

MORROW COUNTY

AMBULANCE SERVICE PLAN

ADOPTED APRIL 17, 2024

Morrow County Ambulance Service Area Plan

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**1. CERTIFICATION BY MORROW COUNTY
OF
COUNTY AMBULANCE SERVICE PLAN**

The undersigned certify pursuant to Oregon Administrative Rule 333-260-0030 (2)(a)(b) and (c) that:

1. Each subject or item contained in the plan was addressed and considered in the adoption of the plan;
2. In the governing body's judgment, the ASAs established in the plan provides for the efficient and effective provision of ambulance services; and
3. To the extent they are applicable, the county has complied with ORS 682.205(2)(3) and 682.335 and existing local ordinances and rules.

Dated this _____ day of _____, 2024.

David Sykes, Commissioner, Chair, Position 3

Jeff Wenholz, Commissioner Vice-Chair, Position 2

Roy Drago, Jr., Commissioner, Position 1

2. OVERVIEW OF MORROW COUNTY (DEMOGRAPHIC AND GEOGRAPHIC DESCRIPTION)

Morrow County is located in north central Oregon, east of the Cascade Mountains. The northern border extends 35 miles along the Columbia River and the State of Washington. The northern terrain consists of primarily rolling plains and broad plateaus. The southern terrain consists of the Umatilla National Forest and Blue Mountains. Within the county lies two military installations: Umatilla Army Depot and the U.S. Navy bombing Range. The county has an area of approximately 2,000 square miles (about the area of Delaware) and a population of roughly 13,000.

With the exception of the cities of Boardman, Heppner, and Irrigon, Morrow County is a sparsely populated county that is remote from ambulance service and therefore relies on other public safety responders, such as police and fire or other licensed Emergency Medical Responders that are serving in an initial medical response role while awaiting transport ambulance services. In Boardman, Heppner, and Irrigon, ambulance service is usually on-scene before other public safety responders.

Morrow County averages 1400 requests for ambulance service each year. This figure includes emergency and non-emergency scene response; hospital to home transfers; inter-facility transfers; stand-by service; and no patient transports. The County has established 3 Ambulance Service Areas which generally follow the boundaries of the fire districts within the County. Mutual aid agreements will be enacted between the ambulance Providers and may include mutual aid agreements from providers in adjoining counties. For example, with Umatilla County Fire District #1 and Gilliam Medic.

The following is the Ambulance Service Area Plan and ambulance ordinance for Morrow County. This ASA Plan is required by ORS 682.041 to ORS 682.991 and Oregon Administrative Rules 333, Division 260. The intent of the County Commissioners is to ensure that the citizens of Morrow County have access to efficient and effective ambulance services throughout the County.

3. DEFINITIONS

- (a) "ALS" stands for Advanced Life Support and defines the maximum functions that may be assigned to an AEMT, EMT-Intermediate or Paramedic in accordance with OAR 847-035-0030. OAR 333-255-0070.
- (b) "Ambulance" means any privately or publicly owned motor vehicle, aircraft, or marine craft operated by a Division-licensed ambulance service and that is regularly provided or offered to be provided for the emergency and non-emergency transportation of persons who are ill or injured or who have disabilities. ORS 682.025(1).
- (c) "Ambulance Service" means a person, governmental unit or other entity that operates ambulances and that holds itself out as providing prehospital care or medical

transportation to persons who are ill or injured or who have disabilities. ORS 692.025(2).

- (d) “Ambulance Service Area (ASA)” means a geographic area which is served by one ambulance service provider and may include all or a portion of a county, or all or portions of two or more contiguous counties. OAR 333-260-0010(3).
- (e) “Ambulance Service Plan (Plan)” means a written document, which outlines a process for establishing a county emergency medical services system. A plan addresses the need for and coordination of ambulance services by establishing ambulance service areas for the entire county and by meeting the other requirements of these rules. Approval of a plan shall not depend upon whether it maintains an existing system of providers or changes the system. For example, a plan may substitute franchising for an open-market system. OAR 333-260-0010(4).
- (f) “Ambulance Service Provider” means a licensed ambulance service that responds to 9-1-1 dispatched calls or provides pre-arranged non-emergency transfers or emergency or non-emergency inter-facility transfers. OAR 333-260-0010(5).
- (g) “ASA Advisory Committee” is defined in paragraph 5(a) and appointed by the Morrow County Board of Commissioners.
- (h) “BLS” stands for Basic Life Support and defines the maximum functions that may be assigned to an Emergency Medical Responder or EMT in accordance with OAR 847-035-0030. OAR 333-255-0070.
- (i) “Board” means the Morrow County Board of Commissioners.
- (j) “County Government or County Governing Body (County)” means a Board of County Commissioners or a County Court. OAR 333-260-0010(6).
- (k) “Communication System” means two-way radio communications between ambulances, dispatchers, hospitals, and other agencies as needed. A two-channel multi-frequency capacity is minimally required.
- (l) “Division” means the Public Health Division, Oregon Health Authority. OAR 333-260-0010(7).
- (m) “Emergency Medical Responder” means a person who is licensed by the Emergency Medical Services and Trauma Systems Program, within the Oregon Health Authority Public Health Division, as an Emergency Medical Responder. OAR 333-265-0000(16).
- (n) “Emergency Medical Service (EMS)” means those pre-hospital functions and services whose purpose is to prepare for and respond to medical emergencies, including rescue and ambulance services, patient care, communications, and evaluation. OAR 333-260-

0010(8).

- (o) “License” means the document issued by the Oregon Health Authority to the owner of an ambulance for ambulance vehicle licensing when the vehicle is found to be in compliance with ORS 682.017 to 682.991 and Administrative Rules 333-255-0000 through 333-255-0073.
- (p) “Notification Time” means the length of time between the initial receipt of the request for emergency medical service by either a provider or an emergency dispatch center (9-1-1), and the notification of all responding emergency medical service personnel. OAR 333-260-0010(9).
- (q) “Patient” means a person who is ill or injured or who has a disability and who receives emergency or nonemergency care from an emergency medical services provider. ORS 682.025(10).
- (r) “Provider” means the Ambulance Service Provider that has been assigned to an ASA.
- (s) “Provider selection process” means the process established by the county for selecting an ambulance service provider or providers.
- (t) “Public Safety Answering Point (PSAP)” means a communications facility established as an answering location for emergency calls originating within a 9-1-1 service area. An example of a PSAP is a 9-1-1 Center. ORS 403.105(21).
- (u) “Response time” means the length of time between the notification of each provider and the arrival of each provider’s emergency medical service unit(s) at the incident scene. OAR 333-260-0010(11).
- (v) “Supervising physician” means a physician licensed under ORS 677.100 to 677.228, actively registered and in good standing with the Oregon Medical Board, who provides direction of emergency or nonemergency care provided by emergency medical services providers. ORS 682.025(14).

4. BOUNDARIES

(a) ASA MAP(s) WITH RESPONSE TIME ZONES (See Appendix #1 and #2)

(b) ASA NARRATIVE DESCRIPTION

There are 3 ASA Service Areas which are identified on the attached ASA maps. They are identified as the North East ASA, Northern ASA and Southern ASA Providers will be designated for each ASA Service Area. A Provider may be designated for more than one service area. With one exception, the ASA’s mirror the boundaries of the county’s rural fire protection districts.

The Northern ASA encompasses most of the area of Boardman Fire Rescue District and is further described as all the territory to the East along I-84 starting at milepost 150 (Morrow/Gilliam County Line) to milepost 177 (Morrow/Umatilla County Line) and to mile post 169 (Railroad overpass) Highway 730, to the South on the Bombing Range Road to Alpine Lane.

The Southern ASA encompasses the areas of Heppner and Ione Rural Fire Protection Districts. This area encompasses all the territory to the North from milepost 25 (Morrow/Wheeler County Line) on Highway 207 (Heppner-Spray Highway) to milepost 14B on Highway 207 (Lexington-Echo Highway). East from milepost 8 (Morrow/Gilliam County Line) on Highway 74 to milepost 73 (Morrow/Umatilla County Line) on Highway 74, on Highway 206 from Condon starting at milepost 55 (Morrow/Gilliam County line) to the Junction with Highway 207. This includes the areas defined by Willow Creek Road East to Morrow/Umatilla County line on Forest Service Road 53, and the area removed from the Boardman Fire Rescue District noted above.

The North East ASA encompasses all the territory to the West from milepost 179 on Highway 730 (Morrow/Umatilla County Line) to milepost 169 (Railroad Overpass) and from the Columbia River South to I-84, which includes the area of Irrigon.

- (c) Maps Depicting 9-1-1, Fire Districts and Incorporated Cities (See Appendix #3, #5, and #4, respectively)
- (d) Alternatives Considered to Reduce Response Times

Morrow County has three ASA Service Areas. The boundary definitions roughly mirror the existing rural fire protection districts within the county that have been formed based on the effects of artificial & geographic barriers on response time for emergency services and recognize that response patterns may change due to local conditions such as road closure and weather. Morrow County has many natural response barriers, including rivers and large roadless areas which were considered when designating the ASA Response Areas.

Another barrier is the limited number of ambulances in the County. If existing ambulances in the county are already responding to an incident, response times to subsequent incidents may be delayed while mutual aid is requested, and other units respond from a more distant location.

In instances in which a response may be delayed, there are several options which may be considered and employed based on the circumstances:

- Multiple ambulances may be dispatched from separate locations within the ASA Service Area and/or outside of the ASA Service Area utilizing mutual aid agreements,
- An air ambulance may be requested,

- Additional personnel may be requested,
- Other agencies, such as a fire district, may be contacted for assistance.

5. SYSTEM ELEMENTS

(a) 9-1-1 Dispatched Calls: The enhanced 9-1-1 Boundaries can be described as encompassing all of Morrow County. The entire County was served by 9-1-1 as of 1980. Morrow County is served by a County-wide EMS dispatch & PSAP. It is located at the Morrow County Sheriff's Office in Heppner. The phone number for the Morrow County Sheriff's Office is 541-676-5317.

(b) Pre-arranged Non-emergency Transfers and Inter-facility Transfers:

A Provider retains the first right of refusal for non-emergency ambulance and inter-hospital transfers in that Provider's assigned area.

In the event that a Provider's ambulance services are unavailable, it is the responsibility of the hospital to locate transportation services from other Providers.

(c) Notification and Response Times: Notification times for all responding EMS personnel shall not exceed three (3) minutes.

Response times for Ambulance Services Providers shall not exceed:

- (A) Twenty (20) minutes on 90% of all EMS calls in rural areas.
- (B) Four and one-half (4 1/2) hours on 90% of all calls in frontier areas.
- (C) As response time information is developed and considered by the ASA Advisory Committee, it is expected that response times will be refined and reduced where ambulances are available and staffed 24/7, e.g., urban areas, and reduced for rural and frontier areas.

(d) Level of Care:

To establish a minimum level of prehospital emergency medical care within Morrow County, the Ambulance Services Providers shall conform to the following standards:

- (A) Providers shall provide ALS responses in their ASA. Providers may respond with BLS certified responses as secondary or if responding outside of its ASA.
- (B) ALS ambulances shall be dispatched as available on all requests for medical assistance which are triaged as requiring ALS services according to the standards adopted by ATAB rules and Morrow County ASA

Advisory Committee.

(e) Personnel:

Providers will meet the minimum ALS and BLS staffing requirements in OAR 333-255-0070 and provide ambulances properly equipped to provide response in the ASAs as follows:

- (A) The North East ASA Provider will stage two ambulances in Irrigon. One ambulance will be staffed with 2 full-time employees 24 hours a day, 7 days a week and will support ALS capabilities.
- (B) The Northern ASA Provider will stage two ambulances in Boardman. One of the ambulances will be staffed with 2 full-time employees 24 hours a day, 7 days a week, and support ALS capabilities.
- (C) The Southern ASA Provider will stage two ambulances in Heppner, and one in Ione. One of the Heppner ambulances will be staffed with 2 full-time employees 24 hours a day, 7 days a week, and will support ALS capabilities. The second Heppner ambulance will be equipped to support ALS capabilities but may be BLS staffed. The third ambulance will be staged in Ione and equipped to support ALS capabilities. Dispatch to areas served by Ione will include simultaneous dispatch from Heppner.

(f) Medical Supervision:

All Providers shall retain a Supervising physician as required under OAR Chapter 847, Division 035. To establish a minimum level of medical supervision, the Provider shall conform to the following additional standards:

- (A) The supervising physician or designee shall:
 - (1) Conduct at least one (1) meeting each calendar quarter for case review with the Provider and the Provider's staff that provide ambulance response.
 - (2) Provide training or case review for staff when required, but not less than six (6) times per year.
 - (3) Maintain and review annually or as needed standing orders and response protocols.
- (B) Ensure that appropriate records are maintained for licensing of staff.

(g) Patient Care Equipment:

To establish a minimum standard for patient care equipment within Morrow County, Providers shall conform to the following standards:

- (A) Provide and maintain in proper working condition patient care equipment and supplies in sufficient quantities to provide the minimum level of patient care which they have agreed to provide.
- (B) Patient care equipment and supplies, at a minimum, shall include all necessary requirements to fulfill those outlined in Oregon statutes and OAR 333-255-0072 as it may be amended from time to time,
- (C) ALS ambulance service Providers shall maintain on each ambulance, patient care equipment and supplies which conform with the standards, requirements and maintenance provisions of all statutes and administrative rules pertaining to ambulances and equipment.
- (D) ALS ambulances carrying controlled substances shall comply with all legal requirements.

(h) Vehicles:

To establish a minimum standard for ambulances within Morrow County, Providers shall conform to the following:

- (A) Ambulances shall not be operated unless the ambulance:
 - (1) conforms to ORS 682.015 to 682.295 and all rules adopted by the Authority;
 - (2) has a minimum patient transport capacity of two (2) supine patients;
 - (3) is in sound mechanical operating condition; and
 - (4) has a current ambulance license through the Oregon Health Authority and at a minimum meets the standards in OAR Chapter 333, Division 255.
- (B) Ambulances shall be maintained in conformity with vehicular manufacturer's recommendations and recommendations of the ambulance conversion manufacturer.
- (C) Vehicular equipment shall conform to ORS 682.015 to 682.295 and all administrative rules.
- (D) Records will be maintained as necessary to demonstrate compliance with

(a), (b) and (c) listed above.

- (E) Ambulances shall be operated in accordance with applicable motor vehicle codes, rules, and statutes, and in a safe manner with due regard for lights, traffic, road, and weather conditions.
- (F) Ambulance staffing shall meet the requirements established in OAR 333-255-0070.

(i) Training

In order to create a consistent level of education and training, Providers shall hold training and continuing education that at a minimum are compliant with OAR Chapter 333, Division 265. The Morrow County ASA Advisory Committee, as defined below, shall cooperate with Providers, private or public companies, agencies, and educational facilities to create opportunities for continuing education and training for all EMS personnel. All training will meet or exceed Oregon Health Authority requirements.

(j) Quality Improvement

(A) Structure

In order to ensure the delivery of efficient and effective pre-hospital emergency medical care by ambulances, an ASA Advisory Committee is hereby established.

The ASA Advisory Committee members shall serve at the pleasure of the Board of Commissioners of Morrow County without compensation. The ASA Committee shall meet quarterly or more often if called by the County's Public Health Director. Terms of appointment will be for two years. The Morrow County Public Health Director will chair the ASA Advisory Committee, or in the absence of the Public Health Director, the Morrow County Administrator or the County Administrator's designee. The ASA Advisory Committee shall consist of the following:

- (1) Morrow County's Public Health Director;
- (2) Subject to approval by the Morrow County Commissioners, a representative nominated by and from each of the following fire districts: Boardman Fire Rescue District, Ione Rural Fire Protection District, Heppner Rural Fire Protection District, and Irrigon Rural Fire Protection District, for a total of four (4);
- (3) A Director of Nursing Service or designee appointed by Pioneer Memorial Hospital in Heppner and one from Good Shepherd Hospital in Hermiston;

- (4) A 9-1-1 systems representative appointed by PSAP; and
- (5) A supervising physician or designee from each ambulance Provider.

A quorum shall include Morrow County's Public Health Director, or designee, and a simple majority of voting members. Members may participate and vote by conference call or video conferencing.

(B) Process

- (1) The ASA Advisory Committee shall have the following powers, duties, and responsibilities:
 - (a) Monitor compliance with pertinent statutes ordinances and rules, which includes Oregon Health Authority requirements for licensed ambulance agencies and EMS providers.
 - (b) Monitor compliance with standards for prehospital provider notification times, response times and patient care.
 - (c) Monitor compliance with notification and response times and patient care.
 - (d) Advise the Board on all matters relating to pre-hospital emergency medical care.
 - (e) Annually review the ASA Plan and ASA Ordinance and make amendment recommendations to the Board.
 - (f) Plan, assist and coordinate programs for the improvement of the ASA system in Morrow County.
 - (g) Advise the Board as to the standards for information required of applicants for an ambulance service provider.
 - (h) Provide an open forum for members of the public to comment on or discuss ASA systems issues.
 - (i) Foster cooperation among the pre-hospital care providers and medical community.
 - (j) Review and report to the Board any reports or action plans by OHA regarding provision of ambulance services in Morrow County.

- (k) Identify, investigate, and propose remedies for the correction of substandard ambulance services provided in Morrow County.
 - (l) Report directly to the Board on all matters coming before the ASA Advisory Committee.
 - (m) Subject to approval by the Board, adopt rules of procedure.
 - (n) All investigations shall, to the greatest extent allowed by law, be conducted pursuant to ORS 41.675 and ORS 41.685, and medical information shall be further protected under the Health Insurance Portability and Accountability Act regulations and Oregon Public Records laws. Subject to approval by the County Commissioners, the ASA Advisory Committee shall develop and propose approval of procedures to ensure confidentiality under the above provisions.
- (2) The ASA Advisory Committee shall conduct meetings in accordance with the Oregon Public Meetings laws and comply with the Oregon public records law, ORS Chapter 192. Executive sessions closed to the public may be held when authorized by Oregon law. Both the records and minutes of executive sessions shall be handled to ensure patient confidentiality in compliance with state and federal laws. Upon appointment, the ASA Advisory Committee chairperson shall have the following duties powers and responsibilities:
- (a) Maintain a filing system for the records of the ASA Advisory Committee.
 - (b) Provide for the administration of appeals and hearings to the appropriate government bodies.
 - (c) When appropriate, administer the ASA Plan and ASA Ordinance.
 - (d) Review all applications for an ASA and make documented findings and recommendations to the Board on provider selection.

