

CENTRAL DISTRICT HEALTH DEPARTMENT

ADA, BOISE, ELMORE, AND VALLEY COUNTIES

# Emergency Operations Plan

2013



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PROMULGATION

The Central District Health Department Emergency Operations Plan, its Annexes, and Appendices, have been authored and developed to provide a tool to guide the agency's involvement in local emergency management. From the national level, responders at all levels of government are encouraged to fully integrate the National Incident Management System into emergency planning, training, exercises, response operations, corrective actions, and other preparedness activities. Via Governor's Executive Order 2010-09, Idaho's governor has formally directed each agency to prepare for and respond to emergencies or disasters in a manner consistent with the National Incident Management System. This system provides a systematic proactive approach that guides participants to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity in order reduce the loss of life and property and harm to the environment.

Consistent with this approach to emergency management, Central District Health Department has adopted the National Incident Management System as we work to enhance the resilience of our communities. The Central District Health Department Mission Statement "Partnering to promote, protect, and preserve health in our community" reinforces this. In that spirit, our Emergency Operations Plan has been developed with the intent of full integration of federal and state policies and procedures. Direct support to the counties that we serve is our primary mission, and the partnerships we maintain with local emergency management within each of those counties are key to our continued growth and future success.

Our ability to meet the challenges of emerging threats to the public's health and to coordinate a response to any type of event that threatens the health of the public will depend greatly upon the collaborative efforts of all public health agencies and health care providers in Idaho. The structure of the Central District Health Department Emergency Operations Plan is the result of a collaborative effort between each of Idaho's seven independent Public Health Districts and the Idaho Department of Health and Welfare.

Pursuant to the authority contained in the Idaho Disaster Preparedness Act of 1975, amended by the Homeland Security Act of 2004 (Idaho Code §46-1000), Central District Health Department has developed this plan to detail support required by the Idaho Emergency Operations Plan and to extend local public health and medical services support to the Counties of Ada, Boise, Elmore, and Valley in the State of Idaho.

Therefore, in recognition of the emergency management responsibilities of Central District Health Department and with the authority vested in me as District Health Director, I hereby promulgate the Central District Health Department Emergency Operations Plan.



Signature

Russell A. Duke  
Director  
Central District Health Department

7/11/13  
Date

## PLAN DEVELOPMENT AND MAINTENANCE

The CDHD EOP will be reviewed and updated annually or as otherwise directed. Interim changes to the plan will be posted to office copies and distributed to partner agencies as they are published and become available. The PHP Program will coordinate with agencies supporting the implementation of this plan both prior to its publishing, and during the on-going review process.

## SECURITY INSTRUCTIONS

The long title of this document is “Central District Health Department Emergency Operations Plan”. The short title is “CDHD EOP.” The CDHD EOP consists of a base plan and supporting annexes. The CDHD EOP contains “For Official Use Only” information and should not be reproduced and distributed to the public. All changes should be posted to this plan as they are received and recorded below.

## RECORD OF REVISION

The plan is updated and re-published on an annual basis with a corresponding summary of changes in order to facilitate the identification of significant edits to the plan. All revisions of this plan will be recorded below to document the date revised, by whom, the version, and date of the plan it replaces.

Date Revised:	Revised By:	Remarks:
August 2010	CDC / PHP	Replaces Version dated August 2009
August 2011	CDC / PHP	Replaces Version dated August 2010
March 2012	Environmental Health and Preparedness Division	Replaces Version dated August 2011
August 2012	Environmental Health and Preparedness Division	Replaces Version dated March 2012
June 2013	Division of Community and Environmental Health	Replaces Version dated August 2012

## DISTRIBUTION

This Emergency Operations Plan is maintained electronically by the Public Health Preparedness staff and is made available to health department staff both electronically and in paper copy as requested. Staff assigned specific roles with the Departmental Operations Center are encouraged but not required to maintain a hard copy.

The table below outlines distribution of the plan outside of the health department.

