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## 2. RESPONSE OPERATIONS

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## Initial Response Checklist

number		date/time
1	<p><b>Size-Up</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine impact/severity.</li> <li><input type="checkbox"/> Create initial response organization.</li> <li><input type="checkbox"/> Analyze incident's growth potential.</li> <li><input type="checkbox"/> Determine real and potential media and political interest.</li> <li><input type="checkbox"/> Determine impact on neighboring health departments and State Health.</li> </ul> <p>Note: If time is critical, any Department manager or supervisor shall initiate reasonable actions to get the facts and protect health and safety.</p>	
2	<p><b>Notify to Appropriate Internal Level</b>                      Promptly notify Agency Executives (AE) of actual or potential emergency:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Director</li> <li><input type="checkbox"/> Public Health Officer</li> <li><input type="checkbox"/> Service Group Directors responsible for communicable disease investigation and emergency medical service</li> </ul>	
3	<p><b>Activate Plan</b>                      If actual or potential health aspects of the incident exceed routine capacity or require unusual coordination between two or more work units:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assign Incident Commander (IC) and key response leaders. .</li> <li><input type="checkbox"/> Delegate authority to IC.</li> <li><input type="checkbox"/> IC set initial objectives aligned with AE goal, resources, and urgent needs.</li> <li><input type="checkbox"/> IC commits or deploys resources.</li> <li><input type="checkbox"/> AE or delegate notify political leaders and key partner organizations.</li> </ul>	
4	<p><b>Create Response Organization and Conduct Operations</b>                      Based on objectives, the IC will:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Develop the incident command organization and establish command post.</li> <li><input type="checkbox"/> Initiate incident action planning for future operational periods.</li> <li><input type="checkbox"/> Order and manage support and operational resources.</li> <li><input type="checkbox"/> Identify and engage needed cooperating and supporting organizations.</li> </ul>	
5	<p><b>Refine the Response Organization</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tailor the response organization structure to current and future objectives.</li> <li><input type="checkbox"/> Maintain operating relationships (with support organizations and agency/political leadership).</li> <li><input type="checkbox"/> Consider establishing Unified Command (UC) of ICs from organizations having the greatest commitment (e.g. responsibility, authority, resources).</li> </ul>	
6	<p><b>Support the Response Organization</b>                      As incident size and complexity increase, ensure:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adequate resource management systems.</li> <li><input type="checkbox"/> Scheduled planning cycle.</li> <li><input type="checkbox"/> Personal accountability controls.</li> </ul>	

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## 2. RESPONSE OPERATIONS

### Purpose and Scope

This chapter describes:

- (A) The process for activating this Plan.
- (B) The overall concept of response operations.

### 2-A. PLAN ACTIVATION

The notification, alert, decision, and plan activation steps leading to an emergency response are summarized in Table 2.1 and described in more detail below.

#### 2-A-1. Notification and Alert Thresholds

Any member of the Department who learns of unusual conditions that have or may result in a public health emergency shall promptly alert a supervisor, manager, or executive. The general notification threshold is when an event may or does exceed normal day-today Department capabilities, or may have a similar effect on neighboring counties and require their evaluation. Specific examples include:

- **Mass casualties** exceeding local capacity (generally defined as ten or more injuries);
- **Major disaster** such as an earthquake or flood that damages community infrastructure (hospitals, transportation system, utilities, etc.) causing major public health impacts;
- **Unexpected severe and acute occurrences** of biologic, chemical, radiological, or environmental disease or injury;
- **Bioterrorism** - suspicion, alert, or actual occurrence of any size incident;
- **Worsening prognosis** - an event that has the potentials for rapid growth and/or major impacts on public health and safety; and
- **High public, media, or political interest** - acute or serious event that has or may stimulate high levels of interest or concern.

#### 2-A-1a. Executive Alert

The first alerted manager or supervisor directs or arranges initial information gathering and response actions to a major, time-critical event. Actions may include:

- **Dispatch individuals** to an Incident Command Post (ICP), Department Operations Center (DOC), and Emergency Operations Center (EOC) to serve as the Department's initial representatives.
- **Assign a person(s)** within the Department to develop and share information within the Department, and with partner organizations, e.g. other County offices and neighboring Health Departments. This should be a DOC if incident is or may soon become large and complex.

The first alerted manager or supervisor must ensure that the alert promptly reaches the Health Director, Health Officer, and other executives who may share responsibility for the Department's

response. Alerted Department executives may order additional initial response or inquiry actions, and schedule a briefing and decision conference with other Department executives.

### **2-A-1b. Executive Decision Conference**

Any Department executive may call a decision conference (in person or by conference call). Conferees may include the Department Director, Health Officer, and select program representatives, supervisors, and managers who are knowledgeable about the incident and its potential impacts on public health. The executives plan the course of the Department's response by thinking through a series of decision-making outcomes:

- Understand the situation and its prognosis.
- Determine public health impacts and likely needed responses.
- Impact on continuity of normal Department operations as resources are diverted to response organization(s).
- Decide whether to activate this Plan. Then there are two options:
  - No. Continue routine Department actions, assign a Department element to monitor the incident and provide scheduled briefs to a Department executive.
  - Yes.<sup>1</sup> Activate the Plan, assign resources to establish and/or support response organizations dedicated to the incident or event. Continue conference with the next action checklist of this part.

If the Plan is activated, continue the conference to determine:

- Objectives** – Establish initial incident response objectives.
- Key Positions** – Select and delegate authority (in writing) to the: IC leading the Department's organization; and Agency Representative(s) (AR) sent to other organizations and empowered to make decision on behalf of the Department. Consider other key appointed positions.

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<sup>1</sup> **Executives activate this Plan by determining that routine activities, organizational relationships, and resources of the Department or other medical entities are not a sufficient response to an actual or potential incident or event.** Plan activation establishes a dedicated response organization tailored to the size and complexity of achieving public health goals and objectives. The actual public health impact does not need to be severe in order to activate the Plan. For example, events with little health impact (e.g., a failed bioterrorism incident) may still require Plan activation to manage the potential for an impending similar incident, or to address public, media, and political interest and concern.

As a general rule, activate the Plan when:

- Health impacts are a primary or major concern (e.g., a natural large-scale communicable disease outbreak, suspected or actual bioterrorism).
- Regionally coordinated action is required to address public health threats (e.g. an earthquake contaminating water supplies and having many other impacts).

Do not activate the Plan when:

- Normal protocols and relationships governing routine health investigations and medical emergencies are adequate (e.g. during a small fire resulting in building evacuation)
- The Department serves a response organization managed by other entities (e.g., fire services, county emergency management) in advisory, liaison, or minor operational roles and health impacts do not exceed the capacity of staff supporting those operations.