(C) Sanctions for Non-Compliant Personnel or Providers

Sanctions for non-compliance by Providers with the ASA plan are addressed in the Morrow County ASA Ordinance. (See Appendix #6)

Problem Resolution

- (1) In the event that the ASA Advisory Committee identifies an issue with a Provider's compliance with the ASA Plan, the ASA Advisory Committee:
 - (a) may request additional information necessary to evaluate the compliance concern;
 - (b) contact the Provider in writing and identify the specific facts, laws, rules, or protocols of concern; or
 - (c) request that within thirty (30) days the Provider submits a written response and a plan to correct any deficiencies.
- (2) Upon receipt of the written response, the ASA Advisory Committee shall:
 - (a) Review the response to ensure that it responds to all questions;
 - (b) Review the written plan for resolution of any deficiency;
 - (c) Upon findings of compliance, continue to monitor the plan for solution of the deficiencies;
 - (d) Upon findings of continued non-compliance, serve written notice to comply with ASA Plan or protocol and shall notify the Oregon Health Authority EMS when a violation of the Oregon statutes, administrative rules, or a reportable event has occurred;
 - (e) If compliance is not evident with ten (10) days of receipt of the notice, schedule a meeting within the next ten (10) days and attempt to gain compliance; and
 - (f) Attempt to obtain voluntary correction or compliance, but if compliance is not obtained, request a hearing on the matter before the Board.
- (3) In the event the ASA Advisory Committee is unable to obtain compliance or correction of a deficiency under the above procedures, it may refer the matter to the Board for its determination on proceeding with a hearing or taking other action.
- (4) If any Provider is dissatisfied with the results of a meeting with the

ASA Advisory Committee, the Provider may request a hearing before the Board by filing a request, setting forth the reasons for the hearing and the issues to be heard. The Board may prescribe forms for the filing of a request for hearing.

- (5) A hearing under this section shall be conducted by the Board chairperson or vice-chairperson in accordance with the Attorney General's Model Rules of Procedures.
- (6) In the event that the Board is unable to obtain compliance or correction as a result of a hearing, the Board may sanction the Provider if appropriate, or terminate the Providers ASA Territory.
- (7) The ASA Advisory Committee will periodically review the Mass-Casualty Incident Plan and suggest revisions to the Board. Subject to approval by the Board, the County's Emergency Manager may amend the Medical component of the County Emergency Management Plan. For MCI Plan and Approval letter, (See Appendix #5.)

6. COORDINATION

(a) The Entity That Shall Administer and Revise the ASA Plan

The County Board of Commissioners shall administer the ASA Plan with the assistance of the ASA Advisory Committee as noted above. Revisions to the ASA Plan can only be made by the County Board of Commissioners.

(b) Complaint Review Process

- (A) In the event the ASA Committee receives a complaint and identifies a need for compliance with the Ordinance, ASA Plan, adopted protocols and procedures, or correction of a deficiency under the procedures above, the matter shall be referred to the Board for consideration of further action.
- (B) If any Provider, individual or organization is dissatisfied with the results of a meeting with the ASA Advisory Committee, a request for hearing before the Board may be made by filing a request, setting forth the reasons for the hearing and the issues to be heard. The Board may prescribe forms for the filing of a request for hearing.
- (C) A hearing under this section shall be conducted by the Board chairperson or vice-chairperson in accordance with the Attorney General's Model Rules of Procedures.
- (D) In the event that the Board is unable to obtain compliance or correction as

a result of a hearing, the Board may sanction the Provider if appropriate, or terminate the Providers ASA Territory.

(c) Mutual Aid Agreements

- (A) The ambulance service provider shall sign a mutual aid agreement with the other providers within the County and respond with needed personnel and equipment in accordance with the agreement. Mutual aid agreements will be subject to prior approval by the Board. Signed copies of mutual aid agreements will be maintained by, and copies can be obtained from, Morrow County's Public Health Director.
- (B) All requests for mutual aid shall be made through the appropriate PSAP.
- (C) All mutual aid agreements will be reviewed annually and modified as needed by mutual consent of all parties.
- (D) Mutual Aid Advance Life Support (ALS) assists shall be automatically dispatched in accordance with the Emergency Medical Dispatch Protocols established by the ASA Advisory Committee.

(d) Disaster Response

- (A) County resources other than ambulances
 - (1) When resources other than ambulances are required for the provision of emergency medical services during a disaster, a request for additional resources shall be made through the appropriate PSAP to the County Emergency Management Office.
 - (2) The County's Emergency Manager shall be responsible for locating and coordinating all county EMS resources any time that the Mass Casualty Incident (MCI) Management Plan is implemented. The contact number for the County's Emergency Manager is 541-676-5605 or 541-256-0122.
 - (3) The County's Emergency Manager shall work directly with local agencies, departments, and governments to coordinate necessary resources during any implementation of the MCI Plan.
- (B) Outside county resources
 - (1) When resources from outside Morrow County are required for the provision of emergency medical services during a disaster, a request for those resources shall be made through the appropriate PSAP to the County Emergency Management Office.

- (2) The County’s Emergency Manager shall be responsible for requesting and coordination all out of county resources any time the MCI Plan is implemented.
- (3) Additional Ambulances
 - (a) Rotary-wing ambulances
 - (b) Life Flight (Pendleton, OR) 1-800-452-7434
 - (c) AirLink Critical Care Transport, of Oregon (Bend, OR) 541-793-3624; Emergency Dispatch 1-800-621-5433
- (4) Fixed-wing ambulances
 - (a) AirLink Critical Care Transport, of Oregon (Bend, OR) 541-793-3624; Emergency Dispatch 1-800-621-5433
 - (b) Life Flight (Pendleton, OR) 1-800-452-7434
- (5) Ground ambulances
 - (a) Umatilla County Fire District #1 541-567-8822
 - (b) Pendleton Ambulance 541-276-1442
 - (c) Spray Ambulance 541-676-5317 or 9-1-1
 - (d) South Gilliam Health Center 541-384-2061 or 9-1-1
 - (e) Arlington Ambulance 541-454-2888 or 9-1-1
- (C) Mass-Casualty Incident Management Plan (“MCI Plan”)
 - (1) Purpose. The purpose of the MCI Plan is to provide guidance to EMS response personnel in the coordination of response activities relating to mass casualty incidents in Morrow County.
 - (2) MCI Plan. Morrow County has adopted an Emergency Operations Plan (“EOP”), dated March 2022, which is updated every five (5) years and is reviewed annually or as appropriate after an exercise

or incident response. The MCI Plan can be accessed at <https://www.co.morrow.or.us/emergency/page/emergency-operations-plan>. The MCI Plan is included in Appendix A – Emergency Support Function (“ESF”) 6, ESF 7, and ESF 8 Resources, of the Emergency Operations Plan. See Appendix #7 for a copy of these ESFs from the EOP.

In addition, Morrow County has adopted a Fatality Management Plan, which is applicable to ESF 8 Agencies. The Fatality Management Plan can be accessed through the Morrow County Emergency Manager. 541-676-5605 or 541-256-0122.

The ASA Advisory Committee will work with Morrow County’s Emergency Manager to implement the plans and to ensure coordination with all parties under the EOP.

(D) Response to Terrorism

Morrow County does not have adequate resources to sustain a reinforced response to a major terrorist incident. As a result, it is necessary for Providers to establish mutual aid agreements with all surrounding jurisdictions. Providers must be prepared to recall to duty employees, and to develop volunteers to supply additional assistance. Providers shall establish recall lists of phone numbers, pages, or other contact information, and keep them current, and establish and maintain a current list of employees, including any volunteers that may be used. If not dispatched, Ambulance Service Providers are authorized to self-dispatch to local or nearby events for the purpose of standby staging, i.e., without interference with the event or others responding to the event. Providers shall establish access to individual PPE for employees and volunteers and define a reporting location or process for receiving directions and coordination of response from command. Provider employees and volunteers should be advised to not respond to incidents outside of their jurisdiction without deployment instructions from the Providers acting command. If the size, scope, or complexity of an incident is beyond a Provider’s resources, Providers should request mutual aid and contact the county emergency incident command team, the Fire Board Acting Chief, and the State Fire Marshall for implementation of the State Fire Service Mobilization Plan. Protocols should be established for all employees and volunteers to be aware of and comply with these requirements.

(e) Personnel and Equipment Resources:

(A) Non-transporting EMS providers

Irrigon Rural Fire Protection District, 541.922.3133

City of Heppner Fire Department, 541-676-9618
Ione Rural Fire Protection District, 541.422.7303
Lexington Volunteer Fire Department, 541-989-8515

(B) Hazardous Materials

There is limited county-wide hazardous materials equipment resources located at:

- (1) Boardman Fire Rescue District – 541-481-3473 or 9-1-1
- (2) Irrigon Fire Department – 541-922-3133 or 9-1-1
- (3) Heppner Fire Department – 541-676-9618 or 9-1-1
- (4) O.A.R.S.--- (provides notification and activation of state agencies)
--- 1-800-452-0311 or 503-378-6377
- (5) CHEMTREC--- 1-800-424-9300
- (6) Hermiston Fire Department (Hazmat Decon for Eastern Oregon)
1- 541-567-8822

(C) Search and Rescue

- (1) Morrow County Sheriff's Office -- 9-1-1 or 541-676-5317
- (2) Oregon Civil Air Patrol -- 1-800-452-0311 or 503-378-6377
- (3) U.S. Coast Guard, (since the Columbia River falls under the jurisdiction of the U.S. Coast Guard, they will provide specialized aircraft and watercraft for rescue operations. These units will respond from either Astoria, OR 1-503-861-2242 or 1-503-861-6248; or Walla Walla, WA.

(D) Specialized Rescue

- (1) Morrow County Sheriff's Office -- 9-1-1 or 541-676-5317
- (2) Umatilla Army Depot -- 541-564-8632
- (3) U.S. Navy Bombing Range --541-481-2565

(E) Extrication

- (1) Boardman Fire Rescue Department, Jaws and Rescue Equip --541-481-3473 or 9-1-1
- (2) Heppner RFPD, Jaws and Rescue Equip. --541-676-9618 or 9-1-1
- (3) Irrigon, Jaws and Rescue Equip. -- 541-922-3133 or 9-1-1
- (4) Morrow County Road Dept - heavy equipment – 541-989-9500

(f) Emergency Communication and System Access

(A) Telephone access. Morrow County is served by a county-wide EMS dispatch and PSAP. 9-1-1 It is located at the Morrow County Sheriff's Office in Heppner. 541-676-5317. A small portion of the Butter Creek Area is served by the Hermiston 9-1-1 System. 541-567-8822.

(B) Dispatch Procedures

- (1) The appropriate Provider shall be notified by the dispatcher via telephone or pager within three (3) minutes of receipt of a Code 3 call 90% of the time.
- (2) If there is no response within five (5) minutes, the Provider will be paged again.
- (3) The dispatcher will obtain from the caller, and relay to the Ambulance Service Provider the following:
 - (a) Location of the emergency;
 - (b) Nature of the incident; and
 - (c) Any specific instructions or information that may be pertinent to the incident.
- (4) Ambulance Service Providers shall inform the dispatch center by radio when any of the following occurs:
 - (a) In-service;
 - (b) In-route to scene or destination and type or response;
 - (c) Arrival on scene or destination;

- (d) Transporting patient(s) to hospital or medical facility, the number of patients, and name of facility; and
 - (e) Arrival at receiving facility.
- (5) Ambulance personnel shall inform the receiving hospital by radio or by phone at the earliest possible time of the following:
 - (a) Unit identification number;
 - (b) Age and sex of each patient;
 - (c) Condition and chief complaint of each patient;
 - (d) Vital signs of each patient;
 - (e) Treatment rendered; and
 - (f) Estimated time of arrival.
- (C) Radio System:
 - (1) The PSAP shall:
 - (a) restrict access to authorized personnel only;
 - (b) meet state fire marshal standards;
 - (c) maintain radio consoles capable of communication directly with all Providers and other public safety responders, such as police and fire or other licensed Emergency Medical Services Responders that are serving in an initial medical response role while awaiting transport ambulances services via the following frequencies: primary 154.725; secondary 155.340 (HEAR system); also, the 700 MHz system
 - (d) maintain radio logs which contain all information required by the Federal Communications Commission and Oregon Revised Statutes;
 - (e) utilize plain English; and
 - (f) be equipped with a back-up power source capable of maintaining all functions of the center.
 - (2) The Ambulance Service Provider shall equip and maintain radios in

each ambulance and quick response vehicle that allows for the transmission and reception on 154.725 and 155.340 (HEAR) and the 700 MHz system.

(D) Emergency Medical Services Dispatcher Training:

- (1) All EMS dispatchers shall successfully complete an Emergency Medical Dispatch (EMD) training course that meets or exceed the USDOT Dispatcher National Standard Curriculum or minimum standards required for dispatchers by the Oregon Department of Public Safety Standards and Training (DPSST).
- (2) Dispatchers are encouraged to attend any class, course or program which will enhance their dispatching abilities and skills.

7. PROVIDER SELECTION

(a) Initial Assignment

The initial assignment under this Ordinance shall be made through the application process set forth below in 7. (d). Notice will be given, and upon receipt of the applications, the Board may appoint an advisory committee to consider and recommend providers for each ASA. The Board may communicate with the applicants and advisors to discuss service options. Upon being fully advised, the Board will appoint the initial Provider(s).

(b) Term

Provided the Ambulance Service Provider remains in good standing, the assignment is effective for five (5) years, or until a successor is assigned to the ASA Service Area. The initial Providers may reapply for another term of five (5) years at the end of the initial term.

(c) Reassignment

If a new provider is assigned to a Morrow County ASA, the assignment will not exceed five (5) years. At the end of five (5) years, the ambulance service provider may reapply for another term.

(d) Application for an ASA

The Morrow County ASA Plan, Ordinance, and, upon appointment, the ASA Advisory Board, will establish standards to evaluate the efficiency and effectiveness of existing service providers as well as establishing guidelines for potential applicants to a service area. Information will be presented to the Board at appropriate meetings to determine the effectiveness and efficiency of existing ambulance services and

potential applicant services.

Should a vacancy occur in the existing Morrow County ASA, Morrow County will advertise the vacancy by public notice. This notice will be published in all Morrow County communities, surrounding areas, the medical community, and Oregon Health Authority.

The Board will review any applications received requesting assignment of an ambulance service area in Morrow County. The Board may seek information and input from the ASA Advisory Committee when evaluating applications. Each ambulance service provider applicant will be required to:

- (A) show the level of service that will be provided for pre-hospital emergency medical care;
- (B) show that the call volume and financial ability of the provider will be sufficient to provide financial soundness for operation;
- (C) show its service will provide quality care to all persons residing in or passing through the service area;
- (D) follow all regulations pertaining to ambulance service as set forth by the Oregon Health Authority, Oregon Medical Board and Oregon Department of Motor Vehicles;
- (E) provide the following information in the proposal: number and type(s) of ambulances, including medical equipment; vehicle storage arrangements; communication capabilities; dispatching capabilities; and number of personnel, qualifications, and their method of providing prehospital emergency medical continuing education training; and
- (F) adhere to all policy, procedures and guidelines set forth in the Morrow County ASA Plan and the enacting Ordinance.

(e) Notification of Vacating an ASA

- (A) The assigned ambulance service provider agrees to provide Morrow County Emergency Medical Service Director a ninety (90) day notice of a decision of discontinuance of service.
- (B) A notice to vacate must be prepared and signed by the ambulance service provider's Board of Directors if the service elects to discontinue their service in Morrow County. The statement will be presented to the appropriate agencies for action.
- (C) In the event a Provider elects to discontinue and disband their pre-hospital emergency medical service care, the following procedure will be

implemented until such time that an ambulance service can be restored to the affected area.

- (D) The Board will request the remaining Provider to adjust their service area boundaries to ensure adequate coverage of the area without ambulance service until such time as the problem can be resolved and ambulance service can be restored to the affected area(s).
- (E) If possible, the officials in charge will resolve the problems within the ninety (90) day advance notice of discontinued service. The fire department(s) personnel within the disbanded area will be requested to assist with emergency medical calls. Assistance will also be requested if needed, from the closest ambulance service outside the County through a mutual aid agreement.
- (F) In the event a satisfactory solution to all parties involved cannot be reached within a reasonable amount of time, the ASA Advisory Committee will appoint a task force comprised of representative from each ambulance service, the Board, the medical community, and a citizen of each community involved (not affiliated with the health care industry), to reach a reasonable and workable solution.
- (G) The ambulance service Provider vacating its area will advise their EMS employees that the replacement service provider is required, during the six-month period immediately following the date of replacement, to give preference to qualified employees of the previous ambulance service at comparable levels of licensure. ORS 682.089(1)(b). Transferring employees and employers are also subject to the provisions of ORS 236.605 et. seq.
- (H) If any problems arise involving boundary assignments or reassignment, the ambulance service provider disagreeing with boundaries will present a written statement to the ASA Advisory Committee. The statement will include all pertinent facts relating to the problem(s).

(f) Maintenance of Level of Service

A Provider that no longer provides ambulance services will cooperate with the Board to ensure a smooth transition of services to a new replacement provider.