<b>Organization</b>	<b>Number of Copies</b>
Ada City-County Emergency Management	2
Boise County Emergency Management	2
Elmore County Emergency Management	2
Valley County Emergency Management	2
Idaho Department of Health & Welfare (PHPP)	2
Idaho Department of Health & Welfare (State Comm)	1
Idaho Bureau of Homeland Security	1
Panhandle District Health (Dist. 1)	1
Public Health- Idaho North Central District (Dist. 2)	1
Southwest District Health (Dist. 3)	1
South Central Public Health District (Dist. 5)	1
Southeastern Idaho Public Health (Dist. 6)	1
Eastern Idaho Public Health District (Dist. 7)	1
Centers for Disease Control & Prevention (CDC) Division of Strategic National Stockpile (SNS)	1
The Boise Centre	1
Boise Police Department	1
366 <sup>th</sup> Fighter Wing, Mountain Home AFB	1
366 <sup>th</sup> Medical Group, Mountain Home AFB	1

## INTRODUCTION

Emergency Operations Plans address the ability to direct, control, coordinate, and manage emergency operations. The Central District Health Department Emergency Operations Plan is based on the principle of “self-help” at each level of government. Central District Health Department, by virtue of its directing body, the Central District Board of Health, is responsible for providing support and leadership in the areas of Public Health and Medical Services to the Idaho Counties of Ada, Boise, Elmore, and Valley. Each level of government is responsible for the safety of its citizens, thus Central District Health Department works closely and, in many cases, hand-in-hand with the local city, and county governments within our jurisdiction in day-to-day activities that protect the public’s health.

The Central District Health Department Emergency Operations Plan is designed to complement city and county Emergency Operations Plans. For example, Central District Health Department looks to these plans to ensure that the county’s Emergency Operations Center and the Central District Health Department Departmental Operations Center function in concert.

The Idaho Emergency Operations Plan is the foundation for the implementation and coordination of emergency response and recovery operations in the state. This plan provides the framework for response and recovery operations from emerging or potential threats and disasters.

The National Response Framework is a guide to how the nation conducts all-hazards incident response. It is built upon flexible, scalable and adaptable coordinating structures to align key roles and responsibilities across the nation. In addition to the National Response Framework, FEMA has published other resources including the National Preparedness Guidelines, the National Planning Scenarios, and the Target Capabilities Listing. All of these tools are designed to aid response agencies at all levels in their emergency planning, training, and implementation.

Central District Health Department is fully engaged with the National Association of County and City Health Officials (NACCHO) in our efforts to institutionalize an emphasis on Public Health Preparedness. In 2005 and again in the Spring of 2012, Central District Health Department obtained recognition for our work in Public Health Preparedness via certification from NACCHO’s Project Public Health Ready, a competency-based training and recognition program that assesses preparedness and assists local health departments working collaboratively to respond to emergencies.



**Public Health**  
Prevent. Promote. Protect.

**PURPOSE**

The Central District Health Department (CDHD) Emergency Operations Plan (EOP) outlines the procedures and processes utilized to prevent, protect against, respond to, and recover from a public health emergency affecting Ada, Boise, Elmore, and/or Valley Counties within the State of Idaho. When utilized, the goal of this plan is to maintain the public’s health, safety, and welfare while taking all hazards into consideration. The plan includes annexes which address specific activities that CDHD could engage in to ensure the health of our communities.

This information contained in this EOP is the result of a collaborative effort between CDHD and local Emergency Management (County Emergency Managers), hospital and Regional Healthcare Planning Group participants, Idaho Department of Health and Welfare (IDHW), and other planning partners. Additionally, emergency managers within each of the four counties supported by CDHD have acknowledged that this EOP will be their primary resource to implement activities involving Public Health and Medical Services under ESF 8.

Although the health department’s Public Health Preparedness (PHP) Program has primary responsibility for the development and maintenance of the EOP, internal subject matter experts provide significant input to the plan. The following table illustrates an example of that participation:

<b>Departmental Role</b>	<b>Planning Input</b>
Community and Environmental Health Division Director	General plan direction, review, and guidance Annex K, Environmental Health
Public Information Officer	Annex B, Public Health Emergency Risk Communication
Network Analyst, Senior	Annex C, Tactical Communications
Communicable Disease Control Program Manager	Annex D, Laboratory Integrated Response Annex E, Infectious Disease Control & Containment

Preparedness staff participate in planning meetings with local and state partners including:

- Ada County Local Emergency Planning Committee (LEPC) – Quarterly
- Boise County LEPC – Quarterly
- Elmore County LEPC – Bi-monthly
- Valley County LEPC – Quarterly
- Regional Healthcare Planning Group (RHPG) – Bi-Monthly
- IDHW (CRI Meeting) – Quarterly
- Idaho Bureau of Homeland Security (BHS) via the State Agency Working Group – Quarterly
- Treasure Valley Business Continuity Planning Group – Quarterly
- Idaho Voluntary Organizations Active in Disaster (IDAVOAD) – Bi-monthly

Community representatives and organizations participating in these meetings include local first response agencies, hospitals, emergency managers, county commissioners, and faith-based organizations.