- 
- Communication** – Provide information to and gain support of political, public agency, and private executives. Notify public health partners in the neighboring jurisdictions of the event and participate in initial coordination procedures as outlined in Appendix 2D.
  - Resource limits** – Establish point beyond which the IC or AR must seek authorization.
  - DOC** – Activate facility to link Agency Executives and normal Department Operations with emergency response operations.
  - Integration and Coordination Guidelines** – Determine how to integrate with other jurisdictions' response and support organizations (e.g., ICS organizations, EOC(s), etc.).
  - High Level Command and Support** – Decide whether to implement advanced ICS principles and organizational tools to command and/or coordinate multiple response organizations and allocate scarce resources among them.
  - Determine impact of previous decisions on the continuity of normal Department operations.** If excessive, activate the Continuity of Operations Plan and assign an executive or manager and staff to lead implementation. Consider activating a DOC to coordinate information and resources related to response operations and maintaining essential Department services. COOP details are not further addressed in this Plan.

## 2-A-2. Activation and Deployment

Activating the Plan creates a response organization that may be made up of representatives from different Department units and, sometimes, organizations external to the Department.

Alternatively, the Department's response organization may be part of a response organization formed by another agency.

### 2-A-2a. Department Notification of Activation

Department members who need to be informed or called to join the response organization will be notified using call-down protocols [Note that protocols are transitioning from manual call down lists to the use of the automated Health Alert Network (HAN) during 2009]. Based on incident needs, the IC will determine if additional personnel are needed. Call-outs or orders should inform activated personnel of:

- Assignment or work unit**, so they can be appropriately prepared and equipped.
- Time and location to report to (check-in)**
- Expected work hours and duration of assignment** to prepare family and normal supervisor for absence.
- Order Number** when/if a system is established to track resource orders; personnel should provide resource order number to the check-in recorder as they report for assignment.

### 2-A-2b. External Notification of Activation

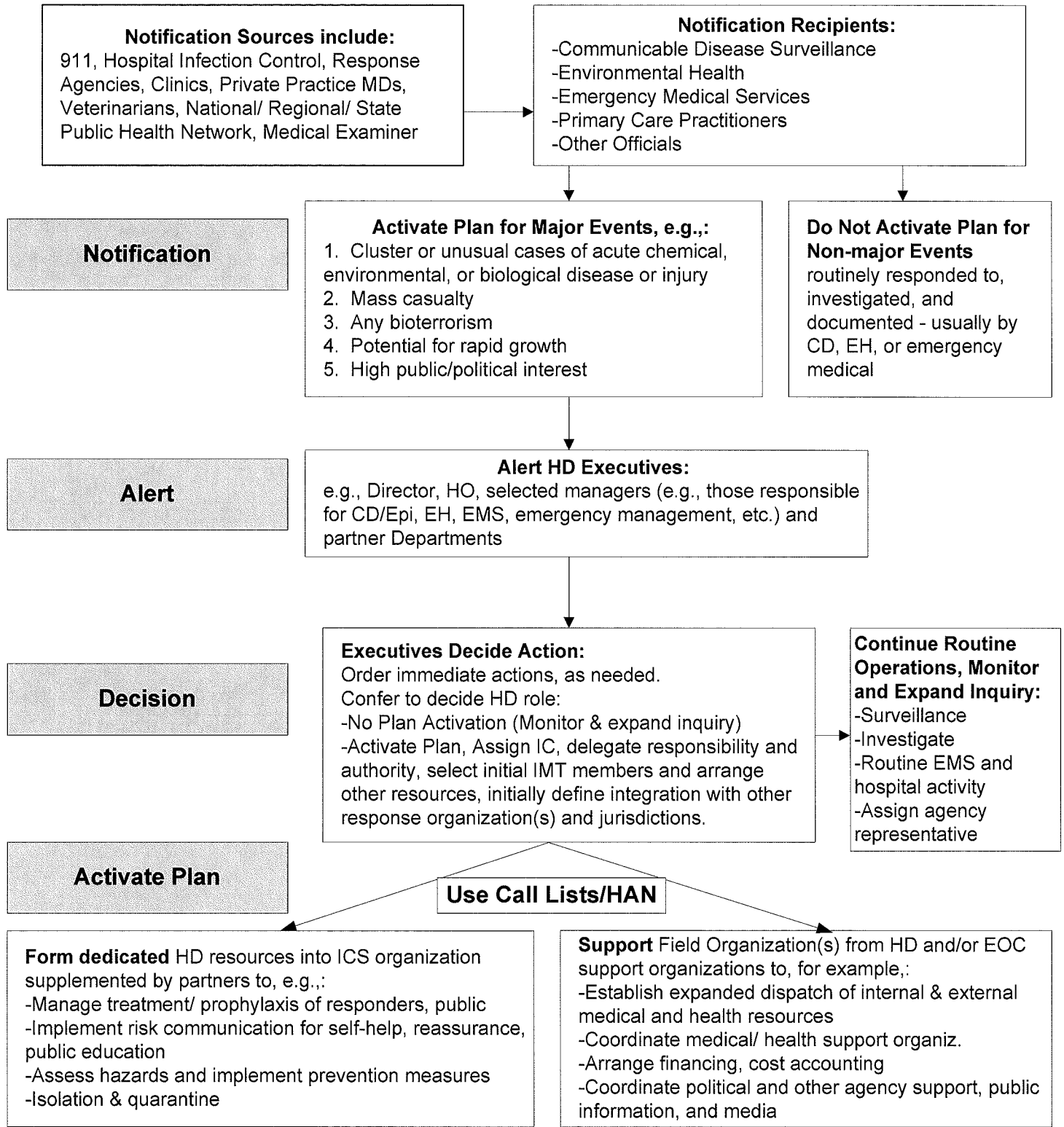
The Agency Executive initiates communications with key elected officials and with leaders of key partner organizations. A major event may require the support and collaboration of:

- **Neighboring Health Departments and State Health (see Appendix 2D)**
- **County executive leadership, and through the Chair** the political leaders of other affected jurisdictions

- **Affected constituencies (directly and through channels)**, e.g., neighborhoods, medical societies, ethnic organizations, media, etc.

External communications are continued through the Incident Commander's (IC) response organization to the public, Emergency Operation Centers (EOCs), Department Operation Centers (DOCs), and assisting and cooperating organizations.