8. COUNTY ORDINANCES AND RULES

See Attached Appendix

APPENDICES:

ASA Boundary Map#1

Response Time Zones#2

9-1-1 Map#3

Incorporated City Maps.....#4

Fire District Boundaries Maps.....#5

Morrow County ASA Ordinance#6

Morrow County Emergency Operations Plan ESF 6, 7 & 8#7

APPENDIX #1
ASA Boundary Map



Proposed Ambulance Service Areas

Legend

- Federal Contract Option
- North East ASA
- Northern ASA
- Southern ASA

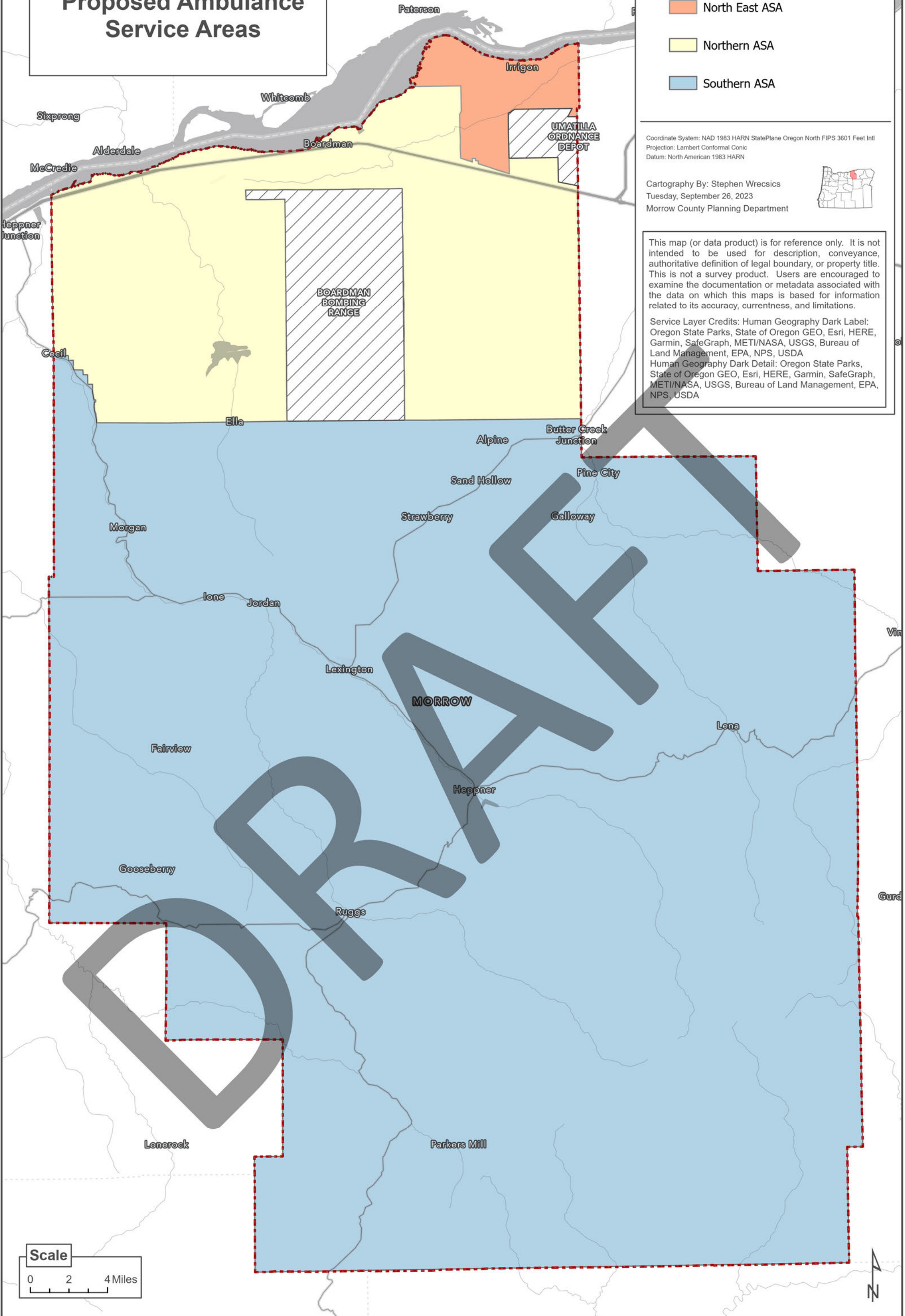
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Cartography By: Stephen Wrecsics
 Tuesday, September 26, 2023
 Morrow County Planning Department



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 Human Geography Dark Detail: Oregon State Parks, State of Oregon GEO, Esri, HERE, Garmin, SafeGraph, METI/NASA, USGS, Bureau of Land Management, EPA, NPS, USDA



APPENDIX #2
Response Time Zones



20 Minute Travel Times from Incorporated Areas of Morrow County.

Legend

- Current MCHD Ambulance Dispatch Points
- 0-20 Minute Travel Time
- Morrow County

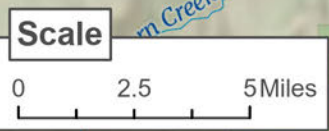
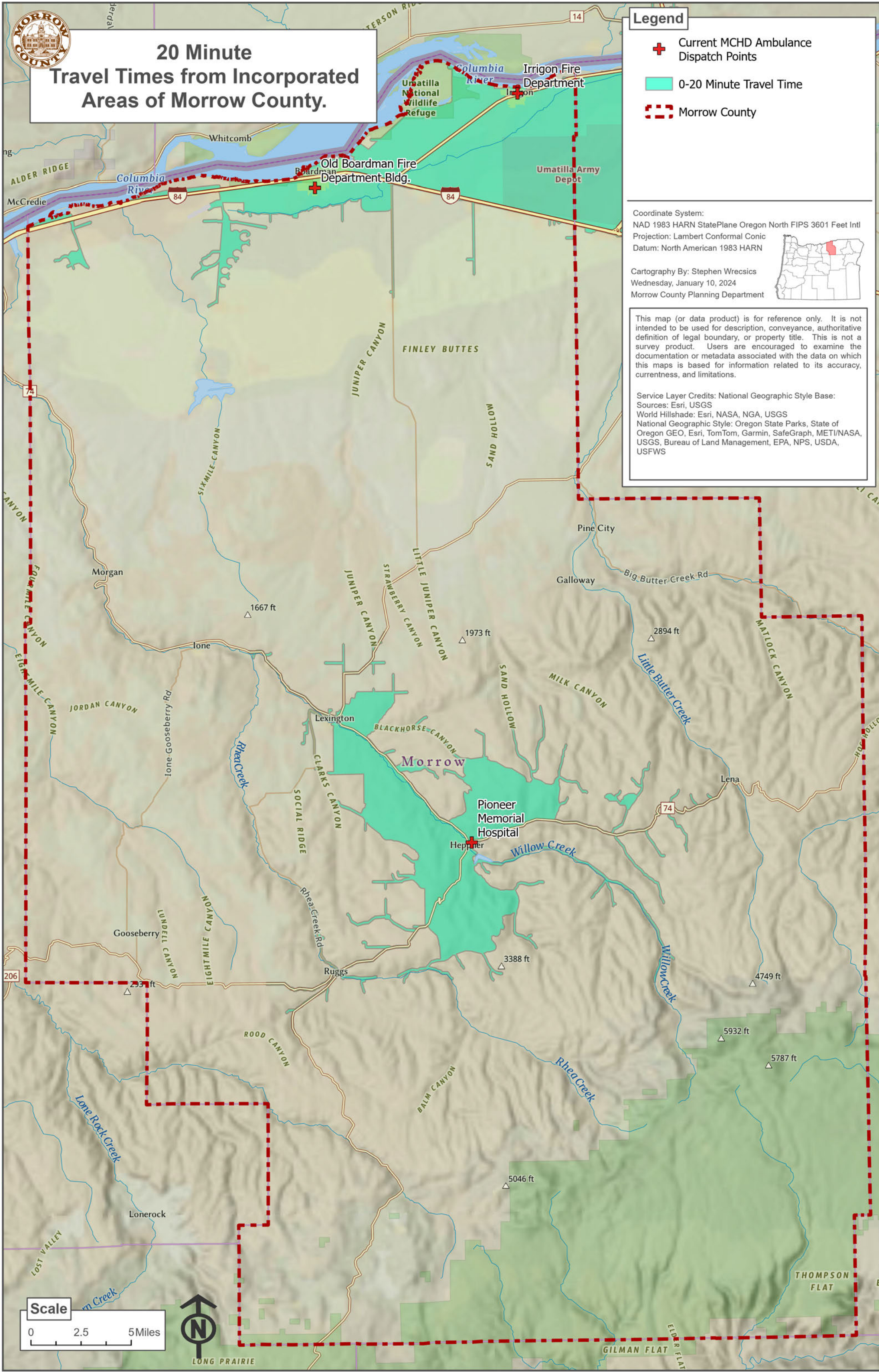
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Cartography By: Stephen Wrecsics
Wednesday, January 10, 2024
Morrow County Planning Department

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Service Layer Credits: National Geographic Style Base:
Sources: Esri, USGS
World Hillshade: Esri, NASA, NGA, USGS
National Geographic Style: Oregon State Parks, State of Oregon GEO, Esri, TomTom, Garmin, SafeGraph, METI/NASA, USGS, Bureau of Land Management, EPA, NPS, USDA, USFWS



LONG PRAIRIE

GILMAN FLAT

THOMPSON FLAT

APPENDIX #3

9-1-1 Map



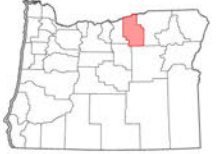
Areas of Morrow County with Emergency 911 Coverage.*

* When caller has cellular or landline phone service.

Legend

- Current MCHD Ambulance Dispatch Points
- Morrow County
- 911 Coverage in Morrow County

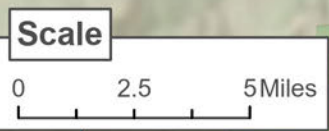
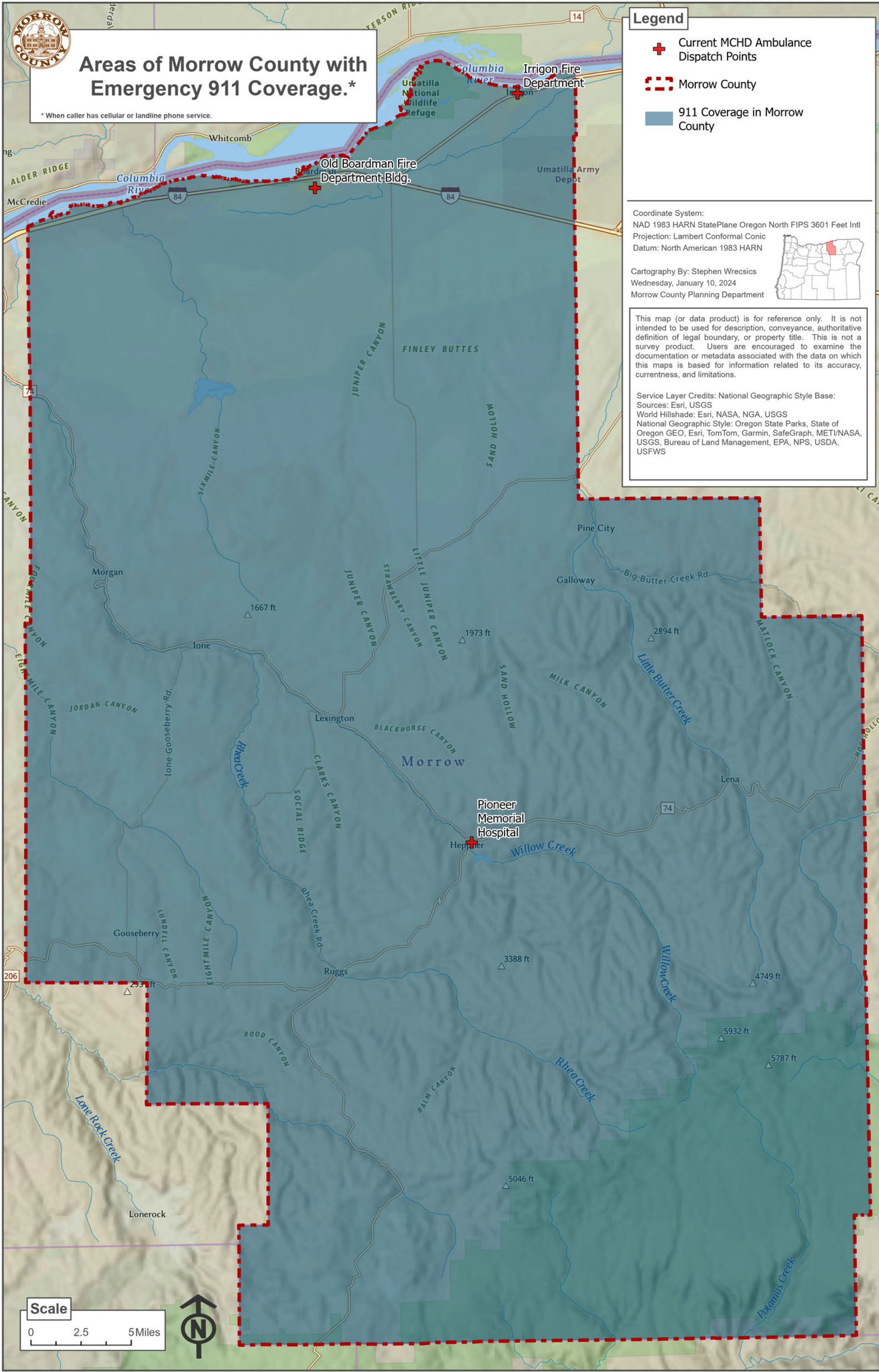
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Cartography By: Stephen Wreccics
 Wednesday, January 10, 2024
 Morrow County Planning Department

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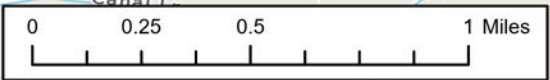
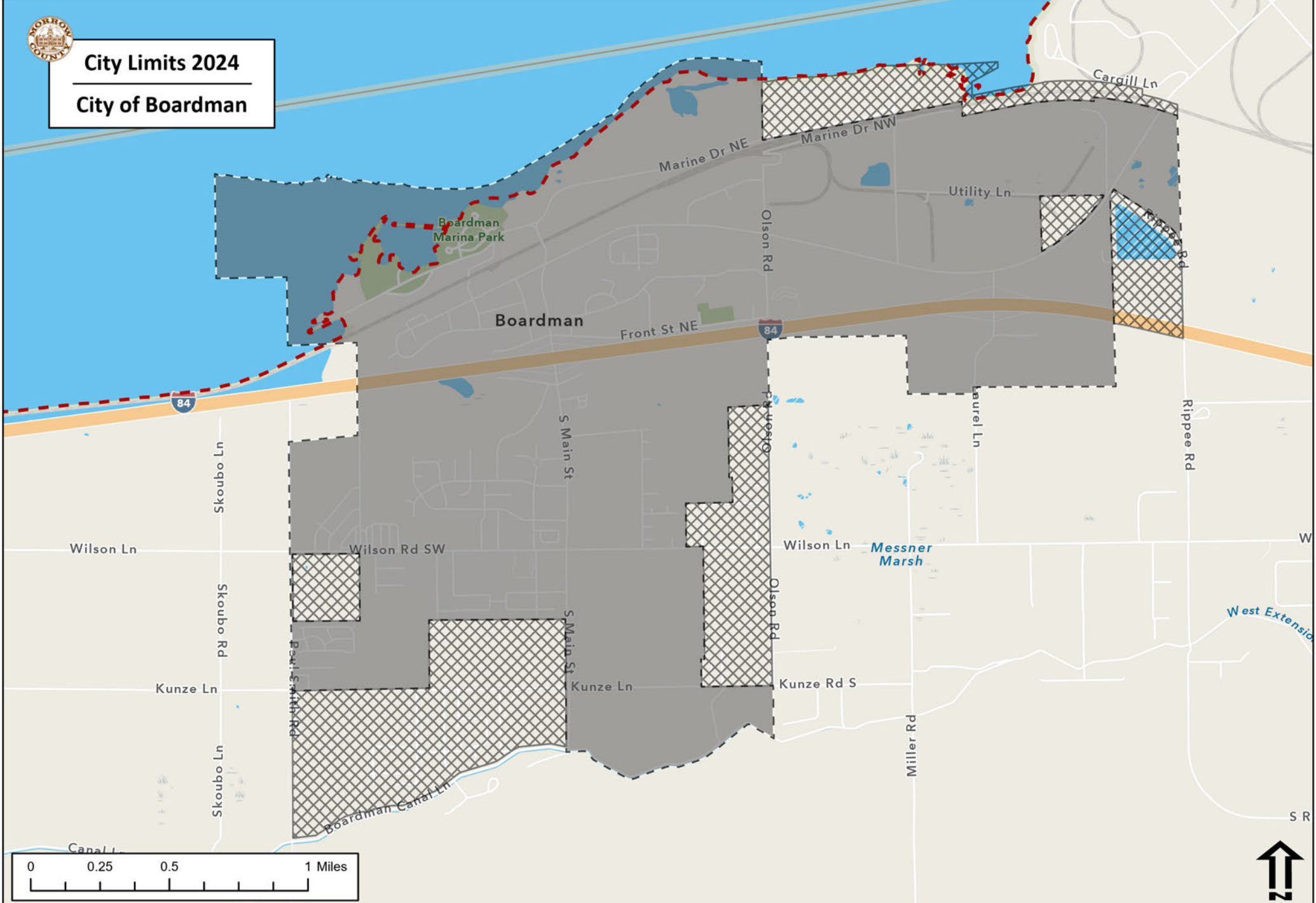



APPENDIX #4
Incorporated City Maps



City Limits 2024

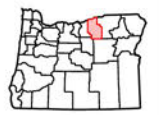
City of Boardman



-  City Limits
-  Urban Growth Boundary
-  Morrow County Boundary

Coordinate System:
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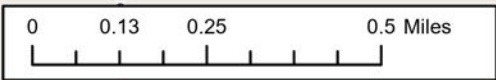
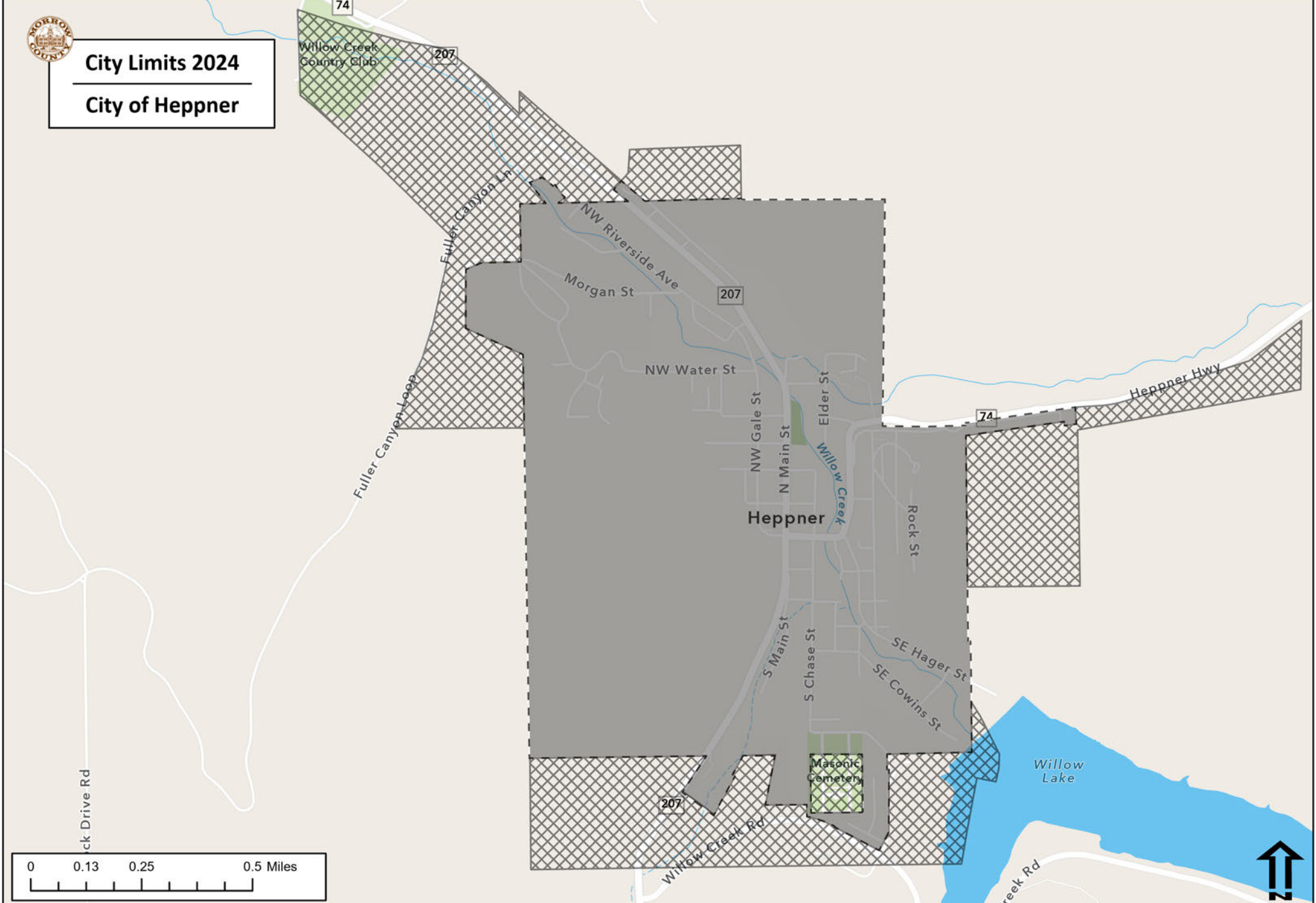
Cartography By: Stephen Wrecsics
 Monday, January 1, 2024
 Morrow County Planning Department