The Annexes are a coordinated approach to plan development by each of Idaho's seven Public Health Districts and the IDHW. These are:

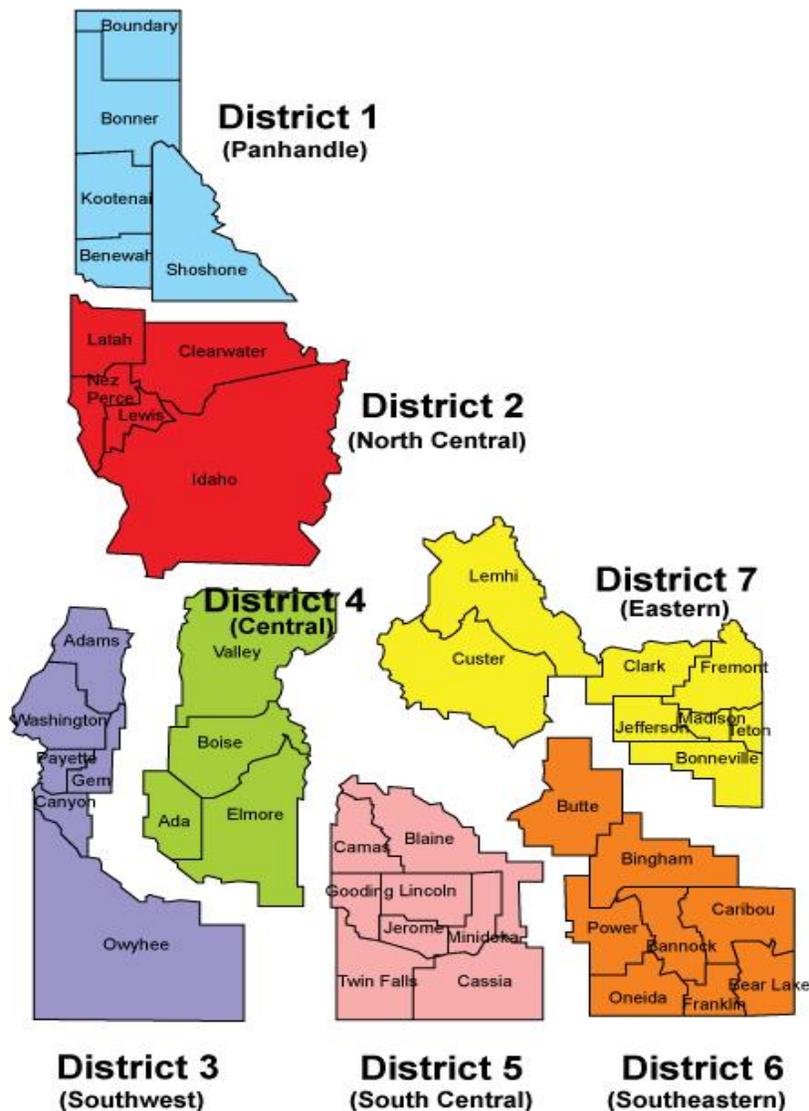
<b>Annex A</b> Emergency Support Functions (ESF)	The ESF Annex provides greater detail regarding CDHD's role in supporting ESFs listed in the Idaho Emergency Operations Plan (IDEOP), specifically ESF 8 (Public Health and Medical Services).
<b>Annex B</b> Public Health Emergency Risk Communications	The Risk Communications Annex details the actions and responsibilities for internal and external communication in the case of a public health emergency.
<b>Annex C</b> Tactical Communications Systems	The Tactical Communications Systems Annex details the methods used by CDHD to ensure communication both internally and externally.
<b>Annex D</b> Laboratory Integrated Response	The Laboratory Integrated Response Annex describes how laboratory specimens collected by CDHD are prepared and made ready for shipment to the State Laboratory. This annex also provides information regarding potential alternative sources for specimen analysis in the event that the State Laboratory is not able to extend that support.
<b>Annex E</b> Infectious Disease Control and Containment	The Infectious Disease Control and Containment Annex details the methods used to prevent morbidity and mortality from infectious diseases.
<b>Annex F</b> Point of Dispensing (POD) Operations	The Point of Dispensing Operations Annex details the processes and procedures for opening dispensing clinics for oral medication (mass prophylaxis capability) or vaccination. Response to the United States Postal Service (USPS) Biohazard Detection System (BDS) is also included in this Annex.
<b>Annex G</b> Strategic National Stockpile (SNS) / Medical Material Management and Distribution	The SNS Annex outlines the processes and procedures required for the receipt, staging, distribution, and management of the SNS for CDHD.
<b>Annex H</b> Regional Healthcare Surge Capacity	The Regional Healthcare Surge Capacity Annex for health and medical services in CDHD contains information pertaining to a healthcare surge response and resources among facilities located in the region.
<b>Annex I</b> Influenza Pandemic Response	The Influenza Pandemic Response Annex outlines the processes and procedures required to prepare for and respond to a novel influenza virus with human-to-human transmission and little or no immunity in people.
<b>Annex J</b> Fatality Management	The Fatality Management Annex provides an overview of how CDHD will provide support to our local jurisdictions during an event resulting in mass fatalities.
<b>Annex K</b> Environmental Health	The Environmental Health Annex outlines the environmental health services that may be called upon during an emergency affecting the community.
<b>Annex L</b> Volunteer Management	The Volunteer Management Annex describes how CDHD manages and utilizes Medical Reserve Corps (MRC) volunteers in support of the various Public Health and Medical activities of the region.