**Figure 2.1 - Health Department Emergency Response Activation Chart**



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## 2-B. RESPONSE OPERATIONS

Successful public health response operations are based upon the quality of:

- Regional cooperation, coordination, and support relationships.
- Employing ICS as a common response operating system.
- Response organization objectives and priorities appropriate to the given time.
- Response organization, resources, and processes aligned with objectives.
- Preparedness plans, protocols, and policies.
- Consistent and accurate communications.

### 2-B-1. Incident Commander (IC)/ Unified Command (UC) General Guidelines

Response operation services are routinely delivered by the medical and health communities and by special response organizations structured under Incident Command System (ICS) protocols. ICS allows great flexibility in tailoring a response organization to the size and scope of the incident or event. ICS organizations range from:

- A single individual acting as the IC
- Several people led by an IC
- An organization of representatives from many agencies integrated into a single response organization and led by an IC or UC
- Several response organizations, each led by an IC/UC
- ICS multi-agency coordination systems (MACS) of activated support, coordinating and response organizations

#### 2-B-1a. Initial Guidelines

Even simple incidents require the IC/UC to:

- Set objectives** for the incident, immediate operations, and the next operational period.
  - Appendix 2A list public health risks posed by various major events
  - Appendix 2B helps the IC set objectives based on public health risks, and proposes strategies and tactics to carry out those objectives
- Define the operational period** for which plans are being made.
- Approve risk communication messages** and media releases.
- Approve the Incident Action Plan (IAP)** (verbal or written).
- Shape resources into an organization** that can best achieve incident objectives.
- Establish incident facilities** (always include single Incident Command Post (ICP)).

#### 2-B-1b. Expanded Guidelines

Complex, large scale incidents require increased efforts by the IC/UC to:

- Maintain a strategic view** by delegating authority and tactical details to activated Command and General Staff positions.
- Recognize needs in advance** so that evolving priorities are handled at a manageable pace and do not become difficult to control.

- Apply the needed depth of ICS positions and processes** by, for example, requesting and integrating a highly experienced Incident Management Team (e.g., a Type I Team) into a response formed for a Type 1 incident (of the greatest size and complexity).
- Integrate professional, trade, and skilled personnel** into the response organization.
- Develop plans** for increasing personnel and resource capacities if the incident grows.
- Use common (ICS) terminology** to refer to organizational structure, position titles, facilities and resources.
- Employ appropriate methods of incident planning**, including a scheduled and well executed planning cycle, clear action plans, evaluation of operations, and long-range plans for the next operational phases.
- Consider and apply special protocols from this and other plans**; knowingly deviate from plans as required by unique impacts, available resources, and conditions.
- Agree on and establish relationships and governance** between the various response, cooperating, and support organizations. Differentiate responsibilities between them, e.g. for operations, resource ordering, and risk communications.

## **2-B-2. Support Relationships**

Various support organizations and networks provide resources, set policy, and delegate authority to the IC/UC's response organization. Their importance increases with increasing incident size and complexity. If support relationships have not been fully developed before they are needed, the IC will need to develop them quickly. Various support relationships are described below and may be called upon during a major incident. These relationships are illustrated in the Appendix 2C graphic.

### **2-B-2a. Agency Executive (AE)**

In ICS terminology, the Department Director is known as the Agency Executive (AE). The AE has ultimate authority and responsibility for the Department's policy, mission, and determining when the Department should be Lead Agency and assign an IC. The Agency Executive's primary response operations role is to:

- Appoint and delegate authority to the agency IC (and to Agency Representatives (AR) assigned to a response organization for which the Department is not the Lead Agency). If the assigned individuals do not normally possess the authority for their response assignment, the Agency Executive needs to give the individual a written delegation of authority.
- Set broad response policy and resource limits.
- Meet information needs of peer organizations and higher authorities.
- Facilitate and open channels for resource commitments from peer organizations and higher authorities.

### **2-B-2b. Incident Command Post (ICP)**

The ICP is the central location for response organization communications, leadership, and support. Note that:

- The IC chooses the ICP location.
- There is only one ICP per incident organization.

- ❑ A DOC (described next) may serve as an ICP.

### **2-B-2c. Department Operation Centers (DOCs)<sup>2</sup>**

DOCs are established by and activated according to the policies of individual agencies and organizations. Some organizations manage daily operations from a DOC; others may only activate a DOC for special or emergency operations. There may be as many DOCs as there are lead, cooperating, and assisting agencies and organizations. They are the conduit for an organization's resource requests and information needs. They may actively control organization resources; however, resources assigned to an IC/UC's organization are under the direct tactical control of that IC/UC. ARs are immediately available to the IC as representatives of supporting organizations. DOCs should:

- ❑ Determine which agencies or organizations have established DOCs, the scope of their operation, and communications channels to them.
- ❑ Arrange for the lead agency's DOC to be the communications link to other agency DOCs.
- ❑ Arrange for ARs assigned to the response organization to communicate needs and information to their DOC.

### **2-B-2d. Emergency Operation Centers (EOCs)**

EOCs arrange for major support and high level strategy and coordination at successively higher levels of jurisdiction (city, county, regional, state). They may serve as the forum for that jurisdiction's agency and political leaders to develop policy and offer support during an emergency.

The relationship of an EOC to the IC varies among jurisdictions, agencies, and situations, and may need to be defined for a specific incident. Under the National Incident Management System (NIMS), an EOC's role is typically to arrange support and coordination of resources and services for the IC. The IC is responsible for incident objectives and tactical control of the field response organization.

An IC will interact with EOCs activated by County Emergency Management, the city, and the State.<sup>3</sup> An EOC may be partially activated to monitor operations and relay information. At a higher activation level, it arranges for resources and coordinates agencies within the EOC's level of government. If that EOC cannot provide the resources, it should fill the order from the next higher level EOC, e.g., the State. EOC functions should align with ICS Command and General Staff functions since many of the EOC management responsibilities will parallel those of the IC. EOCs may also be organized according to functional disciplines called Emergency Support Functions (ESF). The IC and Agency Executive should send appropriate level health officials to relevant EOCs to help them:

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<sup>2</sup> Also known as AOC (agency), BOC (bureau), and other terms, all related to coordinating an organization's operations.

<sup>3</sup> Some agencies or organizations, such as the Portland Water Bureau, have a facility that they call an EOC. However, the term BOC would better describe their narrower focus on bureau operations in contrast to city, county, or state EOC's; each responsible for coordinating many departments, bureaus, or agencies.

- Implement health-related plans or provide the health perspective on other response plans.
- Maintain communications flow.
- Support field operations.

### **2-B-2e. Dispatch Points**

Dispatch Points routinely dispatch personnel, equipment, and support resources. An example is the dispatch of fire, police, and ambulances through 9-1-1 Centers. Dispatch Points do not have tactical control; they respond to the IC's requests for support. An activated Health Department DOC might serve as a Dispatch Point for resources requested from the Department.

