
1. INTRODUCTION

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1. INTRODUCTION

Purpose of the Plan

Multnomah County Health Department (hereafter referred to as the Department) developed this Public Health Emergency Response Plan (hereafter referred to as the Plan) so that the Department could be ready to respond to emergencies that might significantly impact the health of the community. Thresholds for Plan activation are described in Chapter 2.

Successful use of the Plan requires that sufficient numbers of staff from the Department and partner organizations be adequately trained (see chapter 3). Nothing in this Plan shall compel the Department to violate its policies and authorities.

Mission Statement

Multnomah County Health Department will prepare their health, medical, and emergency response communities to take quick and appropriate actions to acute public health threats and emergencies.

1-A. EMERGENCY MANAGEMENT

1-A-1. Emergency Management System Adopted by Reference

In March 2004, the U.S. Department of Homeland Security declared the National Incident Management System (NIMS) and its Incident Command System (ICS) as national systems for emergency response. Accordingly, the Department has adopted the NIMS and ICS as the common language and structure for disparate organizations to use in creating an effective and efficient response.

1-A-2. Relationship to Other Plans

Although many plans may apply to an incident, emergency management typically uses local plans, procedures, and resources first. Because resources are not allocated evenly across counties, other jurisdictions, resources and plans may need to respond to an emergency when local resources are inadequate.

A complicated emergency scenario can be guided by many plans. For example, a major hazardous material release from a docked ship may require use of the following plans:

- Operating policies such as those of the Department
- Emergency Medical Services (EMS) Mass Casualty Incident (MCI) Plan
- Hospital Response Plan
- Port of Portland Response Plan

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- City Emergency Operations Plans
 - **This Plan (Public Health Emergency Response Plan)** and other County Department Plans (e.g., Mental Health, Medical Examiner)
 - County Emergency Operations Plans
 - American Red Cross Disaster Health Services Regulation, #3042
 - Oregon Department of Human Services (DHS) Emergency Response Plans and other state plans
 - Oregon Emergency Management Plan, Volume II Emergency Operations Plan
 - Federal Plans such as the Radiological Emergency Response Plan, National Oil and Hazardous Substances Pollution Contingency Plan and its Northwest Area Contingency Plan, National Search, National Disaster Medical System
 - Federal Response Plan

Response organization leaders create and modify preparedness plans, protocols, and policies before an emergency through:

- **Joint training** with partner organizations.
- **Functioning relationships** with other emergency management agencies and providers.
- **Sharing of solutions and points of view beyond this Plan** from other response organizations who have their own responsibilities and capacities in an emergency.
- **Gaining ICS knowledge and experience** in ways that are new to public health.
- **Developing, knowing, and exercising planned response protocols** and other guidelines such as those in the Tabs of this Plan.

Because there may be a number of plans put into use by many different agencies and organizations in an emergency, an effective response organization has to be flexible to the priorities imposed by an incident. Good judgment in emergency response requires training and experience and the ability to negotiate the best solution and use of resources among the array of available options (see chapter 3).

1-B. PUBLIC HEALTH RESPONSE

The public health response is at three levels:

- Local (public health, emergency service agencies, private medical community)
- State (government agencies and their contractors)
- Federal (government agencies and their contractors)

In the most serious emergency responses, the response organization may be forced to use resources obtained from neighboring counties, states and other parts of the nation.

1-B-1. Local Response

Initial response to an event uses local resources. Public health departments are responsible for broad public health mandates. Emphasizing its public health roles, the Department and medical community may:

- Use passive and/or active surveillance.

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- Determine the nature and extent of the health impacts.
 - Collect samples and arrange laboratory analysis.
 - Define cases and differential diagnosis guidelines.
 - Investigate sources and contacts.
 - Initiate treatment such as vaccines and antibiotics.
 - Isolate and/or quarantine.
 - Consult and manage resources with contributing/cooperating organizations and community partners, including staffing of command posts, incident facilities, Department Operation Center (DOC), and County and/or City Emergency Operation Centers (EOCs).
 - Educate the public and provide information.
 - Establish treatment facilities/shelters with community partners.
 - Distribute pharmaceutical and medical supplies from the Strategic National Stockpile (SNS).