SCOPE

This EOP establishes a framework for how CDHD will utilize employees, volunteers, and other community resources in an effort to neutralize threats to the public’s health and well-being. It applies to all staff and agents of CDHD in their efforts to support the community during a time of public health emergency or disaster.

SITUATION OVERVIEW

Within the state of Idaho, the work of local public health is conducted by seven independent multi-county health districts. Each health district reports to its own Board of Health which is comprised of members appointed by the County Commissioners in each health district’s jurisdiction. CDHD is responsible for activities that address safeguarding the public’s health in Ada, Boise, Elmore, and Valley Counties. The map below shows the counties within each of the seven health districts.



County	Population (2012 estimate)	Census (2010)	Population Estimates of Access & Functional Needs Populations (2011)		
			Persons < 18 years old	Persons 65 years old and over	Persons with a disability, age 5 +
Ada	409,061	392,365	106,356	44,588	40,870
Boise	6,835	7,028	1,429	1,162	1,196
Elmore	26,223	27,038	7,316	2,832	3,221
Valley	9,545	9,862	1,823	1,699	1,161
Total	451,664	436,293	116,924	50,281	46,448

The table above provides population estimates for each of the counties supported by CDHD. These counties currently have an estimated total population of 451,664<sup>1</sup>, with Ada County being the most populous county in the state and Boise County being the most sparsely populated. The health district is diversely populated with citizens residing in urban, rural, and frontier areas.

## ACCESS AND FUNCTIONAL NEEDS POPULATIONS

Certain portions of the population may not be able to comfortably or safely access public health or healthcare resources in an emergency or disaster situation. Additional considerations must be incorporated into public health planning to accommodate the needs of these groups. CDHD is responsible for ensuring that the same services are available for these groups as they are for the general public during emergency response operations. These services may include access to PODs, medication/vaccine distributed by the health department in an emergency and public information. Examples of how these services will be provided include ensuring that the agencies are recipients of Health Alert Networking (HAN) messages, establishing closed POD agreements, and providing assistance and expertise in creating agency emergency operations plans. A key planning component of this effort is referenced in Annex F: Point of Dispensing (POD) Operations in Appendix 9: Alternate Dispensing Modalities. CDHD works directly with the agencies who serve these populations on a day-to-day basis to ensure that the methods established to assist them in an emergency are effective and useful.

Groups such as children, elderly, non-English speaking, and homebound individuals are common across the state of Idaho. Other groups such as refugees, incarcerated and homeless individuals are more common in this jurisdiction as compared to many others in the state. The table on the following page illustrates the numbers of people within the access and functional needs groups for the region.