### **2-B-2f. Mutual Aid**

Mutual Aid is a formal, legally supported protocol among police, fire service, public works, and other organizations to provide mutual support. Interagency Agreements (IAG) and Memorandums of Understanding (MOU) also provide a foundation for cooperation. Each discipline usually has its own set of agreements. Informal agreements and working relationships support mutual aid between metro health Departments. A state-wide omnibus mutual aid agreement has been signed by Multnomah and most other regional counties. The IC initiates requests for aid to an appropriate ordering point; Department or County officials will choose to fulfill the request with internal or mutual aid resources. .

### **2-B-2g. Cooperating and Supporting Organizations (or Agencies)**

Organizations supporting the response organization are roughly categorized as cooperating or supporting. Cooperating organizations generally provide administrative or indirect support without becoming part of the response organization (e.g., the county attorney may solve a legal problem such as gaining access to a property). Supporting organizations generally provide operational resources, as in the examples of a hospital providing medical care or the Sheriff providing security, traffic control, or law enforcement. Supporting organizations may relate to the response organization through contractual, cooperative/coordination, or command and control relationships.

- Cooperating and Supporting relationships ensure mutual understanding of resource commitments and any restrictions on the use of those resources.
- The IC should work through the Liaison Officer and Agency Representatives to create and maintain organizational relationships that will sustain operations and achieve objectives.

### **2-B-2h. Advanced ICS Approaches and Multi-Agency Coordination System (MACS)<sup>4</sup>**

A Type 2 or 1 incident (or event) of great size and complexity may call for multiple IC/UC led response organizations, and other support and coordinating organizations in addition to EOCs and DOCs previously described. Possible organizational structures include:

- IC/UC organizations with non-traditional organization such as branch-based planning and logistics;
- Multiple ICs/UCs, some or all of which may be under an Area Command.

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<sup>4</sup> Refer to the National Response Framework and the Advanced ICS (ICS-400) Course for details.

- Special coordination centers such as the Health/Medical Coordination Center that has been developed for the Portland region to create a larger situational understanding and to better support and coordinate IC/UC operations in local jurisdictions and hospitals.
- Multi-agency Coordination Groups (MAC Group) to establish operational priorities for allocation of scarce resources...

It is critical that the leaders of each response organization quickly establish response relationships, differentiated responsibilities, and information/process flows between organizations and ensure that their organizations understand and comply with these agreements. Also, Type 1 or 2 incident management teams should be obtained in order to help manage large, complex incidents.

### **2-B-2i. Disaster Declaration – Summary of Process**

Emergency response begins at the local level. When a local jurisdiction exhausts its response resources, it can declare disaster conditions and request higher levels of government to also declare a disaster. This declaration allows for the use of special authorities, resources, and other aid. The order of request is:

**City (Mayor) -> County (County Chair) -> State (Governor) -> Federal (President)**

The process is managed by emergency managers at city, county, and state levels, and by the Federal Emergency Management Agency (FEMA). The leaders of each level of government may make disaster declarations and request a declaration from the next higher level. A Presidential declaration of disaster may result in the assignment of a Federal Coordinating Officer (FCO) and establishment of a Federal Disaster Field Office (DFO). The DFO provides field administration of the Federal Response Plan (FRP) and its associated resources. The federal and state levels typically refer requests for resources to parts of their response organizations called Emergency Support Functions (ESFs). Each ESF is specialized, for example there are Health/Medical, Hazardous Materials, Fire Service, and Law Enforcement ESFs... FCO-approved-needs are sent to the appropriate ESF to identify the best resource and to fill the order.

**APPENDIX 2A: ASSESSMENT OF PUBLIC HEALTH RISKS POSED BY VARIOUS MAJOR EVENTS**

Major Event (consider combination of events)	Potential Public Health Risks (general estimate; assess actual risk in consideration of specific incident)																	
	Unsafe/Contaminated Water	Limited Access to Water	Unsafe/Contaminated Food	Limited Access to Food	Contaminated Persons	Infectious Persons	Contaminated Equipment	Contaminated Facilities	Contaminated Agricultural Products	Infectious Animals	Mass Casualties	Limited Access to Medicine	Limited Access to Health & Medical Care	Hospital Capacity Exceeded	Ambulance Capacity Exceeded	Staff Qualification / Capacity Exceeded	Short or Long-term Health Monitoring	Mental Health Services Needed
Severe Weather (wind, ice, snow)	○	○	○	○	○	○	○	○	○	○	◐	◐	◐	◐	◐	○	○	○
Major Earthquake	●	◐	○	◐	○	○	○	◐	○	○	●	◐	◐	●	●	●	◐	●
Landslide	◐	◐	○	○	◐	○	○	○	○	○	◐	○	○	○	◐	○	○	◐
Flood	●	○	○	○	●	○	○	◐	○	○	○	○	○	○	○	○	○	◐
Hazardous Material Spill	●	○	●	○	●	○	◐	◐	◐	○	◐	○	○	◐	◐	◐	◐	◐
Volcanic Eruption (ash fallout)	○	○	○	○	○	○	○	○	○	○	◐	○	○	●	●	●	●	●
Major Disease Outbreak/Attack	○	○	○	○	●	●	●	●	○	●	●	◐	◐	●	●	●	●	●
Pandemic Flu	○	○	○	○	○	●	●	●	○	○	●	●	●	●	●	●	○	●
Wild Land/Urban Interface Fire	○	○	○	○	○	○	○	○	○	○	●	○	○	●	●	●	○	●

High Risk=●

Medium Risk=◐

Zero to Low Risk=○

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**ASSESSMENT OF PUBLIC HEALTH RISKS POSED BY VARIOUS HAZARDS (cont.)**

Major Event (consider combination of events)	Potential Public Health Risks (general estimate; assess actual risk in consideration of specific incident)																	
	Unsafe/Contaminated Water	Limited Access to Water	Unsafe/Contaminated Food	Limited Access to Food	Contaminated Persons	Infectious Persons	Contaminated Equipment	Contaminated Facilities	Contaminated Agricultural Products	Infectious Animals	Mass Casualties	Limited Access to Medicine	Limited Access to Health & Medical Care	Hospital Capacity Exceeded	Ambulance Capacity Exceeded	Staff Qualification / Capacity Exceeded	Short or Long-term Health Monitoring	Mental Health Services Needed
Major Transportation Accident	○	○	○	○	○	○	○	○	○	○	●	○	●	●	●	●	○	●
Explosives Detonation	○	○	○	○	○	○	○	○	○	○	●	○	●	●	●	●	○	●
Civil Disturbance	○	●	○	●	○	○	○	○	○	○	●	●	●	●	●	○	○	●
Radiation Release	●	●	●	●	●	○	●	●	●	○	●	●	●	●	●	●	●	●
Chemical Release	●	○	●	○	●	○	●	●	●	○	●	●	●	●	●	●	●	●
Power Grid Interruption	●	○	●	○	○	○	○	●	○	○	○	●	○	○	○	○	○	○