1-B-2. State Response

When local resources are no longer able to meet the needs of the response, State agencies may:

- Apply state guidelines and standards.
- Assess state-wide impact of an incident or event.
- Activate State EOC and Agency Operation Centers (AOCs).
- Declare state threat levels, alerts, Governor-declared disasters, and requests for federal assistance (Presidential Disasters).
- Issue emergency orders to maintain civil order, temporarily adjust contracting standards, professional licensure restrictions, etc.
- Provide logistics support from state agencies such as the National Guard, public health laboratory, transportation, health, and law enforcement.
- Obtain and reallocate local resources to areas of need.
- Receive Federal SNS assets and distribute to field dispensing stations.

1-B-3. Federal Response

If there is a direct federal mandate or when state resources are no longer able to meet the needs of the response, federal agencies may:

- Apply national guidelines and standards.
- Assess national impact of an incident or event.
- Declare national threat levels, alerts, and Presidential Disasters.
- Give emergency orders and resources to assist states maintain civil order.
- Provide logistics support from federal agencies including specialized federal teams, pharmaceutical and medical supplies, equipment.

1-C. DEPARTMENT LEADERSHIP SUCCESSION

The Department maintains a policy document describing internal leadership authority and succession. If a designated leader is unavailable (i.e., the person is unable to communicate or

fulfill the leadership duties required), authority and responsibility passes to the next person on the list. Further information is in the Department’s Business Continuity Plan on its internal website.

1-D. AUTHORITIES, CODES, AND POLICIES

The Department and other government organizations, nonprofits such as the Red Cross, and private corporations such as hospitals, all operate under authorities, codes, and policies that govern their roles during an emergency. A response organization uses these authorities, codes, and policies to both leverage and limit its actions.

Public health law involves three basic concepts:

- The duties of Public Health officials and agencies
- The authority of Public Health officials
- Legal restraints on the exercise of authority

It is important to emphasize that in Oregon, counties are directly responsible for protecting the public’s health. The local Health Administrator often delegates the duty and authority to enforce State statute and County and City codes and ordinances to the local county Health Officer (HO). State law does not give the State Department of Human Services’ Public Health Division the same degree of responsibility to act in the public’s health interests that it assigns to local county government. Selected public health authorities are in Appendix 1A of this chapter.

1-E. PLAN ADMINISTRATION, CHANGES, AND DISTRIBUTION

1-E-1. Basic Plan Organization

The Chapters and Tabs of the Plan contain general information that applies to the Department. Appendices may supplement the general information in the Chapters and Tabs or give Department-specific information.

The Chapters provide an overview of emergency management planning and policies, Plan activation and general response operations procedures, and training and qualification recommendations. The Tabs focus on special response protocols.

The Plan is paginated so that each chapter and tab section begins with a separate page-number sequence associated with the chapter number or tab letter.

1-E-2. Annual Review, Update, and Maintenance Responsibility

Multnomah County Health Department will coordinate the annual review, update, publication, and distribution of the Plan. This Plan is an evolving guidance document which will incorporate changes when drills and exercises are conducted using this Plan (see chapter 3) and/or if a real-life event uses this Plan and shows that revisions are warranted.

When pages within a Chapter or Tab are revised, those pages are copied and distributed with instructions to replace pages currently in use. If a Chapter or Tab requires significant revision and repagination, the entire section is reprinted and distributed.

1-E-3. Plan Distribution

Master or revised copies are distributed electronically. The Department and other Plan holders print and maintain at least one hard copy, maintain an electronic copy on an internal drive accessible via intranet, and distribute copies to key emergency response personnel. A suggested method for Plan distribution to key response personnel is to issue them a portable USB drive that can: be updated from the intranet posting of the Plan; include other emergency management references; and be available to the person for use on any USB portal computer as part of a go-kit.