## REFUGEES

The city of Boise is a major resettlement area in the state for incoming refugees. These individuals may arrive with limited English proficiency and limited knowledge of Western culture. Between the years of 2000-2007,

<sup>1</sup> Source: Population Division, U.S. Census Bureau; 2012 estimate

approximately 4,000 refugees arrived in Idaho and some have settled in the Boise area. Four agencies assist with refugee resettlement: World Relief, Agency for New Americans, The International Rescue Committee, and The Idaho Office for Refugees.

## INCARCERATED

In addition to jail facilities within each county, five Idaho Department of Corrections facilities and one private prison, housing approximately 4,500 inmates, are located within Ada County.

## HOMELESS

By some estimates, the number of chronically homeless individuals in this jurisdiction is around 100, with countless others who are transiently homeless. These individuals may receive assistance from local shelter/housing organizations. Among the primary organizations in this region are The Boise Rescue Mission, Corpus Christi House, The Women’s and Children’s Alliance, and El-Ada Community Action Partnership.

Ranking (by total population number)	Measure	Number	% of Population
1	Age related (Seniors 65+ and children)	171,026 <sup>1,2</sup>	39.2%
2	Speak English (not at all and not well combined)	89,036 <sup>3</sup>	20.4%
3	Total population with some disability*	51,919 <sup>4</sup>	11.9%
4	Rural population	43,928 <sup>5</sup>	10.1%
5	Incarcerated	4,500	1.0%
6	Refugees	4,000	0.9%
7	Homeless (total)	543 <sup>6</sup>	0.12%

\*Includes difficulties with hearing, vision, cognitive, ambulatory, self-care, and independent living.

<sup>1</sup>Population Estimates – Idaho. (2008). <http://www.census.gov/popest/states/asrh/SC-EST2008-01.html>.

<sup>2</sup>State and County QuickFacts – Idaho. (2010). <http://quickfacts.census.gov/qfd/states/16000.html>.

<sup>3</sup>Language Use in the United States: 2007. (2010). <http://www.census.gov/prod/2010pubs/acs-12.pdf>.

<sup>4</sup>U.S. Census Bureau: Disability Characteristics. (2010).

[http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_10\\_1YR\\_S1810&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S1810&prodType=table).

<sup>5</sup>Profile of Rural Idaho. (2005).

<http://lmi.idaho.gov/Portals/13/PDF/population/Profile%20of%20Rural%20Idaho.pdf>.

<sup>6</sup>Idaho: Homeless Population Estimates by State. (2009).

<http://www.statehealthfacts.org/profileind.jsp?rep=81&cat=1&rgn=14>.

## HAZARD ANALYSIS SUMMARY

A Hazard Analysis has been completed for each county within CDHD's jurisdiction under the auspice of local County Emergency Management. While day-to-day health risks are not identified in all-hazards mitigation planning for each of the four counties, health risks are identified in at least one county Hazard Mitigation Plan as a high impact, but low probability of occurrence. On the other hand, consistently (and consistent with the State Hazard Mitigation Plan), the natural hazards of flooding, wild land fire and earthquake are identified as the most significant hazards.

Other areas that were identified included mass poisoning which could occur wherever common feeding facilities are used or where populations are downwind of toxic materials which might be released into the atmosphere. Enforcement of food preparation standards, enforcement of toxic materials storage rules, development of new standards, and proper training of personnel should reduce the chance of mass contamination.

Very little of jurisdictional water systems are exposed above ground. Failure or defects in the systems will most likely be the result of electrical outage since it is pump pressurized or from breaks in major distribution lines. The systems can usually be segmented and defective areas isolated.

Auxiliary power sources could be used to operate individual pumps. While it may be inconvenient to obtain personal water for food preparation and drinking, there should be sufficient potable water from individual wells to meet local needs. The main threats would stem from inability to properly fight fires and the lack of water for sewage disposal and processing. As a last resort, above ground water could be boiled or treated for use.

With these considerations in mind, and an emphasis on the development of an All Hazards EOP, this plan is developed to address and respond to not only the hazards addressed in each state and local hazard vulnerability assessment, but is also flexible enough to be used to respond to undefined vulnerabilities as well.