City Limits 2024

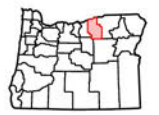
City of Heppner



-  City Limits
-  Urban Growth Boundary
-  Morrow County Boundary

Coordinate System:
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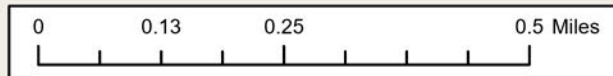
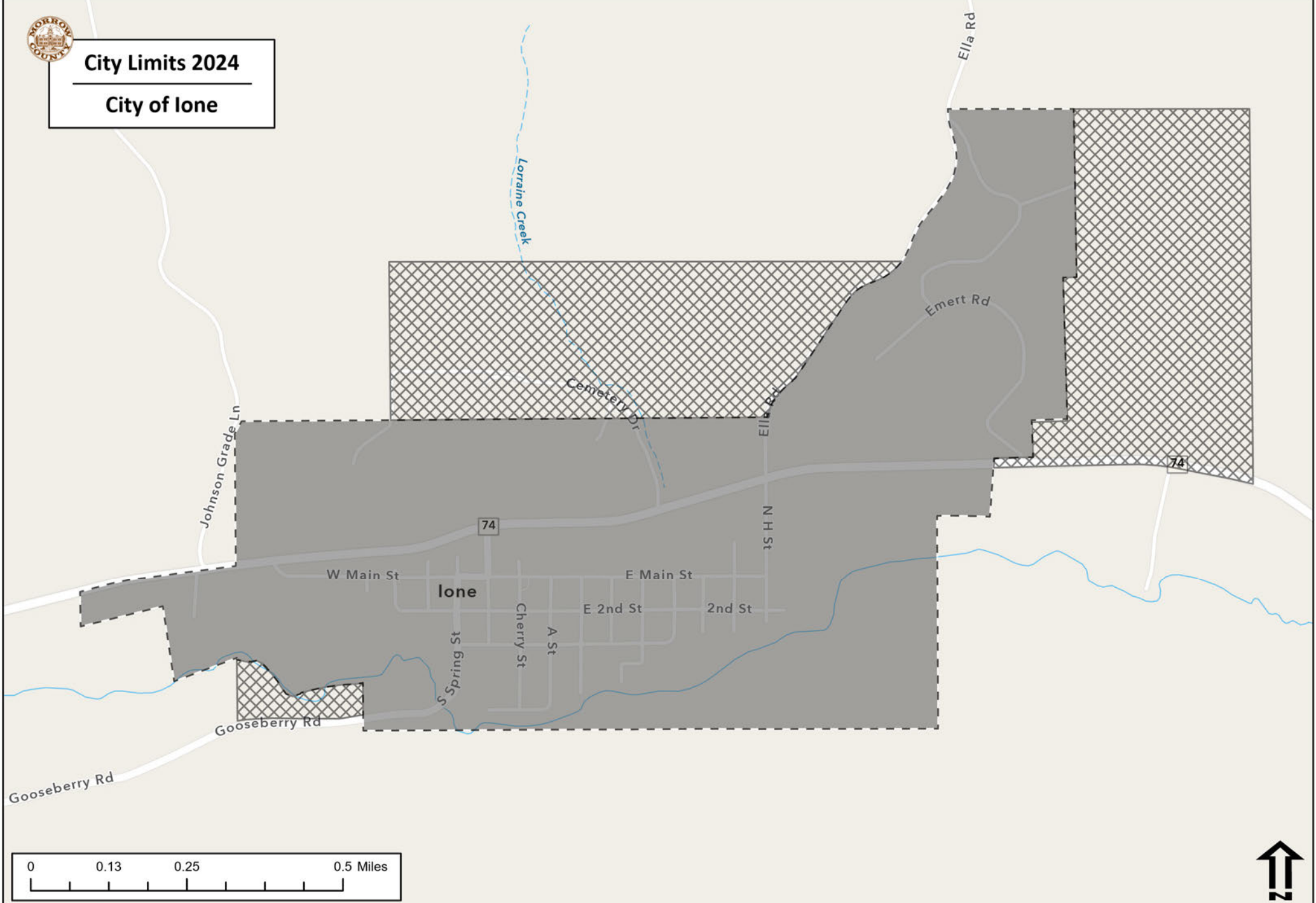
Cartography By: Stephen Wrecsics
 Monday, January 1, 2024
 Morrow County Planning Department






City Limits 2024

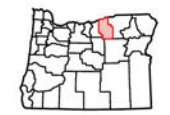
City of Ione



-  City Limits
-  Urban Growth Boundary
-  Morrow County Boundary

Coordinate System:
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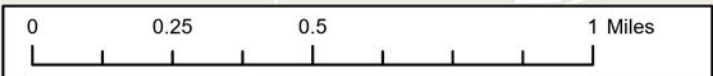
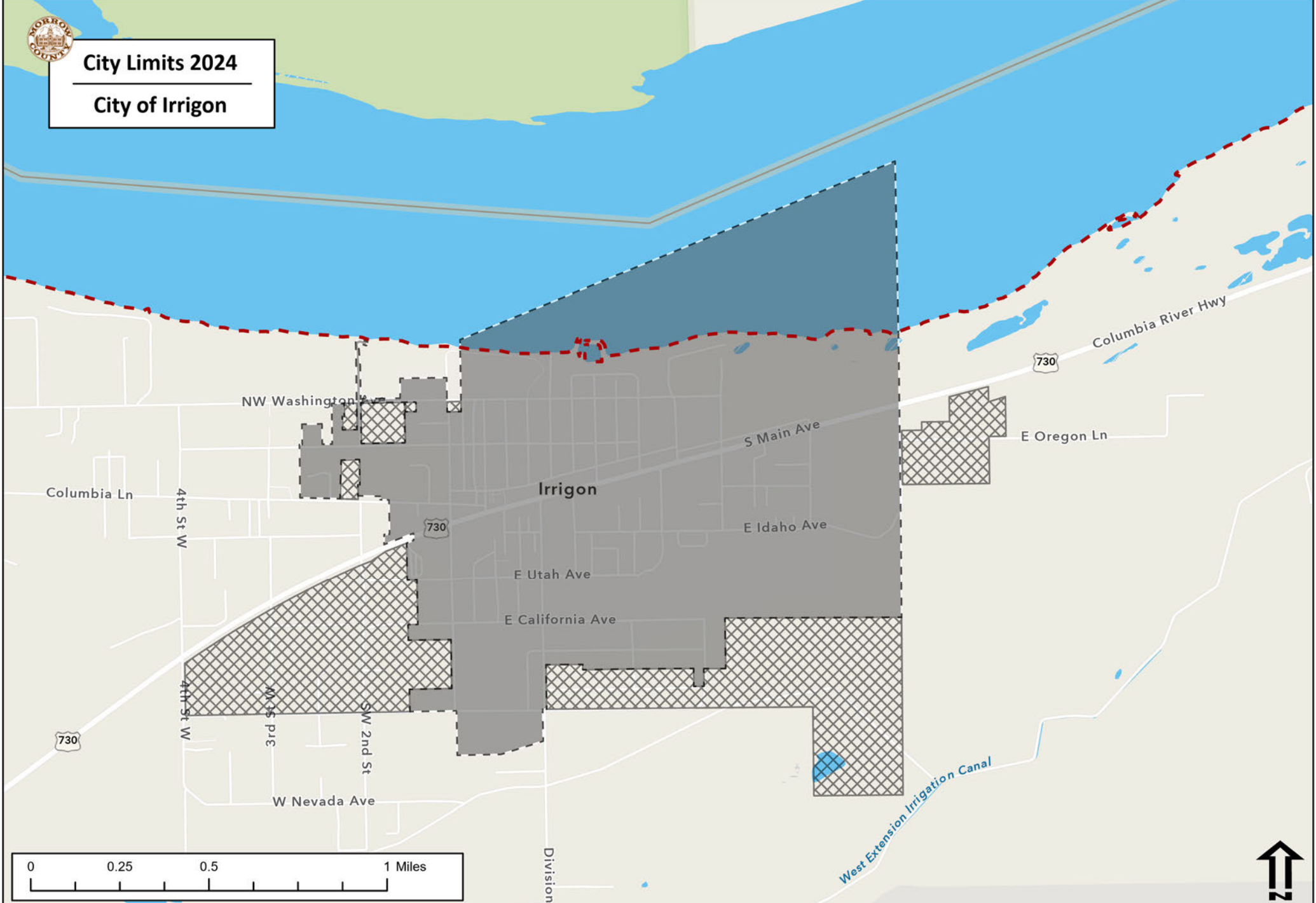
Cartography By: Stephen Wrecsics
 Monday, January 1, 2024
 Morrow County Planning Department








City Limits 2024

City of Irrigon

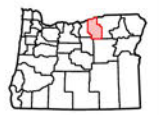


-  City Limits
-  Urban Growth Boundary
-  Morrow County Boundary

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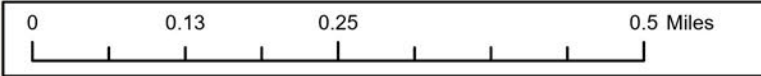
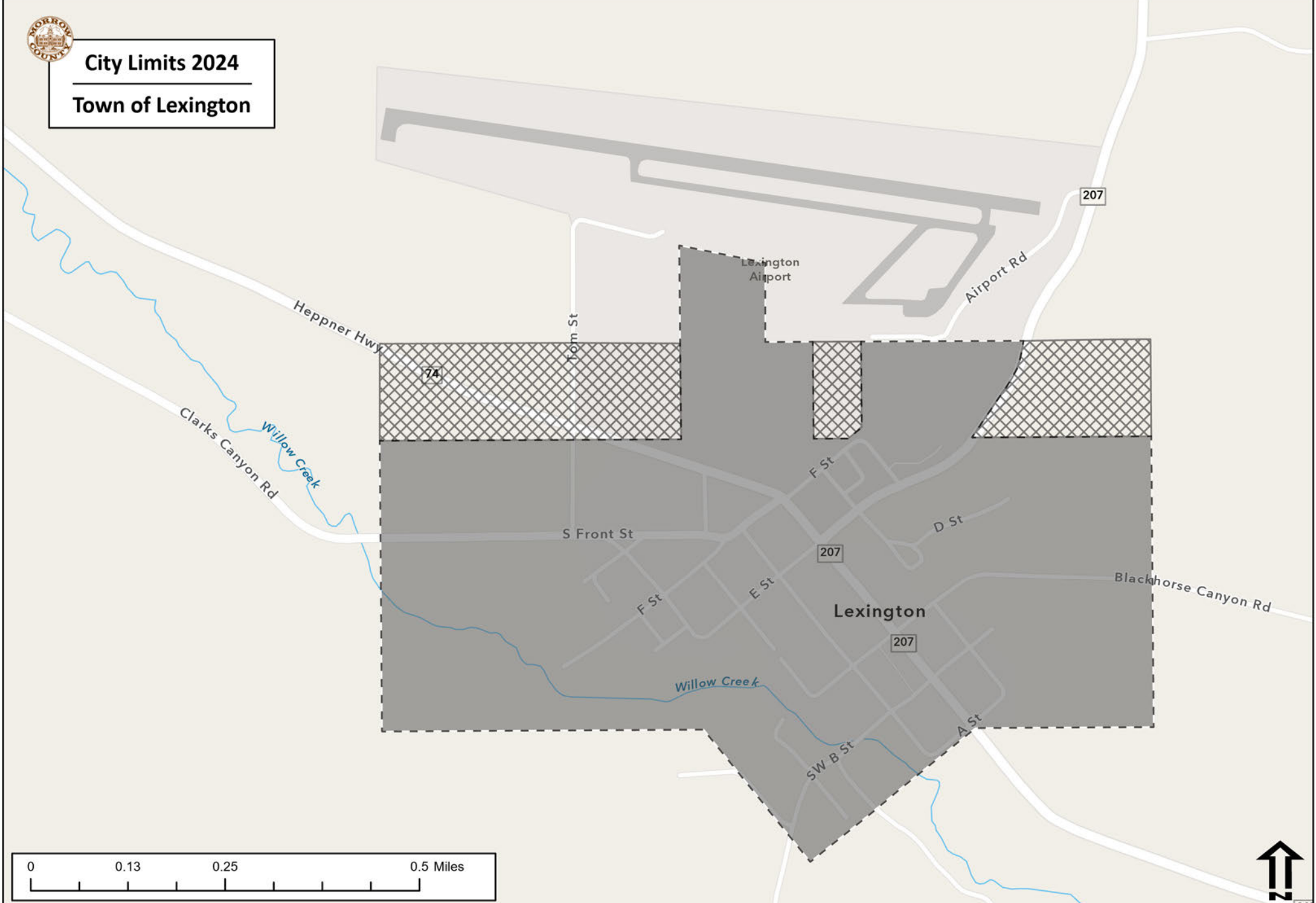
Cartography By: Stephen Wrecsics
 Monday, January 1, 2024
 Morrow County Planning Department





City Limits 2024

Town of Lexington



-  City Limits
-  Urban Growth Boundary
-  Morrow County Boundary

Coordinate System:
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 Projection: Lambert Conformal Conic
 Datum: North American 1983 HARN

Cartography By: Stephen Wrecsics
 Monday, January 1, 2024
 Morrow County Planning Department



APPENDIX #5

Fire District Boundaries Map



Rural Fire Protection Districts

2018-2019 Update
Morrow County
Community Wildfire Protection Plan

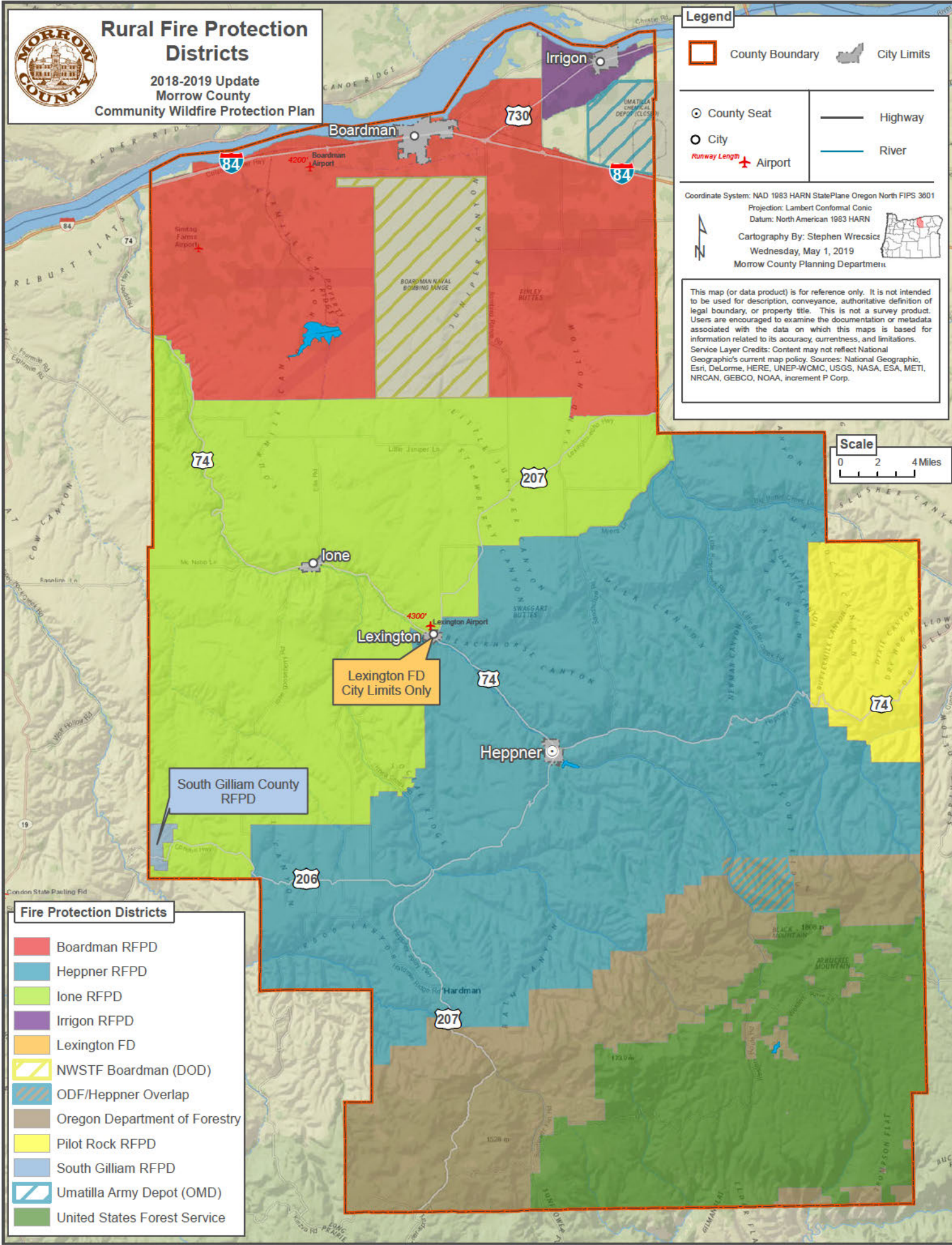
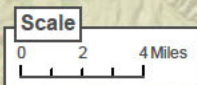
Legend

- County Boundary
- City Limits
- County Seat
- City
- Runway Length
- Airport
- Highway
- River

Coordinate System: NAD 1983 HARN StatePlane Oregon North FIPS 3601
 Projection: Lambert Conformal Conic
 Datum: North American 1983 HARN

Cartography By: Stephen Wreccics
 Wednesday, May 1, 2019
 Morrow County Planning Department

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- ### Fire Protection Districts
- Boardman RFPD
 - Heppner RFPD
 - Lone RFPD
 - Irrigon RFPD
 - Lexington FD
 - NWSTF Boardman (DOD)
 - ODF/Heppner Overlap
 - Oregon Department of Forestry
 - Pilot Rock RFPD
 - South Gilliam RFPD
 - Umatilla Army Depot (OMD)
 - United States Forest Service

APPENDIX #6
Morrow County ASA
Ordinance

**BEFORE THE BOARD OF COMMISSIONERS
OF THE STATE OF OREGON IN AND FOR THE COUNTY OF
MORROW**

**IN THE MATTER OF ENACTING
MORROW COUNTY’S AMBULANCE
SERVICE ORDINANCE AND REPEALING
ORDINANCE MC-C-4-98**

**THE BOARD OF COMMISSIONERS OF MORROW COUNTY OREGON DOES
ORDAIN AS FOLLOWS:**

Section 1. Title.