Copies of the Public Health Emergency Response Plan are distributed to the following organizations within the jurisdiction:

- County Office of Emergency Services/Management
- Local Fire Department through the County's Fire Defense Boards
- County Board of County Commissioners
- City Offices of Emergency Management
- Hospitals (Attn: designated Situation Room or Emergency Operations Center)
- County Emergency Medical Service Provider
- Oregon DHS, Health Division

Appendix 1A: Authorities

OREGON REVISED STATUTES CHAPTER 431

AUTHORITY OF THE HEALTH DEPARTMENT AND HEALTH OFFICER

431.150 Enforcement of health laws generally. (1) The local public health administrators are charged with the strict and thorough enforcement of the public health laws of this state in their districts, under the supervision and direction of the Health Division. They shall make an immediate report to the division of any violation of such laws coming to their notice by observation, or upon the complaint of any person, or otherwise. (2) The Health Division is charged with the thorough and efficient execution of the public health laws of this state in every part of the state, and with supervisory powers over all local public health administrators, to the end that all the requirements are complied with. (3) The Health Division may investigate cases of irregularity or violation of law. All local public health administrators shall aid the division, upon request, in such investigation. (4) When any case of violation of the public health laws of this state is reported to any district attorney or official acting in said capacity, such official shall forthwith initiate and promptly follow up the necessary proceedings against the parties responsible for the alleged violations of law. (5) Upon request of the Health Division, the Attorney General shall likewise assist in the enforcement of the public health laws of this state. [Amended by 1959 c.314 s.22; 1971 c.650 s.12; 1973 c.833 s.43; 1973 c.835 s.165; 1974 c.36 s.12; 1977 c.582 s.11]

431.155 Restraining violation of public health laws. (1) Whenever it appears to the Health Division that any person is engaged or about to engage in any acts or practices which constitute a violation of any statute administered by the division or its assistant director, or any rule or order issued thereunder, the division may institute proceedings in the circuit courts to enforce obedience thereto by injunction, or by other processes, mandatory or otherwise, restraining such person, or its statute, rule or order, and enjoining upon them obedience thereto. (2) The provisions of this section are in addition to and not in substitution of any other enforcement provisions contained in any statute administered by the Health Division or its assistant director. [1967 c.94 s.2; 1971 c.650 s.13; 1977 c.582 s.12]

431.157 County authority to restrain violation of public health laws. Pursuant to ORS 448.100 (1), 446.425 (1) and 624.510 (1), the county is delegated the authority granted to the Assistant Director for Health in ORS 431.155. [1983 c.370 s.4]

431.416 Local public health authority or health district; duties. The local public health authority or health district shall: (1) Administer and enforce the rules of the local public health authority or the health district and public health laws and the rules of the Health Division. (2) Assure activities necessary for the preservation of health or prevention of disease in the area under its jurisdiction as provided in the annual plan of the authority or district are performed.

These activities shall include but not be limited to:

- (a) Epidemiology and control of preventable diseases and disorders;
- (b) Parent and child health services, including family planning clinics as described in ORS 435.205;
- (c) Collection and reporting of health statistics;
- (d) Health information and referral services; and
- (e) Environmental health services. [1961 c.610 s.8; 1973 c.829 s.23; 1977 c.582 s.28; 1983 c.398 s.4]

431.418 Local public health administrator; health officer; duties; salary. (1) Each district board of health shall appoint a qualified public health administrator to supervise the activities of the district in accordance with law. Each county governing body in a county that has created a county board of health under ORS 431.412 shall appoint a qualified public health administrator to supervise the activities of the county health department in accordance with law. In making such appointment, the district or county board of health shall consider standards for selection of administrators prescribed by the Health Division. (2) Where the public health administrator is a physician licensed by the Board of Medical Examiners for the State of Oregon, the administrator shall serve as health officer for the district or county board of health. Where the public health administrator is not a physician licensed by the Board of Medical Examiners for the State of Oregon, the administrator will employ or otherwise contract for services with a health officer who shall be a licensed physician and who will perform those specific medical responsibilities requiring the services of a physician and shall be responsible to the public health administrator for the medical and paramedical aspects of the health programs. (3) The public health administrator shall:

- (a) Serve as the executive secretary of the district or county health board, act as the administrator of the district or county health department and supervise the officers and employees appointed under paragraph (b) of this subsection.
- (b) Appoint with the approval of the health board, administrators, medical officers, public health nurses, sanitarians and such other employees as are necessary to carry out the duties and responsibilities of the office.
- (c) Provide the board at appropriate intervals information concerning the activities of the department and submit an annual budget for the approval of the county governing body except that, in the case of the district public health administrator, the budget shall be submitted to the governing bodies of the participating counties for approval.
- (d) Act as the agent of the Health Division in enforcing state public health laws and rules of the Health Division, including such sanitary inspection of hospitals and related institutions as may be requested by the Health Division.
- (e) Perform such other duties as may be required by law.