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## CAPABILITY OVERVIEW

CDHD utilizes the National Preparedness Guidelines,<sup>2</sup> the Target Capabilities Listing (TCL),<sup>3</sup> the Public Health Preparedness Capabilities<sup>4</sup> and the Healthcare Preparedness Capabilities<sup>5</sup> to plan, train, and exercise to fulfill its role within the community during an event.

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## MITIGATION OVERVIEW

CDHD actively partners with the local health community to track, investigate, and report infectious disease threats with the intent to prevent morbidity and mortality.

Within the Division of Community and Environmental Health the Office of Communicable Disease Control works within our communities, providing analysis, monitoring, and reporting on the health of the community to limit the spread of communicable diseases. The Office of Health Promotion provides training materials and guidance to

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<sup>2</sup> Source: USDHS/FEMA, Internet release September 13, 2007

<sup>3</sup> Source: USDHS/FEMA, Internet release September 13, 2007

<sup>4</sup> Source: CDC/OPHPR, March 2011

<sup>5</sup> Source: HHS ASPR Hospital Preparedness Program, January 2012

establish and maintain a healthy community with an emphasis on chronic disease prevention. Land-based and facility-based Environmental Health Programs ensure the quality and safety of food and water in the community through inspection and investigation of public food and water sources. The Public Health Preparedness Program coordinates activities to prepare for and respond to health threats and emergencies within the region.

The Division of Preventive Health Services implements the use of federal resources for the Women, Infants, and Children (WIC) Program to enhance the nutrition and health of expectant mothers and young families. Through our Reproductive Health and Immunization Clinic Services, we strive to protect children from contracting and contributing to the spread of vaccine preventable diseases, and minimize reproductive health disparities.

## PLANNING ASSUMPTIONS

An emergency affecting the health, safety, and welfare of the citizens will have occurred requiring the activation of this plan. Typically an activation of this plan will involve a situation that is of a size or magnitude that is significantly beyond the norm of day-to-day business and/or operations of CDHD as assessed through the Circumstance Assessment Matrix, located at Appendix 8 to the Base Plan.

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## ASSUMPTIONS

Federal, state, or local government, as well as private medical facilities, will provide support as coordinated and agreed upon by a memorandum of understanding (MOU), other agreement, or as directed by state or federal officials.

- The state or county (local) EOC may be activated and act as the focal point for information and support.
- When implemented, this plan will help sustain the health, safety, and welfare in a public health emergency.
- The ICS will be used during response, recovery, and mitigation operations for all activities undertaken by CDHD.
- CDHD will make an effort to have sufficient capability to operate for at least 72 hours without outside aid.

This plan, in its entirety, has the functionality and design to be utilized immediately with little need for study or familiarity. Standard Operating Procedures (SOPs) and Field Operating Guides (FOGs) are used to operationalize this plan.

## CONCEPT OF OPERATIONS (CONOPS)

In the case of a public health emergency, efficient and focused implementation of this plan is imperative. The NIMS and ICS are cornerstones of the public health response outlined in this plan and the plan Annexes.

Response to any type of public health emergency requires attention to all four phases of emergency management:

*Prevention:* Actions and activities taken to eliminate or reduce the probability of a public health emergency. This includes long-term activities that will lessen the probability of a public health emergency as well as educational activities.

*Preparedness:* Development of the response capabilities needed if a public health emergency should arise. Planning and training are both activities conducted during the preparedness phase of emergency management.

*Response:* Actions taken during a public health emergency. Response includes actions taken to maintain the health, safety and welfare of the community.

*Recovery:* Both short and long-term processes meant to restore the community to a normal state of affairs.

Utilizing the ICS during an event, CDHD will establish a Departmental Operations Center (DOC) that will support field operations directly through the Incident Commander / DOC Manager (hereinafter referred to as IC) or provide support to a county EOC through a Liaison Officer. Implementing ICS affords CDHD the opportunity to scale our response to the event in a fashion that is appropriate for the type and quantity of resources required and the anticipated length of the overall response. The alert levels below define the three-tiered approach to increasing response actions in a public health emergency.