This Ordinance shall be known as the 2024 Morrow County Ambulance Service Ordinance and may be so cited and pled.

Section 2. Authority.

This Ordinance is enacted pursuant to ORS [203.035](#), [682.031](#) and [682.062](#) and OAR [333-260-0000](#) to [333-260-0070](#).

Section 3. Policy and Purpose.

A. Morrow County is currently operating under a 1998 Ordinance Regulating Ambulance Services (the “1998 Ordinance”).

B. It is the intent of this Ordinance to update and amend the 1998 Ordinance to ensure compliance with the statutes and administrative rules pertaining to county ambulance service area plans and best practices for the efficient and effective delivery of emergency and nonemergency ambulance services.

C. Pursuant to ORS Ch. 682, OAR 333-260-0040 and OAR 333-260-0070, Morrow County is solely responsible to develop and adopt a plan for the county relating to the need for a coordination of emergency ambulance services, to establish Ambulance Service Area Boundaries (“ASA’s”), for the administration of the plan, for the designation and administration of the process of selection of ambulance providers, and for the designation of the emergency and non-emergency ambulance providers for each ASA.

D. Prior to adopting or amending the 1998 Ordinance, the County has notified each person, city or rural fire protection district within the county that provides or desires to provide ambulance services and has notified the county in writing if the person, city, or district wants to

be consulted prior to the adoption or amendment of a county plan for ambulance services. The county Board has consulted with and sought advice from such persons,

Section 4. Adoption of Morrow County Ambulance Service Plan.

This Ordinance, together with the document known as the Morrow County Ambulance Service Area Plan, which is attached hereto as Appendix #1 and incorporated herein by this reference, make up the complete plan for ambulance services in Morrow County (the “Morrow County ASA Plan”)

Section 5. Definitions

The words and phrases in this Ordinance shall have the meaning provided in ORS Chapter [682](#) and OAR Chapter [333](#), Division [260](#), unless specifically defined herein or in the attached Morrow County Ambulance Service Area Plan to have a different meaning.

Other specific definitions include:

“Board” means the Board of Commissioners for Morrow County, Oregon.

“ASA Advisory Committee” means the committee created pursuant to this Ordinance to review standards and make recommendations to the Board for all matters regarding ambulance services under the Morrow County ASA Plan.

“Public Health Director” means the Morrow County Public Health Director or designee.

Section 6. Exemptions

This Ordinance shall not apply to:

- A. Ambulances owned by or operated, and emergency medical service providers who operate, under the control of the United States Government;
- B. Vehicles being used to render temporary assistance in the case of a major catastrophe or emergency with which the ambulance services of the surrounding locality are unable to cope, or when directed to be used to render temporary assistance by an official at the scene of an accident;
- C. Vehicles operated solely on private property or within the confines of institutional grounds, whether or not the incidental crossing of any public street, road or highway through the property or grounds is involved;
- D. Vehicles operated by lumber industries solely for the transportation of lumber industry employees;

E. Any person who drives or attends a patient, if the patient is transported in a vehicle described section (2) to (4) of this section;

F. Any person who otherwise by license is authorized to attend patients; and

G. Ambulances or vehicles transporting patients from outside the county to a health care facility within the county, or which are passing through without a destination in the county.

Section 7. Administration.

The Board, with the assistance of the Morrow County Public Health Director and ASA Advisory Committee, shall be responsible for the Administration of the Morrow County ASA Plan. To carry out the duties imposed by this Ordinance, the Public Health Director, or persons authorized by the Public Health Director, are hereby authorized to enter on the premises of any person or entity designated as an emergency ambulance service provider, and to have access to records pertaining to ambulance service operations of any provider regulated by this Ordinance. These records shall be made available within five working days to the Public Health Director at the provider's place of business, or copies made and provided as requested by the Public Health Director.

The Board may from time to time, by order, adopt fees to defray the actual reasonable costs incurred by Morrow County in administering this Ordinance.

Section 8. ASA Advisory Committee.

A. There is hereby created an ASA advisory committee (the "ASA Advisory Committee").

1. Membership on the ASA Advisory Committee shall be as specified in the ASA Plan. The ASA Advisory Committee shall be appointed by the Board and serve at the pleasure of the Board.

2. The Public Health Director, or the Public Health Director's appropriate designee shall be ex officio members of the ASA Advisory Committee.

B. Morrow County's Public Health Director shall be chair of the ASA Advisory Committee. The ASA Advisory Committee shall meet at least quarterly or at such times as it deems necessary or as called by the Chair. The chair or any three members of the ASA Advisory Committee may call a special meeting with five days' notice to other members of the committee; provided, however, that members may waive such notice.

C. The majority of the appointed membership will constitute a quorum for the transaction of all Committee business. A quorum must include Morrow County's Public Health Director.

D. The purpose of the ASA Advisory Committee is to review and make recommendations to the Board regarding the development and assignments of ASAs, and the administration of the Morrow County Ambulance Service Plan.

Section 9. Regulations of ambulance service.

Upon its own motion or upon a recommendation of the Advisory Committee, the Board may adopt ordinances, resolutions or orders regulating emergency and nonemergency ambulance service and implementing this Ordinance; provided, however, that such regulations shall not conflict with ORS Chapter [682](#) and the administrative rules promulgated pursuant thereto by the Oregon Health Authority.

Section 10. Initial responder.

Nothing in these provisions prohibits a 9-1-1 agency, responsible for the dispatching of emergency services, from dispatching other public safety responders, such as police and fire or other licensed Emergency Medical Service Responders that are serving in an initial medical response role while awaiting transporting ambulance services.

Section 11. Sanctions.

If, in the judgment of the Board, there is sufficient evidence to constitute a violation of applicable state or federal law, this Ordinance, the Morrow County Ambulance Services Area Plan, ORS Ch. 682 or the rules promulgated thereunder, by a Provider, person or entity, or, if a Provider has materially misrepresented facts or information given in the application to become a Provider, the Board, after hearing if requested, may impose a fine or equitable relief on a Provider, person or entity, or, in addition to a fine, suspend, revoke, condition, or modify a Provider's authority to provide Ambulance Service.

Prior to imposing sanctions, the Board shall provide thirty (30) days prior written notice of the violation(s), by certified mail, return receipt requested, or by personal service as provided by law for the service of summons. If the Provider, person, or entity does not request a hearing within the 30-day period, the Board may impose sanctions. If a hearing is requested, the Board shall cause notice of a hearing to be given not less than ten (10) days prior to such hearing. The burden of proof is upon the Provider, person, or entity, by a preponderance of the evidence. The Board, the Board's designee, who may be an administrative hearing judge, will conduct the hearing and provide findings and recommendations to the Board. Upon consideration of the findings and recommendations the Board may impose sanctions.

The Board may impose a fine of not more than five hundred (\$500) dollars for a non-continuing offense, i.e., an offense not spanning more than two (2) or more consecutive calendar days. In the case of a continuing offense, a fine of not more than five hundred (\$500) dollars per day up to a maximum of \$5,000.

Should a Provider, person, or entity fail to comply with a Board Order, the Board may take any steps authorized by law to enforce the Order. All decisions of the Board under this Ordinance shall be reviewable by the Circuit Court of the State of Oregon for Morrow County.

Section 12. Amendments, construction, effective date, and enforcement.

A. Any judgment or declaration by any court of competent jurisdiction that any portion of this Ordinance is unconstitutional or invalid shall not invalidate any other portion of this Ordinance.

B. Upon recommendation of the ASA Advisory Committee or upon its own motion, the Board may from time to time amend the provisions of this Ordinance.

C. This Ordinance shall take effect upon its adoption, and all previous orders, resolutions or ordinances setting fees or conflicting with the provisions of this Ordinance, including Ordinance MC-C-4-98, are hereby repealed and will be of no further force and effect.

D. The Board will employ formal sanctions and litigation to enforce the provisions of the Morrow County ASA Plan when voluntary compliance cannot be obtained.

PRESENTED AND PASSED the first reading this ____ day of _____, 2024.

PASSED the second reading this ____ day of _____, 2024.

EFFECTIVE DATE: _____, 2024.

[ADD SIGNATURE LINES]

APPENDIX #7

Morrow County Emergency

Operations Plan ESFs

6, 7, & 8

ESF 6 – Mass Care

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ESF 6 Tasked Agencies	
Primary County Agencies	Morrow County Emergency Management Morrow County Public Health
Supporting County Agencies	Morrow County Sheriff's Office Morrow County Fair & Rodeo Morrow County Public Works Morrow County Veteran's Office The Loop – Public Transit
Community Partners	American Red Cross CAPECO Community Counseling Solutions Douglas Latintas International EVALCREE Fire Departments/Districts Local Food Pantries Local School Districts Morrow County Health District Oregon Child Development Coalition Oregon Rural Action Umatilla County Environmental Health United Farm Workers Foundation
Primary State Agency	Oregon Department of Human Services Oregon Office of Emergency Management

1 Introduction

1.1 Purpose

Emergency Support Function (ESF) 6 describes how the County will support the efforts of city and tribal governments, and non-governmental organizations, to address the mass care, emergency assistance, temporary housing, and human services needs of people impacted by disasters.

1.2 Scope

The following activities are within the scope of ESF 6:

- Mass care - Sheltering for the general population and populations with access and functional needs (medical sheltering is addressed in ESF 8 and animal sheltering is addressed in ESF 11)
- Collecting and providing information to family members regarding those affected by the disaster.
- Emergency assistance
- Family reunification

- Housing:
 - Providing short-term housing solutions for those affected by the disaster. This may include rental assistance, repairs, loans, construction, referrals, identification and provision of accessible housing, and access to other sources of housing assistance.
- Human services:
 - Disaster unemployment insurance
 - Disaster legal services
 - Veterans' support
 - Other needs assistance
 - Services for populations with access and functional needs

2 Situation and Assumptions

2.1 Situation

The County is faced with a variety of hazards that may impact large numbers of persons requiring mass care, personal emergency assistance, short-term housing, and other types of human services as part of the response and recovery actions. The following issues should be considered when planning for and implementing ESF 6 activities:

- Hazards may affect widespread areas, and emergency care personnel in unaffected neighboring communities may be overwhelmed with victims from a single community.
- Evacuees may contribute to the scarcity of resources, as an influx of evacuees can increase the population of a receiving community during a significant disaster or emergency event.
- Mass care needs may range from emergency sheltering operations for a limited number of visitors and citizens to more intermediate to long-term housing.
- In accordance with the American Red Cross's organizational documents and charter, ratified by the United States Congress on January 5, 1907, as well as the Disaster Relief Act of 1974, the Red Cross (national organization and local chapters) provides an array of "Mass Care Services" to emergency and disaster victims routinely under its own authority. Furthermore, the Red Cross is tasked as the primary agency responsible for federally supported Mass Care Services per the National Response Framework (ESF 6), despite being a nongovernmental organization.
- Disaster conditions are likely to require evacuation and care of domestic animals and livestock. Animals (with the exception of service animals) are not allowed in public shelters.
- The diverse nature of the County will be reflected by shelter populations and will likely include a significant number of persons with access/functional needs (e.g., elderly, persons with language barriers, physical challenges, or other limiting medical or mental health conditions) and/or persons who are vulnerable to becoming marginalized or those with specialized needs (e.g., students, inmates, registered sex-offenders, the indigent, persons with chemical dependency concerns, etc.)
- Local emergency operations plans should contain strategies and procedures for addressing the needs of vulnerable populations in the event of emergency situations.

2.2 Assumptions

ESF 6 is based on the following planning assumptions:

- Widespread damages may necessitate the relocation of victims and the need for mass care operations.
- Some victims will go to shelters, while others will find shelter with friends and relatives. Some may stay with or near their damaged homes.
- Shelters may have to be opened with little notice. Until Red Cross personnel arrive and assume responsibility for managing such shelters, local government personnel may have to manage and coordinate shelter and mass care activities.
- The demand for shelters may prove to be higher than what is available.
- If Red Cross services are not available, other volunteer organizations and religious groups may open shelters. Some of these organizations and groups coordinate their efforts with the Red Cross, while others may operate these facilities themselves and assume full responsibility for them.
- Essential public and private services will be continued during mass care operations. However, for a major evacuation that generates a large-scale shelter and mass care operation, normal activities at schools, community centers, churches, and other facilities used as shelters may have to be curtailed.
- Emergency operations for most human services organizations (mass care, individual assistance, sheltering, special medical needs, and special needs) will be an extension of normal programs and services.

3 Roles and Responsibilities

The County has identified primary and supporting agencies and community partners to ensure that ESF 6–related activities are performed in an efficient and effective manner during all phases of the emergency management cycle. This document does not relieve tasked agencies of the responsibility for emergency planning, and agency plans should adequately provide for the capability to implement the actions identified below.

■ Primary County Agencies

- Identified lead agencies for emergency functions based on the agencies’ coordinating responsibilities, authority, functional expertise, resources, and capabilities in managing incident-related activities. Primary agencies may not be responsible for all elements of a function and will coordinate with supporting agencies.

■ Supporting County Agencies

- Identified County agencies with substantial support roles during major incidents.

■ Community Partners

- Identified within this plan as “tasked agencies” based on one or more of the following criteria: the organization’s self-defined mission (e.g., disaster relief nonprofit organizations); formalized tasking by governmental agencies (e.g., American Red Cross); or the entity’s jurisdictional authority.

Roles and responsibilities for state and federal agencies are identified in the State of Oregon Emergency Operations Plan and National Response Framework, respectively.

See Appendix B for a checklist of responsibilities for tasked agencies by phase of emergency management.

4 Concept of Operations

4.1 General

All mass care-related activities will be performed in a manner that is consistent with the National Incident Management System and the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

- In accordance with the Basic Plan and this ESF Annex, Morrow County Emergency Management and Morrow County Public Health are responsible for coordinating mass care-related activities. Plans and procedures developed by the primary and supporting agencies provide the framework for carrying out those activities.
- Requests for assistance with mass care will first be issued in accordance with established mutual aid agreements; once those resources have been exhausted, a request may be forwarded to the State Emergency Coordination Center.
- The County Emergency Operations Center (EOC) will provide guidance for the coordination of mass care resources.

In the case of unmet needs, the Board of Commissioners will issue requests for state and/or federal assistance via the EOC to the Oregon Office of Emergency Management in Salem. Some emergencies will not entail mass care assistance but will still require a limited amount of emergency food and clothing. The Emergency Manager, volunteer organizations, and church groups will coordinate this assistance.

Initial preparedness efforts will begin with the identification of population groups requiring special assistance during an emergency (i.e., senior citizens, handicapped, those with companion or service animals). Needs should be matched to capabilities and resources, and any gaps should be addressed through planning, training, and exercises. When an incident occurs and evacuation is required, preparations will begin for receiving evacuees at selected facilities. Essential personnel, including volunteers, will be alerted; pre-positioned material resources (cots, blankets, food, etc.) will be made ready; and medical facilities will be alerted to the possibility of receiving evacuee patients. Participating agencies will provide food and clothing as needed, assist with registration of evacuees/victims, and provide information to assist victims needing additional services. Once the incident transitions to the recovery phase, the needs of victims should be continually assessed and met as necessary via one or more Disaster Application Centers.

4.2 EOC Activation

When a disaster occurs, the Morrow County Emergency Manager may, based on the size and complexity of the incident, activate the County EOC and assume the role of EOC Manager. The EOC Manager will establish communications with leadership and gather situational information to determine an EOC staffing plan and set up operational periods.

Notification will be made to the primary county agencies listed in this ESF. The primary county agencies will coordinate with supporting county agencies to assess and report current capabilities

to the EOC and activate Departmental Operations Centers as appropriate. Primary and supporting county agencies may be requested to send a representative to staff the EOC and facilitate information and planning–related activities.

4.3 EOC Operations

Mass care activities will be coordinated at the EOC by the Emergency Manager, Public Health Emergency Preparedness Coordinator, or a mass-care designee. Shelter/lodging facility managers will be responsible for operating their individual facilities. The primary communications link between shelter facilities and the EOC will be landline and wireless telephone. If telephones cannot be used or are overloaded, law enforcement personnel or AuxComm personnel will provide radio assistance. Shelter facility managers should arrange for persons in their facilities to monitor prescribed communication sources for guidance and announcements.

When mass care-related activities are staffed in the EOC, the mass care representative will be responsible for the following:

- Serve as a liaison with supporting agencies and community partners.
- Provide a primary entry point for situational information related to mass care.
- Share situation status updates related to mass care to inform the development of the Situation Report.
- Participate in, and provide mass care–specific reports for, EOC briefings.
- Assist in the development and communication of mass care-related actions to tasked agencies.
- Monitor ongoing mass care-related actions.
- Share mass care-related information with ESF 14 – Public Information, to ensure consistent public messaging.
- Coordinate mass care-related staffing to ensure the function can be staffed across operational periods.

4.4 Shelters and Mass Care Facilities

Mass care includes the registration of evacuees, the opening and management of temporary lodging facilities, and the feeding of evacuees and workers through both mobile and fixed feeding sites. It also includes the provision of feed, water, shelter, and medical care to evacuees’ companions and service animals. Non-governmental organizations such as the Red Cross may assist in registering evacuees and, as applicable, will coordinate information with appropriate government agencies regarding evacuees housed in shelters. The Oregon Department of Human Services Regional Office for Social Services can provide additional support for sheltering and mass care.

Protective shelters are life-preserving—they are designed to afford protection from the direct effects of hazard events (e.g., tornado safe rooms) and may or may not include the life-supporting features associated with mass care facilities. In contrast, mass care facilities are life-supporting—they provide protection from the elements and basic life-sustaining services when hazard events result in evacuations. The latter category of facilities is the focus of this annex and is designated as Reception and Care facilities.

The designation of specific lodging and feeding facilities will depend on the actual situation and the location of the hazard area. Public school buildings will be a prime consideration for use as emergency mass care facilities; their use will be coordinated with school officials. Selected facilities will be located far enough from the hazard area to prevent the possibility of the threat extending to the mass care facility. Agreements for use of some facilities have been obtained by the Red Cross. The Emergency Manager will obtain permission from owners to use other facilities as required. When Red Cross facilities are opened, it will be the responsibility of the Red Cross to maintain all functions and staffing according to the organization's own policy.