431.440 Public health administrators have police powers. All district and county public health administrators shall possess the powers of constables or other peace officers in all matters pertaining to the public health. [Amended by 1961 c.610 s.11; 1973 c.829 s.27]

431.530 **Authority of local health administrator in emergency.** (1) The local public health administrator may take any action which the Health Division or its assistant director could have taken, if an emergency endangering the public health occurs within the jurisdiction of any local public health administrator and:

(a) The circumstances of the emergency are such that the Health Division or its assistant director cannot take action in time to meet the emergency; and

(b) Delay in taking action to meet the emergency will increase the hazard to public health.

(2) Any local public health administrator who acts under subsection (1) of this section shall report the facts constituting the emergency and any action taken under the authority granted by subsection (1) of this section to the Assistant Director for Health by the fastest possible means.

[1973 c.829 s.9; 1977 c.582 s.31]

OREGON REVISED STATUTES CHAPTER 433

433.006 **Investigation and control measures.** In response to each report of a reportable disease, the local public health administrator shall assure that investigations and control measures, as prescribed by Health Division rule, shall be conducted. [1987 c.600 s.4]

433.106 **Power to impose public health measures.** (1) When compliance with a necessary control measure is not voluntarily obtained or where noncompliance is imminently threatened, the assistant director or any local public health administrator, in the manner described in ORS 433.019 and 433.022, may impose a public health measure on a person or property in order to prevent the spread of or exposure to a disease or a contaminant that is a threat to the public.

(2) Nothing in this section or in ORS 433.019 or 433.022 prohibits excluding any person from any occupation or from attendance in any school or facility as is otherwise authorized by law.

[1973 c.259 s.9 (enacted in lieu of 433.105); 1987 c.600 s.9]

OREGON ADMINISTRATIVE RULES

333.014.0050

(3) In addition, each county and district health department should include or provide for programs in the following areas (according to the community's health needs):

(b)Emergency preparedness including participation in the development of the county's emergency response plans and internal procedures necessary to carry out the health department's role in the plans;

CONFIDENTIALITY OF INFORMATION

1. ORS 192.502(3) exempts from disclosure "**public body employee (except elected officials) or volunteer addresses, dates of birth and telephone numbers** contained in personnel records

maintained by the public body" unless the party seeking disclosure shows by clear and convincing evidence that the public interest requires disclosure in a particular instance."

2. ORS 192.501(22) exempts from disclosure "records or information that, if disclosed, would allow a person to "identify those **areas of structural or operational vulnerability** that would permit unlawful disruption to, or interference with, the services provided by a public body" or "disrupt, interfere with or gain unauthorized access to communication systems."

3. ORS 192.501(18) exempts from disclosure "**specific operational plans in connection with an anticipated threat to individual or public safety** for deployment and use of personnel and equipment, prepared and used by a law enforcement agency, if public disclosure thereof would endanger the life or physical safety of a citizen or law enforcement officer or jeopardize the law enforcement activity involved."

4. ORS 192.501(23) exempts from disclosure "**records or information that would reveal the security measures taken or recommended** to be taken to protect an officer or employee of a public body;" " buildings or other property used or owned by a public body" or "information processing, communication or telecommunications systems, included in the information contained therein, that are used or operated by a public body."

Related HIPAA Privacy Rules:

45 CFR 164.512(b): A covered entity may disclose protected health information for public health activities to a public health authority that is authorized by law to collect or receive information for the purpose of preventing or controlling disease, injury or disability. The public health authority may disclose protected health information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition as necessary in the conduct of a public health intervention or investigation.

Note: The Communicable Disease Unit relies on this clause in their everyday work.

45 CFR 164.512(j): A covered entity may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information, if the covered entity, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Note: This HIPAA clause can be (and has been) used when someone is threatening to kill or injure himself or others.

45 CFR 164.510 (b) (4): A covered entity may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities, for assisting in the notification of a family member, a personal representative of the individual, or another person responsible for the care of the individual, of the individual's location, general condition or death.

Note: The clause would be used to locate family members when there are victims of a disaster.