High Risk=●

Medium Risk=●

Zero to Low Risk=○

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**APPENDIX 2B: PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX**

PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
<p><b>Unsafe / Contaminated Water</b></p>	<p>Eliminate Water Supply as a Disease Vector</p> <p>Ensure an Adequate Supply of Clean, Safe Water</p>	<p>Determine suitability of existing sources</p>	<p><b>Test water</b> – Conduct Field Tests / Perform Analysis / Define scope of contamination</p>	<p>Utility, EPA / HD (EH), OSPHL</p>
		<p>Establish alternate source of water</p>	<p><b>Provide safe water</b> – Ensure safe and adequate distribution process</p>	<p>Utility / EM, HD (EH)</p>
		<p>Provide alternate means to insure safety of existing sources</p>	<p><b>Make water safe to drink</b> – Issue Boil Water Order (BWO)</p>	<p>HD (HO)</p>
		<p>Conduct on-going public health / public information campaign</p>	<p><b>Inform / Reassure Public</b> – Inform and instruct public in precautionary measures and desired public response</p>	<p>HD (HO, PIO, JIC)</p>

**PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX (cont.)**

PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
<b>Limited Access to Water</b>	Ensure the Timely Delivery of an Adequate Supply of Clean, Safe Water to Affected Persons	Identify affected persons	<b>Assess Need</b> - Determine number of persons affected and specific needs they may have	Utility, EM / HD
		Provide an Alternate Source of Water	<b>Inventory Supply</b> - Determine quantity of local supplies of bottled and bulk water	Utility / EM
		Provide an Alternate Means of Delivery	<b>Provide Water</b> - Establish priority / Coordinate delivery	Utility / EM
		Conduct On-Going Public Health / Public Information Campaign	<b>Inform / Reassure Public</b> - Inform and instruct public in precautionary measures and desired public response	HD (HO, PIO, JIC)

**PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX (cont.)**

PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
<p><b>Unsafe / Contaminated Food</b></p>	<p>Eliminate Food Supply as a Disease Vector</p> <p>Ensure an Adequate Supply of Clean, Safe Food</p>	<p>Isolate the Source of Contamination</p>	<p><b>Investigate Contamination -</b> Determine source, extent, type, and scope of contamination</p>	<p>OSPHD, FDA, ODA, USDA / HD (Epi, EH)</p>
		<p>Inspect Restaurant and Retail Food Providers</p>	<p><b>Provide Inspections -</b> Conduct inspections / Issue sanitation placards / Issue Citations</p>	<p>OSPHD, FDA, ODA USDA / HD (EH)</p>
		<p>Inspect Groceries / Food Vendors</p>	<p><b>Monitor Food Handling -</b> Preparation / Service / Refrigeration and Storage procedures</p>	
		<p>Monitor / Inspect Wholesale Suppliers and Transporters</p>	<p><b>Monitor Food Disposal -</b> Collection, disposal, and / or destruction of food waste and contaminated food</p>	
		<p>Conduct On-Going Public Health / Public Information Campaign</p>	<p><b>Inform / Reassure Public -</b> Inform and instruct public in precautionary measures and desired public response</p>	<p>HD (HO, PIO, JIC)</p>

**PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX (cont.)**

PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
<p><b>Limited Access to Food</b></p>	<p>Ensure the Timely Delivery of an Adequate Supply of Clean, Safe, and Nutritious Food</p>	<p>Conduct Inventory of Available Food Supplies</p>	<p><b>Inventory Supply</b> - Determine the sufficiency of current local supplies to meet demands</p>	<p>EM</p>
		<p>Determine the Need vs. Supply Ratio</p>	<p><b>Assess Need</b> - Determine the number of people affected and specific needs they have</p>	<p>EM / HD</p>
		<p>Ensure Equitable Distribution</p>	<p><b>Establish Distribution System</b> - Provide food from staples to prepared foods and MREs as available</p>	<p>EM, Red Cross / HD</p>
		<p>Conduct On-Going Public Health / Public Information Campaign</p>	<p><b>Inform / Reassure Public</b> - Inform and instruct public in precautionary measures and desired public response</p>	<p>HD (HO, PIO, JIC)</p>

**PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX (cont.)**

PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
Contaminated Persons	Reduce the Number of Casualties	Reduce Exposure to Contamination Threat	<b>Conduct Investigation</b> - Identify agent and determine extent of contamination	HAZMAT, EPA, DEQ, OSPHD / HD (EPI, CD, EH), EM
			<b>Conduct Decontamination Procedures</b> - Segregate and isolate patients, conduct decontamination, monitor patients for illness or symptoms	HAZMAT / H, HD (EH), EM
	Prevent the Spread of Contamination	Provide Adequate Treatment (prophylaxis)	<b>Provide Medical Treatment</b> - Ensure immediate medical treatment availability, set-up and staff MCPs, RSPs, and PODs	EMS, Fire, H / HD, EM
		Conduct On-Going Public Health / Public Information Campaign	<b>Inform / Reassure Public</b> - Inform and instruct public in precautionary measures and desired public response	HD (HO, PIO, JIC)

**PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX (cont.)**

PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
<b>Infectious Persons</b>	Minimize Exposure to Others  Prevent the Spread of Infection	Reduce Exposure to Infectious Threat	<b>Conduct Investigations</b> - Identify disease agent and extent of spread	HD (Epi, CD Field Teams)
			<b>Order Isolations</b> - Reduce the exposure of infection to a minimum number of persons	HD (HO)
			<b>Order Quarantines</b> - Reduce the exposure of potentially exposed persons to others	
		Provide Adequate Treatment (Prophylaxis)	<b>Determine Need</b> - Establish course of action	HD (PLAN, OPS, LOG)
			<b>Request resources</b> - Order local supplies or SNS delivery	
			<b>Establish PODs</b> - Set-up and staff facilities as needed	
		Conduct On-Going Public Health / Public Information Campaign	<b>Inform / Reassure Public</b> - Inform and instruct public in precautionary measures and desired public response	HD (HO, PIO, JIC)

**PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX (cont.)**

PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
<p><b>Contaminated Equipment and Facilities</b></p>	<p>Ensure a Clean, Safe Environment</p>		<p><b>Conduct investigations -</b> Determine source, extent, type, and scope of contamination</p>	<p>HAZMAT, EPA, DEQ / HD (Field Teams)</p>
		<p>Reduce exposure to contamination</p> <p>Reduce exposure to decontamination bi-products</p>	<p><b>Conduct decontamination procedures -</b> Segregate / Isolate / restrict access to contaminated equipment and facilities; Conduct decontamination process</p>	<p>HAZMAT, Fire / HD (Field Teams)</p>
			<p><b>Prevent the Spread of Contamination -</b> Safely dispose of decontamination bi-products</p>	
		<p>Return Equipment to Available Status</p>	<p><b>Inspect and Perform Required Maintenance -</b> System checks, inventory control, and coding of equipment and facilities</p>	<p>EPA, DEQ, HD (EH)</p>
		<p>Conduct On-Going Public Health / Public Information Campaign</p>	<p><b>Inform / Reassure Public -</b> Inform and instruct public in precautionary measures and desired public response</p>	<p>HD (HO, PIO, JIC)</p>

**PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX (cont.)**

PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
<p><b>Contaminated Agricultural Products</b></p>	<p>Minimize exposure of people and animals to contaminated products</p> <p>Prevent the spread of contamination</p>	<p>Maintain Partnership with Agricultural Agencies</p>	<p><b>Conduct Investigations -</b> Determine source, extent, type, and scope of contamination</p>	<p>ODA, OSPHD</p>
		<p>Monitor Protective Measures</p>	<p><b>Conduct Food Defense Activities -</b> quarantine, embargo, recall, evaluation, slaughter, disposal, cleaning and disinfecting, trace-back investigations, vector control, transportation permits</p> <p><b>Monitor Disposition of Contaminated Products -</b> disposal and destruction processes</p>	<p>ODA, OSPHD / HD (EH, HO, Epi, CD)</p>
		<p>Conduct On-Going Public Health / Public Information Campaign</p>	<p><b>Inform / Reassure Public -</b> Inform and instruct public in precautionary measures and desired public response</p>	<p>HD (HO, PIO, JIC)</p>

**PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX (cont.)**

PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
<p><b>Infectious Animals</b></p>	<p>Minimize exposure to humans and other animals</p> <p>Prevent the spread of infection</p>	<p>Determine Health Impact Assessment to Humans</p>	<p><b>Conduct Investigations -</b> Determine source, extent, type, and scope of infection</p>	<p>ODA, AHID / OEM, DHS, APHIS, VS, DEQ, EM, HD, ODF&amp;W</p>
		<p>Determine Health Impact Assessment to Other Animals</p>	<p><b>Order Isolations -</b> reduce the exposure of infected animals to humans or other animals</p>	<p>ODA (STATE Vet) / HD (HO), USDA, ODOT, OEM, OSP, ODF&amp;W, APHIS, EPA</p>
		<p>Destruction / Disposal of Infected Animals</p>	<p><b>Order Quarantines -</b> reduce the exposure of potentially infected animals to humans or health animals</p>	
		<p>Conduct On-Going Public Health / Public Information Campaign</p>	<p><b>Order Destruction / Disposal of Animals -</b> follow protocols for destruction and the disposal of dead animals</p>	
		<p>Conduct On-Going Public Health / Public Information Campaign</p>	<p><b>Inform / Reassure Public -</b> Inform and instruct public in precautionary measures and desired public response</p>	<p>HD (HO, PIO, JIC)</p>

**PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX (cont.)**

PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
<b>Mass Casualties</b>	Maintain Health Care system  Issue policy on altered standards of care  Provide assistance to health care resources from State and Federal Government	Provide Sufficient Immediate Care	<b>Establish Care Points and Conduct Triage</b>	RHCS / HD
			<b>Transport</b> - Remove injured / uninjured personnel from scene	Fire, EMS / HD
		Provide Additional Resources	<b>Manage Resource Needs and Requests</b> - Identify needs and manage resource requests	RHCS, HD / MACS
		Provide Mortuary Support	<b>Notification of NOK / Handling of Bodies</b> - Identify needs, provide assistance	DMORT, ME / HO, HD (EH), EM
		Provide Sufficient Mental Health / Professional Guidance and Support	<b>Discuss Altered Standards of Care</b> - work with providers to establish policy on altered standards of care	RHCS, HD, HO
			<b>Provide Mental Health / PTSD Services</b> - Determine need and provide for responder disaster mental health services	
		Conduct On-Going Public Health / Public Information Campaign	<b>Inform / Reassure Public</b> - Inform and instruct public in precautionary measures and desired public response	HD (HO, PIO, JIC)

**PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX (cont.)**

PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
<p><b>Limited Access to Medicine</b></p>	<p>Ensure timely delivery of medications</p>	<p>Provide Needs Assessment / Triage</p>	<p><b>Assess Needs</b> - Determine number and location of people in need, determine specific needs they have</p>	<p>HD (Nursing Team)</p>
		<p>Conduct Inventory of Local Resources</p>	<p><b>Inventory Supplies</b> - Determine the sufficiency of local supplies to meet current demands</p>	<p>HD (Pharmacy) / HD (LOG)</p>
		<p>Provide for the Acquisition of Additional Resources</p> <p>Provide Delivery and Follow-up As Required</p>	<p><b>Manage Deliveries and Resupply</b> - Provide assistance in making home deliveries / request assistance from suppliers and other providers</p>	
		<p>Conduct On-Going Public Health / Public Information Campaign</p>	<p><b>Inform / Reassure Public</b> - Inform and instruct public in precautionary measures and desired public response</p>	<p>HD (HO, PIO, JIC)</p>

**PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX (cont.)**

PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
<p><b>Limited Access to Health and Medical Care</b></p>	<p>Ensure access to those requiring medical care</p>	<p>Provide Needs Assessment / Triage</p>	<p><b>Conduct Triage</b> - Determine number and location of people in need, determine specific needs they have</p>	<p>HD (Nursing Teams)</p>
		<p>Inventory Local Facilities / Acquire Additional Capacity</p>	<p><b>Conduct Facility Survey</b> - Determine capacity of existing facilities for expansion of care</p>	<p>HD</p>
			<p><b>Establish Alternate / Enhanced Care Facilities</b> -- Establish MCPs and other alternative care locations</p>	<p>Field Medical Teams</p>
		<p>Monitor Patient Surge and Facility Capacity</p>	<p><b>Monitor Hospital / MCP Surge</b> - Project future needs for extended / enhanced care</p>	<p>RESTAT</p>
		<p>Conduct On-Going Public Health / Public Information Campaign</p>	<p><b>Inform / Reassure Public</b> - Inform and instruct public in precautionary measures and desired public response</p>	<p>HD (HO, PIO, JIC)</p>

**PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX (cont.)**

PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
<p><b>Hospital Capacity Exceeded</b></p>	<p>Provide additional resources for expanded care needs</p>	<p>Continuous Monitoring of Hospital Capacity</p>	<p><b>Monitor Hospital Status / Surge</b> - Determine availability and service capacity of local hospitals / clinics</p>	<p>RESTAT</p>
		<p>Obtain Additional Resources</p>	<p><b>Monitor Alternate / Enhanced Care Facilities</b> -- Determine capacity of extended care facilities, nursing homes, residential clinics, others who may provide assistance</p>	<p>HD (LOG)</p>
		<p>Obtain Temporary Expansion Capacity</p>	<p><b>Request Military Mobile Hospital Resources</b> - Request and assist the set-up of a military mobile field hospital</p>	<p>HD (LO, LOG)</p>
		<p>Conduct On-Going Public Health / Public Information Campaign</p>	<p><b>Inform / Reassure Public</b> - Inform and instruct public in precautionary measures and desired public response</p>	<p>HD (HO, PIO, JIC)</p>

**PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX (cont.)**

PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
<p><b>Ambulance Capacity Exceeded</b></p>	<p>Provide additional transport resources</p>	<p>Conduct Inventory of Existing Service Capacity</p>	<p><b>Monitor Ambulance Use -</b> Determine availability and service capacity of existing service providers</p>	<p>RESTAT / EMS</p>
		<p>Expand Capacity of Current Providers</p>	<p><b>Obtain Additional Resources -</b> Request additional / surge units from neighboring service areas</p>	<p>EM, EMS / Mutual Aid Providers, BUS, Taxi service providers</p>
		<p>Request Alternate Use Vehicles</p>	<p><b>Obtain Alternate Use Vehicles -</b> Coordinate with local transportation assets to provide wheelchair vehicles or buses as alternative transport</p>	
		<p>Conduct On-Going Public Health / Public Information Campaign</p>	<p><b>Inform / Reassure Public -</b> Inform and instruct public in precautionary measures and desired public response</p>	<p>HD (HO, PIO, JIC)</p>

**PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX (cont.)**

PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
<b>Staff Qualification/ Capacity Exceeded</b>	Provide additional qualified personnel	Monitor existing resource capacity	<b>Monitor Staff Utilization -</b> Determine staffing needs of essential Health Department services	RESTAT
		Obtain and train additional resources from local area sources	<b>Obtain Additional Resources -</b> Authorize the use of retired and student personnel for limited service	HD (LOG)
			<b>Obtain Reserve Resources -</b> Obtain public health / medically-trained personnel to meet specific needs of incident	
			<b>Provide Just-in-Time Training -</b> Review protocols and procedures, standards of care, liabilities	HD (OPS)
Conduct On-Going Public Health / Public Information Campaign	<b>Inform / Reassure Public -</b> Inform and instruct public in precautionary measures and desired public response	HD (HO, PIO, JIC)		

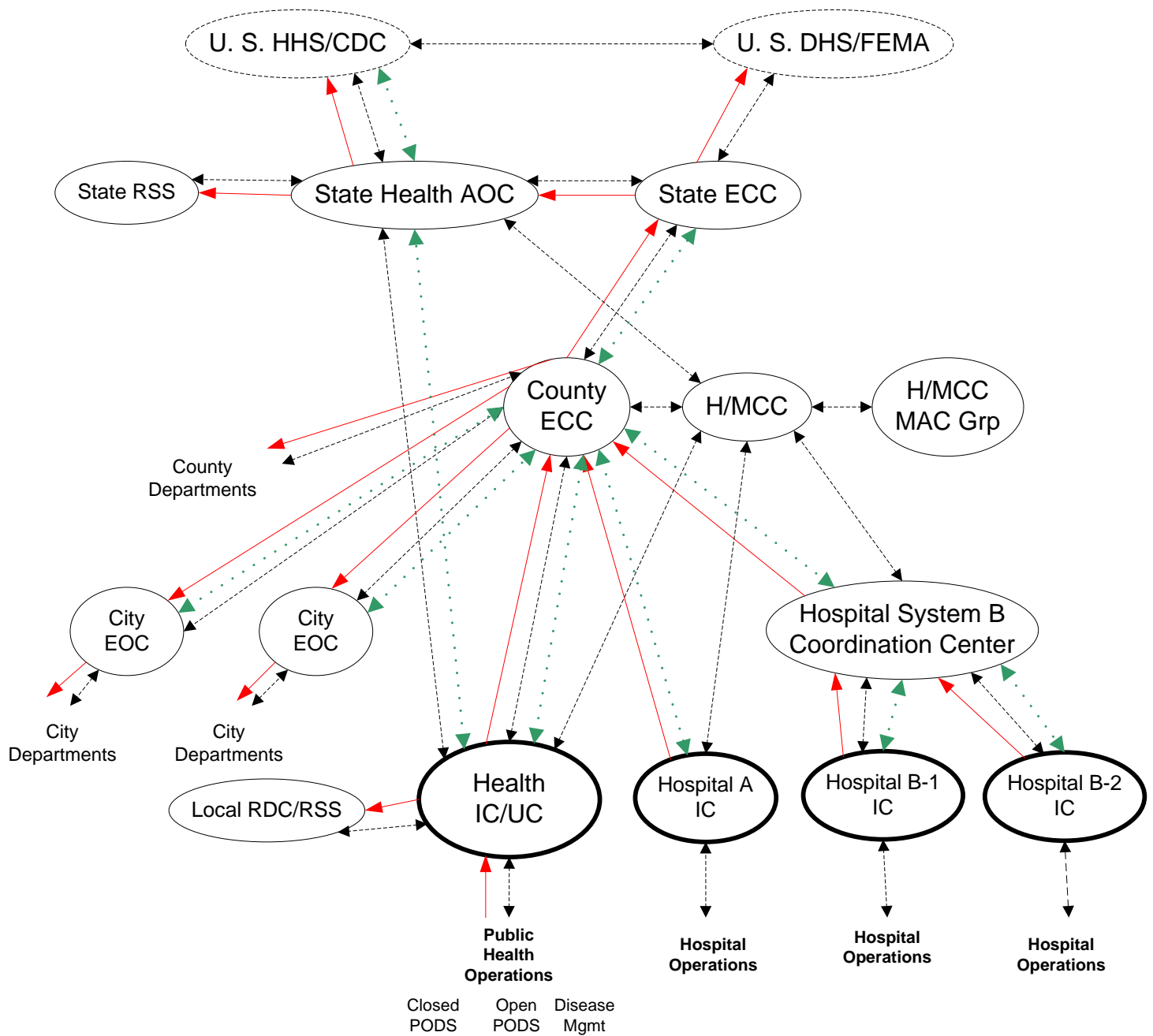
**PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX (cont.)**

PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
<p><b>Short-Term / Long-Term Health Monitoring</b></p>	<p>Observe short- and long-term effects of exposure to specific agents to improve response and care protocols</p>	<p>Establishment of Long-Term Quality Care</p>	<p><b>Identify patients</b> - Identify and secure approval to observe care of patients, determine objectives of study and maintain patient confidentiality</p>	<p>HD (Nursing Teams)</p>
		<p>Contribute to Professional Evaluations and Research</p>	<p><b>Provide Health / Medical Assistance</b> - Ensure the needs of the patients and their family members are met during the study</p>	<p>HD (Nursing Supervisor)</p>
			<p><b>Provide Mental Health Services</b> - Ensure the mental health needs of the patients and their family members are met during the study</p>	<p>DCHS (Behavioral Health Team)</p>
		<p>Publication of Findings / Best Practices</p>	<p><b>Conduct Study / Publish Findings</b> - Follow study guidelines and protocols to ensure study reliability and validity</p>	<p>HD</p>
		<p>Conduct On-Going Public Health / Public Information Campaign</p>	<p><b>Inform / Reassure Public</b> - Inform and instruct public in precautionary measures and desired public response</p>	<p>HD (HO, PIO, JIC)</p>

**PUBLIC HEALTH RISK AND WORK ANALYSIS MATRIX (cont.)**

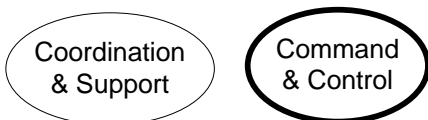
PUBLIC HEALTH RISK	GOALS	OBJECTIVES	STRATEGIES AND TACTICS	LEAD AGENCY/ SUPPORT AGENCY
<p><b>Mental Health Services Needed</b></p>	<p>Reduce the psychological effects of emergency / disaster event</p>	<p>Assess Needs / Triage</p>	<p><b>Conduct Triage</b> - Determine number and location of people in need, determine specific needs they have</p>	<p>DCHS</p>
		<p>Maintain Partnership with Disaster Mental Health Providers</p>	<p><b>Provide Disaster Mental Health Services</b> - Counseling, extended care, stress management, traumatic incident debriefing</p>	
		<p>Monitor Responders for PTSD</p>	<p><b>Provide Responder Critical Incident Stress Debriefing</b> - Conduct shift debriefings and demobilization follow-up of responders</p>	
		<p>Conduct On-Going Public Health / Public Information Campaign</p>	<p><b>Inform / Reassure Public</b> - Inform and instruct public in precautionary measures and desired public response</p>	<p>HD (HO, PIO, JIC), DCHS</p>

# APPENDIX 2C: Response Organization Relationships During a Major Disease Outbreak Requiring Large-Scale Treatment and Mass Prophylaxis Operations



## Communication Channels Key

- Resource Requests
- Situation Awareness
- Public Information System



**Important:** This is a snap-shot in time of three types of communication channels and support relationships agreed upon by leaders of the respective organizations. It changes during the course of the emergency as operations expand and shrink. It is a simplified drawing, e.g. only showing one county EOC, two city EOCs, one hospital, one hospital system, and three types of communications. This example includes a Health/Medical Coordination Center (H/MCC) H/M MAC Group located with a County EOC; it can supports the health/medical information and scarce resource allocation needs of multiple counties. For smaller operations a public health IC/UC might serve this function for H/MCC health and medical organizations that agree to be coordinated.

## Appendix 2D: Region 1 Public Health Initial Disaster Notification and Coordination Procedures

In the event of a developing or expanding large-scale public health emergency, health departments in the impacted areas will need to communicate early in order to provide the most effective and efficient response to the event. Health departments will follow their county's response plan for internal and external notification procedures. This guidance outlines the steps for early notification and coordination among regional health departments in the impacted areas.

<b>INITIAL NOTIFICATION PROCEDURES</b>	<ol style="list-style-type: none"> <li>1. Initially impacted health department <b>alerts</b> surrounding regional health departments of impending or actual public health emergency of potential regional scope using the Health Alert Network (HAN) within one hour of knowledge of event.                         <ol style="list-style-type: none"> <li>a. HAN Administrator or Collaborator sends alert to Region 1 Response Group (R1RG includes: LHD 24/7 Duty Officer, HO, HD Admin or designee, EP Coordinator, Region 1 State Liaison)</li> <li>b. HAN is accessible from any internet source (PC, blackberry) or call State PH Duty Officer 971-246-1789 (Ph) 503-938-6790 (Pgr) to send alert.</li> </ol> </li> <li>2. HAN alert should include:                         <ol style="list-style-type: none"> <li>a. Information about the event</li> <li>b. When/where more information will be available</li> <li>c. Schedule for initial conference call (see below)</li> </ol> </li> <li>3. If power or phones are unavailable, see Oregon Health Region 1 Regional Communications Plan for alternate methods of communication (satellite phone, radio, HAM, etc)</li> </ol>
<b>INITIAL COORDINATION PROCEDURES</b>	<ol style="list-style-type: none"> <li>1. Public Health Incident Commanders will conduct a conference call of no more than 30 minutes to understand the situation and agree to goals and objectives.                         <ul style="list-style-type: none"> <li>• Impacted county initiates the call.</li> <li>• If county is unable to coordinate call, then another county may be requested to coordinate conference call.</li> </ul> </li> <li>2. During the conference call, participants will:                         <ul style="list-style-type: none"> <li>• Develop and agree on overarching health incident goals and objectives</li> <li>• Share situation status to support decisions regarding public health and health care delivery (e.g., hospital, clinic, behavioral health) actions.</li> <li>• Agree on key public communication points and single overriding communication objective</li> <li>• Designate a county to informally monitor and depict the regional picture or to host agreed upon decision bodies such as Unified Command, Area Command, and Multi-Agency Coordination entities.</li> <li>• Agree on conference call schedule.</li> </ul> </li> <li>3. The county with regional lead will document and share agreed decisions and actions.</li> <li>4. The county with regional lead will send the decision and action report to Regional Hospital.</li> <li>5. Regional Hospital will notify hospitals of decisions and actions related to hospitals.</li> </ol>