Options for temporary shelter available to Morrow County during the first 72 hours of an incident include:

- Predetermined sheltering sites and supplies
- General-purpose tents available through the Oregon National Guard and requested by the County EOC to OEM
- If a Presidential Declaration has been made, temporary buildings or commercial space requested through the Federal Coordinating Officer

A designated member of the County EOC staff will serve as the Morrow County Shelter Coordinator. Services will be provided through the coordinated efforts of staff members; the American Red Cross; the Salvation Army; and other state-supported agencies, volunteer agencies, and mutual-aid agreements with the various support groups. Law enforcement agencies will provide security at shelter facilities, where possible, and will also support backup communications if needed.

4.5 Emergency First Aid

The following agencies and entities can provide support for emergency first aid and referral to appropriate medical personnel and facilities:

- Fire Departments/Districts
- Morrow County Public Health
- Morrow County Sheriff's Office 911 Communications Center
- Oregon Veterinary Medical Association
- American Red Cross, Health Services Personnel

4.6 Disaster Welfare Information

Disaster Welfare Information collects and provides information regarding individuals residing within the affected area to immediate family members outside the affected area. The system also aids in the reunification of family members within the affected area. Morrow County Emergency Management will establish a Disaster Welfare Inquiry Operation to answer requests from relatives and friends concerning the safety and welfare of evacuees or those in disaster areas. Welfare inquiry listings, along with registration listings, will be coordinated with the EOC and law enforcement agencies for comparison with missing person lists.

4.7 Disaster Application/Assistance Centers

Upon a Presidential disaster declaration, Disaster Application/Assistance Centers may be established. In addition to numerous grant and assistance programs available through the Disaster Application Center, the Individual and Family Grant Program provides grants to meet

disaster-related necessary expenses or serious needs for which assistance for other means is either unavailable or inadequate.

The Red Cross will have agreements in place for use of specific shelters that can be activated by alerting the local chapter. The Red Cross maintains a current list of area shelters with signed agreements. This information will be available to the County EOC during an emergency. The Red Cross will assist in the registration of evacuees and, as applicable, will coordinate information with appropriate government agencies regarding evacuees who are housed in Red Cross-supported shelters.

4.8 Feeding

Food is provided to victims through a combination of fixed sites, mobile feeding units, and bulk distribution. Feeding operations are based on nutritional standards and should include meeting the requirements of victims with special dietary needs, if possible.

The American Red Cross and Morrow County Public Health will be responsible for planning meals, coordinating mobile feeding, and identifying feeding sites and resources for the procurement of food and related supplies.

4.9 Bulk Distribution

Emergency relief items to meet urgent needs are distributed via established sites within the affected area. Distribution of food, water, and ice requirements through sites. The American Red Cross and Morrow County Public Health will coordinate all bulk distribution activities needed within the County's jurisdiction with the Logistics Section of the County EOC.

Agencies and organizations involved in supporting and managing bulk distribution include:

- Morrow County EMO
- American Red Cross
- Salvation Army
- Morrow County Public Health
- Private-sector partners

4.10 Housing

All housing needs identified during and following emergency incidents or disasters impacting the County will be coordinated through the County Emergency Management via the County EOC. Liaisons will be assigned to the command staff in order to manage and coordinate resources and activities with regional, state, federal, and private-sector entities. In some disaster situations, the federal government may be requested to provide emergency housing. Disaster victims will be encouraged to obtain housing with family or friends or in commercial facilities.

The following agencies/organizations are available to help with the short- and long-term housing needs of victims:

- Morrow County EMO
- Oregon Emergency Management
- American Red Cross

4.11 Crisis Counseling and Mental Health

Community Counseling Solutions will coordinate mental health services to the general public. Specific concerns within the first responder community can also be addressed through the Morrow County Sheriff's Office which coordinates mental health and crisis counseling services for law enforcement staff.

Agencies/organizations involved with providing crisis counseling and mental health support to victims and families, the first responder community, and special needs populations include:

- Community Counseling Solutions
- County and regional volunteer organizations
- Local nursing homes and care facilities
- Oregon Department of Human Services

See ESF 8 – Health and Medical for additional detail.

4.12 Access and Functional Needs Populations

Disaster victims and Special Needs groups may require assistance to meet their necessary expenses and needs (e.g. food, clothing, housing, medical, and financial). Local and state human service organizations will identify any special needs groups (elderly, handicapped, and non/limited-English speaking) and, in the event of a disaster, ensure that their needs are met.

Coordinating and identifying individuals with special needs within the impacted area is a critical element of emergency response and recovery operations for Morrow County. Special Needs may be characterized by age (children and elderly), physical and/or mental disabilities, language (non/limited-English-speaking), disease/medical conditions, service animals, and any other conditions or traits that could warrant special considerations under emergency circumstances.

Agencies and organizations involved in managing, transporting, and communicating with Special Needs populations during an emergency and pertaining to mass care include:

- Morrow County Emergency Management
- Morrow County Public Health
- Oregon Department of Human Services
- Private clinics and care facilities
- Red Cross and other volunteer agencies
- Morrow County school districts
- Local radio stations serving Morrow County and surrounding areas

4.13 Volunteer Services and Donated Goods

The Morrow County Emergency Manager will coordinate and manage volunteer services and donated goods through appropriate liaisons assigned at the County EOC with the support of the Red Cross, and other volunteer organizations. These activities will seek to maximize benefits without hindering emergency response operations. Procedures for accessing and managing these services during an emergency will follow Incident Command System/National Incident Management System standards. Information sharing and donated goods tracking/inventory systems available to this jurisdiction are summarized in ESF 7 – Resource Support.

4.14 Coordination with Other ESFs

The following ESFs support mass care-related activities:

- **ESF 8 – Health and Medical.** Coordinate health inspections of mass care facilities; coordinate sheltering of populations with medical needs.
- **ESF 11 – Agriculture, Animal, and Natural Resources.** Coordinate food and water to support mass care operations. Provide care and shelter for animals, including service animals, pets, and livestock.
- **ESF 13 – Law Enforcement.** Provide security for mass care facilities.
- **ESF 15 – Public Information.** Inform the public about mass care operations.
- **ESF 16 – Volunteers and Donations Management.** Coordinate volunteers and donated goods to support mass care operations.

5 ESF Annex Development and Maintenance

Morrow County Emergency Management will be responsible for coordinating regular review and maintenance of this annex. Each primary and supporting agency will be responsible for developing plans and procedures that address assigned tasks.

6 Appendices

- Appendix A – ESF 6 Resources
- Appendix B – ESF 6 Responsibilities by Phase of Emergency Management
- Appendix C – ESF 6 Representative Basic Checklist

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APPENDIX A - ESF 6 RESOURCES

The following resources provide additional information regarding ESF 6 and resource support-related issues at the local, state, and federal levels:

LOCAL

- American Red Cross
- Community Counseling Solutions

STATE

- Emergency Operations Plan
 - ESF 6 – Mass Care

FEDERAL

- National Response Framework
 - ESF 6 – Mass Care

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APPENDIX B - ESF 6 RESPONSIBILITIES BY PHASE OF EMERGENCY MANAGEMENT

The following checklist identifies key roles and responsibilities for Emergency Support Function (ESF) 6 – Mass Care. It is broken out by phase of emergency management to inform tasked agencies of what activities they might be expected to perform before, during, and after an emergency to support the Mass Care function. All tasked agencies should maintain agency-specific plans and procedures that allow for them to effectively accomplish these tasks.

PREPAREDNESS

Preparedness activities take place **before** an emergency occurs and include plans or preparations to save lives and help response and recovery operations. Preparedness roles and responsibilities for ESF 6 include the following:

All Tasked Agencies

- Develop operational plans for ESF 6 activities.
- Participate in ESF 6–related trainings and exercises as appropriate.

Emergency Management

- Coordinate regular review and update of the ESF 6 annex with supporting agencies.
- Facilitate collaborative planning to ensure the County’s capability to support ESF 6 activities.
- Develop and maintain a Mass Care Plan for the County that includes procedures for addressing:
 - Mass care
 - Emergency assistance
 - Housing
 - Human services
- Coordinate pre-incident public health inspections of shelters and verify sanitary conditions as required.
- Coordinate with appropriate nongovernmental organizations in the development of the shelter and mass care program.
- Pre-plan sheltering agreements in coordination with appropriate nongovernmental organizations.
- Establish contacts within supporting non-governmental organizations.
- Identify and organize volunteer groups within the community and develop the necessary agreements.
- Coordinate with the appropriate nongovernmental organizations in identifying population groups requiring special assistance during an emergency (i.e., senior citizens, handicapped).
- Coordinate with the appropriate nongovernmental organizations in identifying sources and distribution mechanisms for food and clothing if available.
- Maintain operational capacity of the County EOC to support Mass Care activities.
- Ensure that staff are identified and adequately trained to fulfill the finance function in the County EOC, including resources utilized to support Mass Care operations.

- Coordinate with the non-governmental organizations as appropriate in the development of the shelter and mass care program.
- Pre-plan sheltering agreements in coordination with the appropriate nongovernmental organizations.
- Establish contacts within supporting non-governmental organizations.
- Identify and organize volunteer groups within the community, and develop the necessary agreements.
- Coordinate with the appropriate non-governmental organizations in identifying population groups requiring special assistance during an emergency (i.e., senior citizens, handicapped).
- Coordinate with the appropriate non-governmental organizations in identifying sources and distribution mechanisms for food and clothing.
- Coordinate transportation needs for special population groups and emergency goods and services through area schools, churches, and other organizations possessing transportation assets.

American Red Cross

- Recruit, train, and maintain a volunteer staff with the capacity to operate shelters if needed.
- Enter into agreements with locations suitable to serve as emergency shelters in accordance with established guidelines.
- Pre-plan sheltering support in coordination with Emergency Management.
- Support Emergency Management in identifying population groups requiring special assistance during an emergency (i.e., senior citizens, handicapped).
- Support Emergency Management in identifying sources and distribution mechanisms for food and clothing.

Environmental Health

- Inspect mass care sites for the safety of food, water, and other environmental factors.

Fire Departments/Districts

- Train shelter personnel in fire safety and suppression.
- Inspect and approve shelters and mass care sites for structural and fire safety.

RESPONSE

Response activities take place **during** an emergency and include actions taken to save lives and prevent further property damage in an emergency. Response roles and responsibilities for ESF 6 include the following:

All Tasked Agencies

- Provide situational updates to the County EOC as required to maintain situational awareness and establish a common operating picture.
- Provide a representative to the County EOC, when requested, to support ESF 6 activities.

Emergency Management

- Notify the appropriate nongovernmental organizations of a need for shelters, estimated persons affected, and evacuation routes.

- Provide oversight and resource support for shelter operations.
- Coordinate emergency shelter operations to provide for the temporary housing needs of citizens displaced by emergencies/disasters.
- Notify the American Red Cross of the need for shelters, estimated persons affected, and evacuation routes.
- Maintain communication between shelter facilities and the EOC.

American Red Cross

- Coordinate the emergency shelter operations to provide for the temporary housing needs of citizens displaced by emergencies/disasters.
- Support shelter and mass care operations.
- Provide emergency food, clothing, and other necessities.
- Help toward temporary home repairs.
- Provide information for victims needing additional services.
- Maintain records of all expenses incurred in the course of mass care activities.

Community Counseling Solutions

- Coordinate crisis counseling for disaster victims/workers.
- Assist Morrow County Emergency Management in the registration of evacuees.

Public Health

- Assess current and projected health care needs for the county in coordination with local, state, tribal, and federal partners.
- Coordinate with other partners the distribution of and access to health care for members of the community.

Public Works Department

- Provide and coordinate public information regarding alternate routes and road closures.

Sheriff's Office and City Police Departments

- Provide security and law enforcement at shelters and mass care facilities where possible.

The Loop

- Assist evacuees with transportation to shelters.

Fire Departments/Districts

- Inspect and approve shelters for structural and fire safety.

RECOVERY

Recovery activities take place **after** an emergency occurs and include actions to return to a normal or even safer situation following an emergency. Recovery roles and responsibilities for ESF 6 include the following:

All Tasked Agencies

- Demobilize response activities.
- Maintain incident documentation to support public and individual assistance processes.

Emergency Management

- Compile and keep all documentation collected relating to the management of mass care activities.
- Coordinate all after-action activities and implement corrective actions as appropriate.
- Coordinate with state and federal officials regarding the location of the Disaster Application Center.
- Staff Disaster Assistance/Application Centers as required.

American Red Cross

- Assess continued humanitarian needs of victims.
- Inform the public of extended care location/availability.

MITIGATION

Mitigation activities take place **before and after** an emergency occurs and include activities that prevent an emergency, reduce the chance of an emergency happening, or reduce the damaging effects of unavoidable emergencies. Mitigation roles and responsibilities for ESF 6 include the following:

All Tasked Agencies

- Participate in the hazard/vulnerability identification and analysis process.
- Take steps toward correcting deficiencies identified during the hazard/ vulnerability identification and analysis process as appropriate.

APPENDIX C - ESF 6 REPRESENTATIVE CHECKLIST

ACTIVATION AND INITIAL ACTIONS
<input type="checkbox"/> Report to the EOC Manager, Section Chief, Branch Coordinator, or other assigned supervisor.
<input type="checkbox"/> Become familiar with available job resources (e.g., plans, equipment, and staff) and EOC plans and forms.
<input type="checkbox"/> Review the EOC organization and staffing chart and understand your role in working with the various branches and sections.
<input type="checkbox"/> Equip your work station with necessary equipment and supplies and test the functionality of all equipment
<input type="checkbox"/> Obtain situation report(s), Incident Action Plan, and/or briefings from EOC and/or field personnel
INITIAL OPERATIONAL PERIODS
<input type="checkbox"/> Obtain a briefing from the person you are replacing.
<input type="checkbox"/> Attend meetings and briefings, as appropriate.
<input type="checkbox"/> Establish and maintain your position log with chronological documentation.
<input type="checkbox"/> Follow procedures for transferring responsibilities to replacements.
<input type="checkbox"/> Follow staff accountability and check-in/check-out procedures when temporarily leaving your assigned workstation.
FINAL OPERATIONAL PERIODS
<input type="checkbox"/> Complete and submit all required documentation
<input type="checkbox"/> Ensure all materials are returned to their proper storage location and file requests for replacement of resources that are expended or inoperative.
<input type="checkbox"/> Follow check-out procedures.
<input type="checkbox"/> Share lessons learned at After-Action Conferences to contribute to the After-Action Report and inform future activations.

INFORMATION MANAGEMENT

Information management is getting the right information to the right people, in the right form, at the right time. It includes receiving, sorting, prioritizing, and delivering information.

The EOC information management role for ESF Leads and agency representatives includes the following:

- Filter information for what is accurate, distill that information to what is useful, and transfer it to the appropriate people within the EOC or agency, contributing to a common operating picture.
- Serve as a conduit of information to and from agencies.
- Supply accurate, appropriate, and up-to-date information to the Situation Report.

RESOURCE MANAGEMENT

Resource management is getting the right resources to the right place, at the right time. The resource request process is at its core and supports coordinated management of resource requests by local, state, and federal partners. Resources include equipment, supplies, and personnel.

The EOC Resource Management support role for ESF Leads and agency representatives includes the following:

- Coordinate the contribution of resources from an agency to the response and recovery.
- Request resources from other sources and agencies.
- Keep the lines of communication open and provide specific information about what an agency can and cannot provide. The more specific and timelier the information held by the Logistics Section, the more efficiently it will support the request.

ESF 7 – Resource Support

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ESF 7 Tasked Agencies	
Primary County Agencies	Morrow County Emergency Management
Supporting County Agencies	Board of Commissioners (BOC) Morrow County Department Heads Morrow County Finance Department Morrow County Sheriff's Office
Community Partners	American Red Cross Fire Departments/Districts Local Municipalities Morrow County Volunteer Organizations
Primary State Agency	Office of the State Fire Marshal Office of the State Fire Marshal Regional Hazardous Materials Response Team 10 Oregon Department of Administrative Services Oregon Department of Forestry Oregon Department of Agriculture Oregon Department of Human Services Oregon Department of Transportation Oregon Emergency Management Oregon Military Department Oregon State Police

1 Introduction

1.1 Purpose

Emergency Support Function (ESF) 7 describes how the County will provide logistic and resource support during a time of emergency, as well as provide financial tracking and records management of overall costs of the County's response.

1.2 Scope

The following activities are within the scope of ESF 7:

- Coordinate the procurement and provision of County and private-sector resources during a disaster.
- Receive and coordinate response to resource requests from County departments and local response partners.
- Provide logistic and resource support for requirements not specifically addressed in other ESFs.
- Monitor and track available and committed resources involved in the incident.
- Monitor and document the financial costs of providing resources, including costs of providing County support, purchasing or contracting goods and services, transportation, and above normal staffing.

2 Situation and Assumptions

2.1 Situation

The County is faced with a number of hazards that may require resource support. The following issues should be considered when planning for and implementing ESF 7 activities:

- Upon request, ESF 7 provides the resource support needed to maintain the response capacity of the County and local response partners.
- Equipment and supplies are provided from current stocks or, if necessary, from commercial sources, using locally available sources when possible. ESF 7 does not stockpile supplies.
- During response operations, acquisition of these resources may be supported by preexisting memoranda of understanding, memoranda of agreement, and interagency agreements and contracts.

2.2 Assumptions

ESF 7 is based on the following planning assumptions:

- Local and tribal partners will exhaust local and mutual aid resource support mechanisms prior to requesting support from the County. A request may be made to the County if exhaustion of local resources is imminent.
- Normal forms of communication may be severely interrupted during the early phases of an emergency or disaster.
- Transportation to affected areas may be cut off due to weather conditions or damage to roads, bridges, airports, and other transportation means.
- Donated goods and supplies will be managed and utilized as necessary.
- The management and logistics of resource support are highly situational and require flexibility and adaptability. Local governments will expend resources and implement mutual aid agreements under their own authorities.

3 Roles and Responsibilities

The County has identified primary and supporting agencies and community partners to ensure that ESF 7–related activities are performed in an efficient and effective manner during all phases of the emergency management cycle. This document does not relieve tasked agencies of the responsibility for emergency planning, and agency plans should adequately provide for the capability to implement the actions identified below.

- **Primary County Agencies**
 - Identified lead agencies for emergency functions based on the agencies’ coordinating responsibilities, authority, functional expertise, resources, and capabilities in managing incident-related activities. Primary agencies may not be responsible for all elements of a function and will coordinate with supporting agencies.
- **Supporting County Agencies**
 - Identified County agencies with substantial support roles during major incidents.

■ Community Partners

- Identified within this plan as “tasked agencies” based on one or more of the following criteria: the organization’s self-defined mission (e.g., disaster relief nonprofit organizations); formalized tasking by governmental agencies (e.g., American Red Cross); or the entity’s jurisdictional authority.

