facilitate and/or coordinate the provision of private resources for medical care for survivors in impacted areas; and to supplement and support disrupted or overburdened local medical service personnel and facilities.

**4.2 Challenges**

- Transportation limitations will require injured people to be triaged/treated in place;
- Loss of power/water will limit surviving hospitals ability to provide services;
- The inability for medical providers to deliver at a present standard of care will result in lower successful treatments of injury and illness;
- Surviving patients in damaged hospitals, nursing homes, and assisted living centers will need to be relocated.

**4.3 Assumptions**

- Loss of available hospital capacity combined with high numbers of casualties will overwhelm existing capability;
- Hospitals will require additional resources to provide medical evacuation services;
- Assisted living centers will not have sufficient staff or equipment to provide for evacuation of survivors;
- Casualties and critically injured persons in coastal communities will have to be transported by air or sea due to significant damage to road networks.

**4.4 ESF 4 Shortfalls and Requirements**

SHORTFALLS	REQUIREMENTS
Ambulance and emergency medical support will be inadequate for need.	<ul style="list-style-type: none"> <li>▪ Activation of National Ambulance contract</li> <li>▪ Air ambulance assistance from in and out of State</li> <li>▪ DMAT</li> </ul>
Definitive medical treatment facilities will be significantly damaged and unable to medically support the number of casualties created by the event.	<ul style="list-style-type: none"> <li>▪ Activation of NDMS</li> <li>▪ Evacuation of patients out of area</li> <li>▪ Deployment of Federal Mobile Medical Facilities</li> <li>▪ Augmentation of personnel ,equipment and supplies to surviving medical facilities</li> </ul>
Medical support to chronically ill will not be available within the degraded medical system. To keep these patients from developing more serious issues and adding to the medical problems, pharmaceutical and other medical services will be required.	<ul style="list-style-type: none"> <li>▪ Strategic National Stockpile and other pharmaceutical support to affected population</li> <li>▪ Identification and evacuation of these patients to areas where required support is available</li> <li>▪ Mental health and other medical support will be needed to augment shelter operations and the general public.</li> </ul>

### ESF 8. Public Health and Medical Services

#### 4.5 Concept of Operations

The initial stage ESF-8 response will consist principally of:

- Alerting hospitals and county health offices in unaffected areas of the State to request an inventory of available personnel, supplies, and equipment resources;
- Initiating requests for medical mutual aid through EMAC and FEMA;
- Determining the condition of medical facilities in the impacted areas. Afterwards, medical response will consist of treating victims by either augmenting local medical capabilities or evacuating victims.

ESF-8 functions include but are not limited to:

- ESF-8 will be responsible for the coordination of services, equipment, supplies and personnel to meet the health and medical needs resulting from a catastrophic earthquake and resulting tsunami;
- Coordinate and mobilize all professional and reserve medical personnel to assist in patient care;
- ESF -8 will coordinate the needs assessment and will assume the lead in monitoring potential health hazards;
- Coordinate requests to the EOC for additional health/medical care personnel, equipment and supplies;
- Monitor and react to food/drug safety, radiological/ chemical and biological hazards;
- Coordinate with ESF-3 and ESF-6 on potability of water, wastewater disposal, solid waste disposal and vector control monitoring;
- Monitor medical command and control;
- Determine condition and capacity of hospitals in the impacted areas;
- Coordinate the registration, notification, transportation and sheltering of special needs persons in the community who are unable to respond independently to an emergency;
- Coordination with ESF-6 on special needs shelter medical requirements;
- Incorporating all medical resources such as Strategic National Pharmaceutical Stockpile (SNPS) into earthquake planning and response;
- Determine transportation needs and capabilities, and coordinate with ESF-1 to obtain transportation requirements to support ESF-8.
- Preparing plans to integrate the NDMS into the State's disaster response. National Disaster Medical System (NDMS) consists of the Disaster Medical Assistance Team (DMAT), the Disaster Mortuary Operational Response Team (DMORT), Medical Support Unit, and Mental Health and Stress Management teams.
- Coordinate use of non-traditional facilities such as hotels or containerized medical units to treat disaster victims in the impacted areas;
- Crisis counseling and psychological first aid will be needed as a result of this event. ESF-8 will assist in the provision of counseling services into the impacted areas as requested;

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- ESF-8 will coordinate with Federal ESF-8 to implement public health plans to mitigate the spread of diseases;
- As indicated in the table below, under this scenario, a “Level 4” emergency would be the issue. The State is responsible for convening, developing and managing Unified Public Health Incident Management for incident action planning and resource allocation.

**State/Regional and Local Public Health Emergency Levels and Responsibilities**

Description/Criteria	Responsibility
<p><b>Level 1: Local Public Health Emergency with Local Response</b> Nature and severity is such that the event can be operationally managed within the resources and expertise of the responsible Local Health Departments (LHD(s))</p>	LHD responsible for all aspects of response organization and operations
<p><b>Level 2: Local Public Health Emergency with Potential to Expand</b> Nature and severity is such that the event <i>could</i> be operationally managed within the resources and expertise of LHD(s), but State resources and expertise could improve effectiveness of response</p>	LHD responsible for all aspects of response organization and operations including requesting/assigning State and other parties to assume selected aspects of response
<p><b>Level 3: Regional Public Health Emergency</b> Nature and severity of event is such that it <i>cannot</i> be managed within the resources and expertise of LHD(s) <b>AND/OR</b> There are operational, policy or governance issues of definite interest beyond the affected area</p>	LHDs and State jointly responsible for high-level aspects of incident management, i.e., State/Local Unified Public Health Incident Management and resource management
<p><b>Level 4: Statewide or Multi-Area Public Health Emergency</b> Nature and severity of event is such that it <i>must</i> be managed on a cohesive Statewide basis in order to apply necessary expertise, and appropriately manage scarce resources across a number of locations</p>	State is responsible for convening, developing and managing Unified Public Health Incident Management for incident action planning and resource allocation

**5 Supporting Documents**

- National Response Framework, ESF 8 – Public Health and Medical Services
- County ESF 8 Annexes
- Pandemic Influenza Emergency Management Plan
- Oregon Behavioral Health All Hazard Response Plan
- Oregon Animals in Disaster Plan

**6 Appendices**

None at this time.