Roles and responsibilities for state and federal agencies are identified in the State of Oregon Emergency Operations Plan and National Response Framework, respectively.

See Appendix B for a checklist of responsibilities for tasked agencies by phase of emergency management.

4 Concept of Operations

4.1 General

All resource support–related activities will be performed in a manner that is consistent with the National Incident Management System (NIMS) and the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

The Resource Management function is an element of the incident management structure within the Emergency Operations Center (EOC). During emergencies, each department head will manage his or her resources internally (including those available through existing mutual aid agreements), in coordination with the County EOC. Voluntary controls over the use of scarce resources are to be used whenever possible. In most emergency response situations, however, overall resource allocation priorities will be established by the EOC based on the guidance in this annex and the policy direction of the BOC in its role as the Policy Group. The Logistics Section Chief has the authority to activate additional facilities and personnel as deemed appropriate and necessary by the situation. The Logistics Section reviews local, regional, and other resource requests. Local resources are allocated and used before requesting additional resources from regional, state, and national sources. Coordination efforts can expand into a Joint Operations Center and can further expand into the NIMS if the situation warrants it.

In cases where a decision must be made to apply resources to one situation while another problem goes unattended, the preservation of human life shall take priority over the protection of property. In addition to public safety response capabilities, essential resources in a major emergency will include food, water, and petroleum products. The preservation/restoration of electrical power, critical routes, and bridges, and critical facilities will also be priorities.

If additional equipment, personnel, and material are required for a major emergency/disaster, those requests will be relayed to the EOC where outside support will be pursued. Emergency purchase requests are to be coordinated through the EOC Finance Section. Emergency purchasing procedures will be established and records maintained of expenditures for goods, services, and personnel. In extreme circumstances where the County BOC has declared a state of emergency, the Chairperson, under the authority of Oregon Revised Statute 401, has ultimate responsibility for the resolution of conflicts regarding the application of limited resources.

Requests for resources that cannot be filled locally will be forwarded by the Morrow County EOC Logistics Section to the OEM EOC.

4.2 EOC Activation

When a disaster occurs, the Morrow County Emergency Manager may, based on the size and complexity of the incident, activate the County EOC and assume the role of EOC Manager. The EOC Manager will establish communications with leadership and gather situational information to determine an EOC staffing plan and set up operational periods.

Notification will be made to the primary county agencies listed in this ESF. The primary county agencies will coordinate with supporting county agencies to assess and report current capabilities to the EOC and activate Departmental Operations Centers as appropriate. Primary and supporting county agencies may be requested to send a representative to staff the EOC and facilitate information and planning–related activities.

4.3 EOC Operations

The Morrow County BOC serves as the overall authority for resource management, with operational responsibility delegated to the Emergency Manager. Department heads and supervisors continue their day-to-day responsibilities during an emergency, exercising operational control of their workforces and keeping the BOC informed of resource requirements, and coordinating emergency resource requests via the EOC. To the extent practical, potential resource shortages will be projected, identified, and made known to the EOC Operations and Logistics Section Chiefs.

When resource support–related activities are staffed in the EOC, the resource support representative will be responsible for the following:

- Serve as a liaison with supporting agencies and community partners.
- Provide a primary entry point for situational information related to resource support.
- Share situation status updates related to resource support to inform the development of the Situation Report.
- Participate in, and provide resource support–specific reports for, EOC briefings.
- Assist in the development and communication of resource support–related actions to tasked agencies.
- Monitor ongoing resource support–related actions.
- Share resource support-related information with the Public Information Officer to ensure consistent public messaging.
- Coordinate resource support–related staffing to ensure the function can be staffed across operational periods.

4.4 Confidential Resource Directory

Morrow County Emergency Management will maintain an annually updated Confidential Resource Directory. The list includes heavy-duty and specialty equipment. To date, no electronic resource tracking systems have been implemented for the County.

When requests are of high priority for the jurisdiction, an expedited procurement or hiring process may be in order. Procurement involves contacting suppliers, negotiating terms (in coordination with the Morrow County BOC and Legal Counsel, if necessary), and making transportation arrangements. Each department head maintains qualifications for particular types of positions, and the Policy Board can assist with hiring additional staff to support any facet of emergency operations, if necessary. The designated financial officer will update section chiefs

and other Command Staff regarding their authorized budgets while also logging and processing transactions, tracking accounts, and securing access to more funding as necessary and feasible. The Policy Board will provide aid and guidance regarding legal obligations and any special considerations granted by law to expedite requests and other tasks.

4.5 Resource Typing

Morrow County utilizes resource typing as a method for standardizing nomenclature when requesting equipment and managing resources during an incident. NIMS approves this method for characterizing assets and providing mutual aid to partners during an emergency.

Within many of Morrow County's identified resource types are divisions for size, power, or quantity. Where appropriate, these are described as Type I, Type II, Type III, and so on. When used properly, the County's resource typing list can increase the usefulness of the tools requested in an emergency and may reduce costs by eliminating orders for equipment inaccurate or inappropriate for the situation. Response personnel and support staff should practice using the resource typing list and become familiar with the standard terminology for commonly requested resources.

4.6 Access and Functional Needs Populations

Provision of resource support-related activities will consider populations with access and functional needs. The needs of children and adults who experience disabilities and others who experience access and functional needs shall be identified and planned for as directed by policymakers and according to state and federal regulations and guidance.

4.7 Coordination with Other ESFs

The following ESFs support mass care-related activities:

- **ESF 11 – Agriculture, Animal, and Natural Resources.** Coordinate food and water to support mass care operations.
- **ESF 16 – Volunteers and Donations Management.** Coordinate volunteers and donated goods to support mass care operations.
- **All ESFs** – All functions will make resource requests through ESF 7 via the EOC.

5 ESF Annex Development and Maintenance

Morrow County Emergency Management will be responsible for coordinating regular review and maintenance of this annex. Each primary and supporting agency will be responsible for developing plans and procedures that address assigned tasks.

6 Appendices

- Appendix A – ESF 7 Resources
- Appendix B – ESF 7 Responsibilities by Phase of Emergency Management
- Appendix C – ESF 7 Representative Basic Checklist

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APPENDIX A - ESF 7 RESOURCES

The following resources provide additional information regarding ESF 7 and resource support-related issues at the local, state, and federal levels:

LOCAL

- None at this time.

STATE

- Emergency Operations Plan
 - ESF 7 – Resource Support

FEDERAL

- National Response Framework
 - ESF 7 – Resource Support
- NIMS Resource Typing Guides

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APPENDIX B - ESF 7 RESPONSIBILITIES BY PHASE OF EMERGENCY MANAGEMENT

The following checklist identifies key roles and responsibilities for Emergency Support Function (ESF) 7 – Resource Support. It is broken out by phase of emergency management to inform tasked agencies of what activities they might be expected to perform before, during, and after an emergency to support the resource support function. All tasked agencies should maintain agency-specific plans and procedures that allow for them to effectively accomplish these tasks.

PREPAREDNESS

Preparedness activities take place **before** an emergency occurs and include plans or preparations to save lives and help response and recovery operations. Preparedness roles and responsibilities for ESF 7 include the following:

All Tasked Agencies

- Develop operational plans for ESF 7 activities.
- Participate in ESF 7–related trainings and exercises as appropriate.

Emergency Management

- Coordinate regular review and update of the ESF 7 annex with supporting agencies.
- Facilitate collaborative planning to ensure the County’s capability to support ESF7 activities.
- Develop and maintain a Resource Support Plan for the County that includes procedures for addressing:
 - Resource requesting
 - Resource staging
 - Resource tracking
 - Resource demobilization
- Develop plans for the establishment of logistic staging areas for internal and external response personnel, equipment, and supplies.
- Estimate logistical requirements (e.g., personnel, supplies and equipment, facilities, and communications) during the planning process and through exercise.

Individual Department Heads

- Develop and maintain appropriate resource lists of personnel, equipment, and supplies as related to departmental activities and specific emergencies.
- Identify potential resource providers by major category (i.e., heavy equipment, hardware, transportation, fuel, food, and staffing).
- Identify resource needs for special or critical facilities and submit lists to General Services, as necessary, so that contracts can be in place.
- Develop procedures for the movement of equipment and critical supplies for various emergency situations.

RESPONSE

Response activities take place **during** an emergency and include actions taken to save lives and prevent further property damage in an emergency. Response roles and responsibilities for ESF 7 include the following:

All Tasked Agencies

- Provide situational updates to the County EOC as required to maintain situational awareness and establish a common operating picture.
- Provide a representative to the County EOC, when requested, to support ESF 7 activities.

Emergency Management

- Coordinate with the EOC Planning Section to identify unmet needs.
- Establish a Logistics Section in the County EOC if needed.
- Establish communication between the EOC and response agencies to determine the resources needed to support incident response and operations.
- Identify internal, jurisdiction-specific resources available to support response and recovery operations.
- Decide the need for additional external resources and the implementation of a critical resource logistics and distribution plan.
- Provide logistical support for the operation of the EOC and requests from the EOC Manager.
- Request support for resource support–related activities through the State Emergency Coordination Center.

EOC Manager

- Ensure that resource surveys are conducted and maintained.
- Ensure that priorities for resource allocation are based on the guidance of this annex and the policy direction of the Policy Group.
- Resolve resource allocation priority issues in conjunction with the Policy Group as necessary.
- Institute resource controls as appropriate.

EOC Finance Section Chief

- Coordinate departmental requests for additional resources through contracts, as necessary.
- Develop agreements with outside sources for use of resources if contracts are not already prepared.
- Screen resource offers for compliance with contracting requirements.
- Establish emergency purchasing procedures, as needed.
- Assist departments in maintaining records of emergency acquisitions of goods, services, and personnel.

Individual Department Heads

- Designate an EOC Logistics Coordinator and a backup to work at the EOC if a department has a major function to perform in an emergency or disaster (e.g., Law Enforcement, Public Works, Health, etc.)
- Coordinate emergency utilization of resources.

- Ensure that records of emergency expenditures are prepared during the response phase and submitted to the EOC Finance Section Chief.

EOC Incident Logistics Coordinator

- Monitor the commitment of resources for their functional areas (i.e., public works, law enforcement, fire, etc.)
- Identify additional resources to meet requests, using priorities based on guidance in this document and or/policy direction from the Policy Group, and allocating resources accordingly.
- Coordinating staging of resources with EOC Manager(s) as necessary.

Local Municipalities

- Activate local and mutual aid resources to support emergency operations.
- Request additional support through the County EOC.

RECOVERY

Recovery activities take place **after** an emergency occurs and include actions to return to a normal or even safer situation following an emergency. Recovery roles and responsibilities for ESF 7 include the following:

All Tasked Agencies

- Demobilize response activities.
- Maintain incident documentation to support public and individual assistance processes.

Emergency Management

- Compile and keep all documentation collected relating to the management of mass care activities.
- Coordinate all after-action activities and implement corrective actions as appropriate.

MITIGATION

Mitigation activities take place **before and after** an emergency occurs and include activities that prevent an emergency, reduce the chance of an emergency happening, or reduce the damaging effects of unavoidable emergencies. Mitigation roles and responsibilities for ESF 7 include the following:

All Tasked Agencies

- Participate in the hazard/vulnerability identification and analysis process.
- Take steps toward correcting deficiencies identified during the hazard/ vulnerability identification and analysis process as appropriate.

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APPENDIX C - ESF 7 REPRESENTATIVE CHECKLIST

ACTIVATION AND INITIAL ACTIONS
<input type="checkbox"/> Report to the EOC Manager, Section Chief, Branch Coordinator, or other assigned supervisor.
<input type="checkbox"/> Become familiar with available job resources (e.g., plans, equipment, and staff) and EOC plans and forms.
<input type="checkbox"/> Review the EOC organization and staffing chart and understand your role in working with the various branches and sections.
<input type="checkbox"/> Equip your work station with necessary equipment and supplies and test the functionality of all equipment
<input type="checkbox"/> Obtain situation report(s), Incident Action Plan, and/or briefings from EOC and/or field personnel
INITIAL OPERATIONAL PERIODS
<input type="checkbox"/> Obtain a briefing from the person you are replacing.
<input type="checkbox"/> Attend meetings and briefings, as appropriate.
<input type="checkbox"/> Establish and maintain your position log with chronological documentation.
<input type="checkbox"/> Follow procedures for transferring responsibilities to replacements.
<input type="checkbox"/> Follow staff accountability and check-in/check-out procedures when temporarily leaving your assigned workstation.
FINAL OPERATIONAL PERIODS
<input type="checkbox"/> Complete and submit all required documentation
<input type="checkbox"/> Ensure all materials are returned to their proper storage location and file requests for replacement of resources that are expended or inoperative.
<input type="checkbox"/> Follow check-out procedures.
<input type="checkbox"/> Share lessons learned at After-Action Conferences to contribute to the After-Action Report and inform future activations.

INFORMATION MANAGEMENT

Information management is getting the right information to the right people, in the right form, at the right time. It includes receiving, sorting, prioritizing, and delivering information.

The EOC information management role for ESF Leads and agency representatives includes the following:

- Filter information for what is accurate, distill that information to what is useful, and transfer it to the appropriate people within the EOC or agency, contributing to a common operating picture.
- Serve as a conduit of information to and from agencies.
- Supply accurate, appropriate, and up-to-date information to the Situation Report.

RESOURCE MANAGEMENT

Resource management is getting the right resources to the right place, at the right time. The resource request process is at its core and supports coordinated management of resource requests by local, state, and federal partners. Resources include equipment, supplies, and personnel.

The EOC Resource Management support role for ESF Leads and agency representatives includes the following:

- Coordinate the contribution of resources from an agency to the response and recovery.
- Request resources from other sources and agencies.
- Keep the lines of communication open and provide specific information about what an agency can and cannot provide. The more specific and timelier the information held by the Logistics Section, the more efficiently it will support the request.

ESF 8 – Health and Medical

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ESF 8 Tasked Agencies	
Primary County Agencies	Morrow County Public Health
Supporting County Agencies	Morrow County Emergency Management
Community Partners	Columbia River Health Community Counseling Solutions Emergency Medical Services Hospitals and Clinics Medical Examiner Morrow County Health District Morrow County Local Emergency Planning Committee North Morrow Vector Control District
Primary State Agency	Oregon Health Authority

1 Introduction

Emergency Support Function (ESF) 8 describes how the County will work to protect and promote the health of its residents during a time of emergency.

1.1 Purpose

ESF 8 describes how the County will coordinate plans, procedures, and resources to support health and medical care during a time of emergency and/or developing potential health and medical situation. It should be noted, however, that the intent of this plan is not to constrain Morrow County Public Health personnel from taking common-sense actions to accomplish a mission, given the many potential scenarios that can unfold during an emergency. Rather, this ESF should be viewed as a foundation on which to manage a response.

1.2 Scope

The following activities are within the scope of ESF 8:

- Support local assessment and identification of public health and medical needs in impacted jurisdictions and implement plans to address those needs.
- Coordinate and support the stabilization of the public health and medical system in impacted jurisdictions.
- Support sheltering of persons with medical needs.
- Monitor and coordinate resources to support care and movement of persons with medical needs in impacted areas.
- Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures, and non-medical interventions.
- Support monitoring, investigating, and controlling potential or known threats to human health of environmental origin.
- Develop, disseminate, and coordinate accurate and timely public health and medical information.
- Monitor the need for, and coordinate resources to support, fatality management services.

- Monitor the need for, and coordinate resources to support, disaster behavioral health services.
- Support responder safety and health needs.
- Provide public health and medical technical assistance and support.

2 Situation and Assumptions

2.1 Situation

The County is faced with a number of hazards that may require health and medical support. The following issues should be considered when planning for and implementing ESF 8 activities:

- Hazards may result in mass casualties or fatalities, disruption of food and/or water distribution and utility services; loss of water supply, wastewater, and solid waste disposal services; and other situations that could create potential health hazards or serious health risks.
- Disease control is a primary concern of public health officials. This involves the prevention, detection, and control of disease-causing agents; maintaining safe water and food sources; and continuation of wastewater disposal under disaster conditions.
- Disaster and mass-casualty incidents take many forms. The proper emergency medical response must be structured to provide optimum resource application without total abandonment of day-to-day responsibilities.
- Large-scale morgue and remains disposal is a significant issue for communities of any size.
- Epidemiological investigations may be necessary to determine the source and nature of the disease or agent

2.2 Assumptions

ESF 8 is based on the following assumptions:

- Emergencies and disasters may occur without warning at any time of day or night and may cause mass casualties.
- Emergency health and medical services should be an extension of normal duties. Health/medical care will be adjusted to the size and type of disaster.
- A large-scale emergency is likely to overwhelm the local health system and severely impact the availability of staff, bed capacity, medical supplies, and equipment. Some emergencies may require hospitals to set up alternate care sites or mobile hospitals.
- The use of nuclear, chemical, or biological weapons of mass destruction could produce a large number of injuries requiring specialized treatment that could overwhelm the local and state health and medical system.
- Public and private medical, health, and mortuary services resources will be available for use during emergency situations; however, local resources may be adversely impacted by the emergency.
- Hospitals, nursing homes, ambulatory care centers, pharmacies, and other facilities for medical/health care and access and functional needs populations may be damaged or destroyed in major emergency situations.
- If hospitals and nursing homes are damaged, it may be necessary to relocate significant numbers of patients to other comparable facilities elsewhere.

- Health and medical facilities that survive emergency situations with little or no damage may be unable to operate normally because of a lack of utilities or because the staff is unable to report for duty as a result of personal injuries or damage to communications and transportation systems.
- Medical and health care facilities that remain in operation and have the necessary utilities and staff could be overwhelmed by the “walking wounded” and seriously injured victims transported to facilities in the aftermath of a disaster.
- Uninjured persons who require frequent medications such as insulin and anti-hypertensive drugs, or regular medical treatment such as dialysis, may have difficulty obtaining these medications and treatments in the aftermath of an emergency situation due to damage to pharmacies and treatment facilities and disruptions caused by loss of utilities and damage to transportation systems.
- The federal Strategic National Stockpile (SNS) can supply pharmaceuticals, medical supplies, and equipment during emergencies through its 12-hour Push Packs, vendor-managed inventory, or buying power. The Governor or Oregon Public Health Division administrator requests assets from the Centers for Disease Control and Prevention (CDC)
- In a major catastrophic event (including, but not limited to, epidemics, pandemics, and bioterrorism attacks), medical resources may be insufficient to meet demand, specialized equipment and/or treatment materials may be unavailable, and transportation assets may be restricted due to contamination. No emergency plan can ensure the provision of adequate resources in such circumstances.
- Disruption of sanitation services and facilities, loss of power, and the concentration of people in shelters may increase the potential for disease and injury.
- Damage to chemical plants, sewer lines, and water distribution systems, and secondary hazards such as fires, could result in toxic environmental and public health hazards that pose a threat to response personnel and the general public. This includes exposure to hazardous chemicals, biological and/or radiological substances, contaminated water supplies, crops, livestock, and food products.
- The public may require guidance on how to avoid health hazards caused by the disaster or arising from its effects.
- The damage and destruction caused by a natural or technological event may produce urgent needs for mental health crisis counseling for victims and emergency responders.
- Emergency responders, victims, and others affected by emergency situations may experience stress, anxiety, and other physical and psychological symptoms that may adversely affect their daily lives. In some cases, disaster mental health services may be needed during response operations.

3 Roles and Responsibilities

The County has identified primary and supporting agencies and community partners to ensure that ESF 8-related activities are performed in an efficient and effective manner during all phases of the emergency management cycle. This document does not relieve tasked agencies of the responsibility for emergency planning, and agency plans should adequately provide for the capability to implement the actions identified below.

■ **Primary County Agencies**

- Identified lead agencies for emergency functions based on the agencies' coordinating responsibilities, authority, functional expertise, resources, and capabilities in managing incident-related activities. Primary agencies may not be responsible for all elements of a function and will coordinate with supporting agencies.

■ **Supporting County Agencies**

- Identified County agencies with substantial support roles during major incidents.

■ **Community Partners**

- Identified within this plan as “tasked agencies” based on one or more of the following criteria: the organization’s self-defined mission (e.g., disaster relief nonprofit organizations); formalized tasking by governmental agencies (e.g., American Red Cross); or the entity’s jurisdictional authority.

Roles and responsibilities for state and federal agencies are identified in the State of Oregon Emergency Operations Plan and National Response Framework, respectively.

See Appendix B for a checklist of responsibilities for tasked agencies by phase of emergency management.

4 Concept of Operations

4.1 General

All health and medical-related activities will be performed in a manner that is consistent with the National Incident Management System and the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

- In accordance with the Basic Plan and this ESF Annex, Morrow County Public Health is responsible for coordinating health and medical-related activities. Plans and procedures developed by the primary and supporting agencies provide the framework for carrying out those activities.
- Requests for assistance with health and medical needs will first be issued in accordance with established mutual aid agreements; once those resources have been exhausted, a request may be forwarded to the State Emergency Coordination Center.
- The County EOC will provide guidance for the coordination of health and medical resources.

4.2 EOC Activation

The Health Department Administrator and/or County Health Officer (or designee) represents the public health and medical services function of the command structure at the County EOC. Response activities may be coordinated directly from the EOC or in conjunction with an Agency Operations Center (AOC) established at the health department and possibly a Medical Operations Center established at an area hospital. Emergency health and medical support of business and industry will be requested through the Health Department Administrator and/ or County Health Officer. The local health department will assist with countywide coordination and direction of all medical and health-related services throughout the duration of an emergency. In

the event of an incident involving hazardous materials, local public health and local emergency management, along with regional hazardous materials teams, will coordinate with other state agencies for the removal of contaminated materials. Local hospital emergency departments, EMS, and fire/rescue decontamination procedures will be followed.

Upon receipt of official notification of an actual or potential emergency condition, the Health Department Administrator or Health Officer is responsible for receiving and evaluating all requests for health and medical assistance and for disseminating such notification to all appropriate health, medical, and mortuary services. A Medical Operations Center could function as a branch of the County EOC when the emergency involves significant medical and/or public health functions. The County EOC will maintain designated health and medical liaison who will serve to coordinate ESF 8 and other related activities and resources among the County EOC, AOC, Medical Operations Center, and Joint Information Center (JIC) (if applicable).

If a Medical Operations Center is established and equipped, training and exercises will be essential for all staff (primary, alternate, and supporting), and communications exercises will be critical to ensure interoperability between the County EOC, public health AOC, and Medical Operations Center. Currently, this Medical Operations Center concept is not included in procedures or plans supporting this Emergency Operations Plan (EOP). Any procedures established to support the County EOP and ESF Annexes should be incorporated or referenced in the appropriate sections of this plan.

4.3 EOC Operations

When search and rescue–related activities are staffed in the EOC, the health and medical representative will be responsible for the following:

- Serve as a liaison with supporting agencies and community partners.
- Provide a primary entry point for situational information related to search and rescue.
- Share situation status updates related to search and rescue to inform the development of the Situation Report.
- Participate in, and provide search and rescue-specific reports for, EOC briefings.
- Assist in the development and communication of health and medical-related actions to tasked agencies.
- Monitor ongoing search and rescue–related actions.
- Share search and rescue-related information with ESF 15 – Public Information, to ensure consistent public messaging.
- Coordinate health and medical staffing to ensure that the function can be staffed across operational periods.

4.4 Access and Functional Needs Populations

Provision of public health and medical-related activities will consider populations with access and functional needs. The needs of children and adults who experience disabilities and others who experience access and functional needs shall be identified and planned for as directed by policymakers and according to state and federal regulations and guidance.

4.5 Laboratory Services

Morrow County does not have local laboratory capability to support the analysis of biological or chemical substances. However, hospitals and private labs have capabilities for other routine

laboratory analyses. The County will request assistance from the Oregon Health Authority and Oregon State Public Health Laboratory for incidents involving unusual or unknown substances. The Morrow County Sheriff's Office, with support from the appropriate state agency, supports the collection and transportation of samples during criminal investigations. Maintaining and protecting a chain of evidence is critical throughout the duration of emergency response and recovery operations. Currently, procedures for providing secure transport of biological samples when dealing with a potential criminal investigation have not been developed or implemented for Morrow County.

4.6 Crisis Counseling

Community Counseling Solutions is the primary agency responsible for the overall coordination of mental health and crisis counseling resources and services. Additional services can be allocated through the Morrow County Emergency Management Organization and may include the American Red Cross, or other non-governmental organizations.

4.7 Mass Prophylaxis and Point of Dispensing Sites

A County-specific SNS plan has been drafted by the Morrow County Health Department. The plan provides a general outline for ordering and receiving SNS assets, the authorities involved and setting up a point of dispensing site.

The following definitions for the first responder, essential staff, and support staff will be used in Morrow County:

- First Responder – Local police, fire, and emergency medical personnel who first arrive on the scene of an incident or are the immediate providers of health care or security to potentially exposed individuals.
- Essential Staff – Public Health Department staff.
- Support Staff – Persons performing other vital services (e.g., public works, clinic, and hospital employees, and others).

4.8 Animal Health and Vector Control

Existing procedures established for Morrow County Environmental Health, Morrow County Farm Bureau, State Veterinary Services, and Morrow County Extension Service will continue to be used during an emergency situation impacting this jurisdiction. Local capabilities to support this facet of ESF 8 are very limited, and additional assistance and resources will be requested from the Oregon Office of Emergency Management by Morrow County Emergency Management via the Oregon Emergency Response System.

Formal plans and procedures for animal health and vector control have not been established for Morrow County. However, the Oregon Animal Disease Emergency Management Plan has identified key regional and state roles and responsibilities that will most likely be implemented to support local response activities for Morrow County.

4.9 Mortuary Services

Morgue capacity for Morrow County is very limited. The Morrow County Medical Examiner has primary responsibility for managing and coordinating mortuary services during an emergency. In most instances, assistance would be requested from Umatilla County, state, and federal agencies.

4.10 Emergency Medical Facilities and Mass Care

Grande Rhonde Hospital (La Grande) is our regional hospital for Region 9. Hospital surge will be in coordination with all the facilities in the region and then communicated with all the regional hospitals across the state.

The Hospital Capacity (HOSCAP) website is an electronic tracking system for the status of medical resources (medications, supplies, staff, and ambulances) and bed capacity among local and regional hospitals/care facilities. The system is available to Morrow County and would be used during an emergency incident to support ESF 8 and coordinated through the County EOC.

Morrow County does not maintain a roster of active and formerly active healthcare/medical personnel available to support emergency response activities. However, information regarding active and formerly active healthcare/medical personnel who are available to support emergency response activities is available through the state's SERV-OR.

4.11 Coordination with Other ESFs

The following ESFs support mass care-related activities:

- **ESF 1 – Transportation.** Support transportation of medical resources to impacted areas.
- **ESF 6 – Mass Care.** Coordinate with ESF 8 for health and medical support to shelter operations.
- **ESF 9 – Search and Rescue.** Coordinate medical care for disaster victims.
- **ESF 10 – Hazardous Materials.** Provide for decontamination and medical care for disaster victims exposed to hazardous materials.
- **ESF 11 – Agriculture, Animal, and Natural Resources.** Coordinate food and water to support mass care operations.

5 ESF Annex Development and Maintenance

Morrow County Public Health will be responsible for coordinating the review and maintenance of this annex biannually. Each primary and supporting agency will be responsible for developing plans and procedures that address assigned tasks. Changes will be made based on lessons learned from the previous year's exercises or emergencies or as needed to reflect changes to federal, state, or local guidelines, plans, laws, or regulations.

6 Appendices

- Appendix A – ESF 8 Resources
- Appendix B – ESF 8 Responsibilities by Phase of Emergency Management
- Appendix C – ESF 8 Representative Checklist
- Appendix D – Morrow County Public Health Planning Roles and Responsibilities Matrix
- Appendix E – Oregon Statewide Pharmacy – Local Public Health Authority Memorandum of Understanding

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APPENDIX A - ESF 8 RESOURCES

The following resources provide additional information regarding ESF 8 and resource support-related issues at the local, state, and federal levels:

LOCAL

- None at this time.

STATE

- Emergency Operations Plan
 - ESF 8 – Health and Medical

FEDERAL

- National Response Framework
 - ESF 8 – Public Health and Medical Services
- NIMS Implementation Objectives for Healthcare Facilities
- Hospital Incident Command System
- Homeland Security Presidential Policy Directive No. 21
- The National Health Security Strategy
- Centers for Disease Control
 - CDC Public Health Capabilities
 - CDC Healthcare Capabilities
- Health and Human Services Assistant Secretary for Preparedness and Response Hospital Preparedness Program
 - Tier 2 Healthcare Coalition Guide

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APPENDIX B - ESF 8 RESPONSIBILITIES BY PHASE OF EMERGENCY MANAGEMENT

The following checklist identifies key roles and responsibilities for Emergency Support Function (ESF) 8 – Health and Medical. It is broken out by phase of emergency management to inform tasked agencies of what activities they might be expected to perform before, during, and after an emergency to support the health and medical function. All tasked agencies should maintain agency-specific plans and procedures that allow for them to effectively accomplish these tasks.

PREPAREDNESS

Preparedness activities take place **before** an emergency occurs and include plans or preparations to save lives and help response and recovery operations. Preparedness roles and responsibilities for ESF 7 include the following:

All Tasked Agencies

- Develop operational plans for ESF 8 activities.
- Participate in ESF 8–related training and exercises as appropriate.
- Work with local, regional, and state agencies to align planning efforts (e.g., identifying duplicate vendor agreements, Mutual Aid Agreements, point of dispensing planning, etc.).

Public Health

- Coordinate regular review and update of the ESF 8 annex with supporting agencies.
- Facilitate collaborative planning to ensure the County’s capability to support ESF 8 activities.
- Maintain local/regional public health capacity before, during, and after a disaster.
- Develop and maintain emergency public health plans and other tools for the County that include procedures for addressing:
 - Epidemiological surveillance
 - Medical countermeasures
 - Medical materials and asset management
 - Laboratory testing
 - Environmental health

Emergency Medical Services

- Develop and maintain emergency plans and other tools that include procedures for addressing pre-hospital EMS activities, including:
 - Mass casualty incident response
 - Patient decontamination

Emergency Management

- Maintain the operational capacity of the County EOC to support public health and medical activities.
- Ensure that staff are identified and adequately trained to fulfill their various County EOC positions.

Medical Examiner

- Develop and maintain emergency plans and other tools that include procedures for:
 - Mass fatality incident response

Hospitals and Clinics

- Develop and maintain emergency plans and other tools that include procedures for addressing:
 - Facility bed tracking
 - Healthcare system surge capacity
 - Healthcare facility evacuation
 - Alternate care facilities
 - Crisis standards of care
 - Medical special needs sheltering

RESPONSE

Response activities take place **during** an emergency and include actions taken to save lives and prevent further property damage in an emergency. Response roles and responsibilities for ESF 8 include the following:

All Tasked Agencies

- Provide situational updates to the County EOC as required to maintain situational awareness and establish a common operating picture.
- Provide a representative to the County EOC, when requested, to support ESF 8 activities.

Public Health

- Conduct local assessment and identification of public health and medical needs in impacted jurisdictions and implement plans to address those needs.
- Conduct epidemiological surveillance activities and implement a robust public health response to biological hazards as needed.
- Coordinate medical surge operations to support the need for a rapidly expanding healthcare infrastructure.
- Coordinate the implementation of altered standards of care within the jurisdiction, including, but not limited to, the activation of alternate care sites.
- Activate medical special needs shelters as required/requested.
- Request vaccine from the Oregon Immunization Program, which in turn requests emergency vaccine from the CDC and/or local pharmacies through current Memoranda of Understanding.
- Coordinate use of volunteer and paid temporary staff during an emergency.
- Coordinate medical and public health-related resources in support of:
 - Public guardian and conservator services for incapacitated individuals.
 - Medical laboratory services.
 - Coordination of emergency counseling and mental health services with Community Counseling Solutions (Mental Health).
 - Medical personnel, clinic staff, and facility support.
 - Health and medical public information and rumor control.
 - Community nursing.

- Health education and outreach.
- Medical and dental health clinic services.
- Collection, identification, storage, and dispatch of deceased victims.
- Coordinate information, incident status, and resource requests among private medical facilities, businesses, and industry for EMS, laboratory, and sanitation services required in support of Countywide emergency operations.
- Maintain a file of all written, typed, or verbal reports, decisions, policies, and directions as a legal record of emergency operations.
- With support from the first responder community, gather information concerning injuries and fatalities resulting from disaster occurrences and share this information with the County EOC as soon as it is available.

Emergency Medical Services

- Coordinate pre-hospital EMS surge activities, including mass triage protocols and patient decontamination response procedures as needed.
- Coordinate assignment of mass casualties to area medical facilities.
- Coordinate inter-state mutual aid partners (i.e., the National Ambulance Service Contract) through the State Emergency Coordination Center ESF 8 – Public Health and Medical desk.

Emergency Management

- Coordinate with the EOC Planning Section to identify unmet needs.
- Establish a Health and Medical Branch in the County EOC if needed.
- Track the use of public health and medical resources through the EOC Finance Section.
- Work with the Public Information Officer and/or other ESF 15 representatives to craft public messaging.

Medical Examiner

- Establish procedures for handling mass casualties and burials.
- Coordinate morgue services, body identification, and disposal of unclaimed bodies.
- Provide emergency information regarding mass casualties, body identification, and morgue operations for release through the County EOC.
- Determine the number of deaths and need for emergency body identification, mass morgue services, and burial operations.
- Establish contact with funeral homes for mass fatality transportation and facility support.
- Set up temporary morgue services.
- Provide security for the possessions of the deceased.
- Coordinate body identification and provide for notification of next of kin.
- Coordinate burial of unclaimed bodies.

Environmental Health

- Evaluate the damage to water treatment facilities.

Hospitals and Clinics

- Implement internal emergency preparedness measures, including medical surge and disaster patient management protocols.
- Provide bed status updates frequently in HAvBED (HOSCAP).

- Prepare and deliver initial damage assessment reports to the Health Department Administrator/County Health Officer, who will then forward reports directly to the County EOC for evaluation and action.

RECOVERY

Recovery activities take place **after** an emergency occurs and include actions to return to a normal or even safer situation following an emergency. Recovery roles and responsibilities for ESF 8 include the following:

All Tasked Agencies

- Demobilize response activities.
- Maintain incident documentation to support public and individual assistance processes.

Emergency Management

- Compile and keep all documentation collected relating to the management of activities related to the emergency provision of public health and medical services.

MITIGATION

Mitigation activities take place **before and after** an emergency occurs and include activities that prevent an emergency, reduce the chance of an emergency happening, or reduce the damaging effects of unavoidable emergencies. Mitigation roles and responsibilities for ESF 8 include the following:

All Tasked Agencies

- Participate in the hazard/vulnerability identification and analysis process.
- Take steps toward correcting deficiencies identified during the hazard/ vulnerability identification and analysis process as appropriate.

APPENDIX C - ESF 8 REPRESENTATIVE CHECKLIST

ACTIVATION AND INITIAL ACTIONS
<input type="checkbox"/> Report to the EOC Manager, Section Chief, Branch Coordinator, or other assigned supervisor.
<input type="checkbox"/> Become familiar with available job resources (e.g., plans, equipment, and staff) and EOC plans and forms.
<input type="checkbox"/> Review the EOC organization and staffing chart and understand your role in working with the various branches and sections.
<input type="checkbox"/> Equip your work station with necessary equipment and supplies and test the functionality of all equipment
<input type="checkbox"/> Obtain situation report(s), Incident Action Plan, and/or briefings from EOC and/or field personnel
INITIAL OPERATIONAL PERIODS
<input type="checkbox"/> Obtain a briefing from the person you are replacing.
<input type="checkbox"/> Attend meetings and briefings, as appropriate.
<input type="checkbox"/> Establish and maintain your position log with chronological documentation.
<input type="checkbox"/> Follow procedures for transferring responsibilities to replacements.
<input type="checkbox"/> Follow staff accountability and check-in/check-out procedures when temporarily leaving your assigned workstation.
FINAL OPERATIONAL PERIODS
<input type="checkbox"/> Complete and submit all required documentation
<input type="checkbox"/> Ensure all materials are returned to their proper storage location and file requests for replacement of resources that are expended or inoperative.
<input type="checkbox"/> Follow check-out procedures.
<input type="checkbox"/> Share lessons learned at After-Action Conferences to contribute to the After-Action Report and inform future activations.

INFORMATION MANAGEMENT

Information management is getting the right information to the right people, in the right form, at the right time. It includes receiving, sorting, prioritizing, and delivering information.

The EOC information management role for ESF Leads and agency representatives includes the following:

- Filter information for what is accurate, distill that information to what is useful, and transfer it to the appropriate people within the EOC or agency, contributing to a common operating picture.
- Serve as a conduit of information to and from agencies.
- Supply accurate, appropriate, and up-to-date information to the Situation Report.

RESOURCE MANAGEMENT

Resource management is getting the right resources to the right place, at the right time. The resource request process is at its core and supports coordinated management of resource requests by local, state, and federal partners. Resources include equipment, supplies, and personnel.

The EOC Resource Management support role for ESF Leads and agency representatives includes the following:

- Coordinate the contribution of resources from an agency to the response and recovery.
- Request resources from other sources and agencies.
- Keep the lines of communication open and provide specific information about what an agency can and cannot provide. The more specific and timelier the information held by the Logistics Section, the more efficiently it will support the request.