To better gauge the level of response required for CDHD, Appendix 6 (Emergency Events Sequence Chart and Circumstance Assessment Matrix) will be addressed by DOC leadership to facilitate determination of the level of response to any hazard supported by the plan. The following general guidelines will be utilized:

- *Level 1 Primary Response:* The scope and degree of the event can be handled effectively within a single section or with a single resource response. An example of a Level 1 response would be the Communicable Disease Control staff conducting the investigation and contact tracing for a case of pertussis. Affected and/or interested government and private organizations will be notified. Activation of a formal ICS or of the CDHD DOC is not required.
- *Level 2 Limited Response:* The scope and degree of the event requires some support from other CDHD programs. A realistic scenario for Level 2 response would be a communicable disease (e.g., hepatitis A) requiring the activation of a POD for post-exposure prophylaxis. The county EOC may be activated and Mutual Aid Agreements (MAA) may be initiated. Affected government and private organizations will be notified. Some CDHD programs may be curtailed. At a minimum, an IC, and those ICS positions deemed necessary, will be activated. An initial Incident Action Plan (IAP) should be developed if the response is anticipated to last beyond an initial 12-24 hour operational period.
- *Level 3 Full Activation:* The scope and degree of the event require support from all or most CDHD programs and may require activation of MOAs/MOUs. Some health department services may be curtailed or suspended. For example, in the case of a Level 3 disease outbreak requiring mass vaccination (e.g., novel influenza), the response would likely require that most if not all ICS positions be activated throughout the event. The County and/or State may also stand up their EOC to further support the local response. Assistance may also come from federal resources during a Level 3 event.

Any activation of the DOC that extends beyond a single operational period may necessitate the development of a written incident action plan (IAP). IAPs will be developed and prepared for IC approval under the guidance of the Planning Section Chief or designee. The Planning Section Chief will work with members of the DOC to establish required IAP development meetings and ensure that appropriate persons are invited or scheduled to attend those meetings. Based on IAP development, the Planning Section Chief will make recommendations to the IC on the need to procure resources from outside of the organization to include requests for support via mutual aid from

other health districts within Idaho. Refer to the DOC Manual for additional information on creating IAPs and using ICS forms. Mutual Aid or other agreements will be activated, by the CDHD Director, in accordance with instructions contained within the agreement. Justification for use of resources will be captured as appropriate during the response and IAP development process.

This plan is also designed to work in tandem with the local emergency response plans, the IDHW Public Health Preparedness and Response Plan, the IDEOP, and the ESF 6 (Mass Care, Housing, and Human Services) and ESF 8 (Public Health and Medical Services) in the NRF.

## RESPONDER SAFETY AND HEALTH

Appropriate responder safety and health measures establish safe and healthful workplaces during regular day-to-day work and emergency response activities. These measures include the implementation of approved infection control methods and provision of such equipment and material as necessary to safeguard the health of its employees, volunteers, and clients against the acquisition and/or transmission of infectious diseases.

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## GENERAL POLICY

Safety is everyone's responsibility. Ensuring the safety and health of staff, volunteers, and the general public is a primary concern and practiced at all levels in district offices and in all response operations. Refer to the CDHD Employee Handbook for protocols on employee safety and health under work conditions (these also apply to volunteers when they are operating under the authority of the health department).

No one should be asked or allowed to perform a task for which they are not properly trained or equipped to accomplish safely. All accidents and incidents should be reported, investigated, and analyzed to prevent like occurrences. Appropriate action will be taken to expeditiously correct known safety hazards and prevent suspected hazards. Risk management is integrated into the planning/decision making processes and no unnecessary risks will be taken. All staff and volunteers must report workplace hazards to ensure that a report is filed and action is taken to prevent further incidents. Incident reports will be filed for each event, per day-to-day business protocols.

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## PERSONAL PROTECTIVE EQUIPMENT (PPE)

As required by CFR 29 1910.120 App B, Personal Protective Equipment (PPE) must be selected which will protect employees from the specific hazards which they are likely to encounter during their work on-site.

Selection of the appropriate PPE is a complex process which should take into consideration a variety of factors. Key factors involved in this process are identification of the hazards, or suspected hazards; their routes of potential hazards to employees (inhalation, skin absorption, ingestion, and eye or skin contact); and the performance of the PPE materials (and seams) in providing a barrier to these hazards. The amount of protection provided by PPE is material-hazard specific. That is, protective equipment materials will protect well against some hazardous substances and poorly, or not at all against others. In many instances, protective equipment materials cannot be found which will provide continuous protection from the particular hazardous substance. In these cases the breakthrough time of the protective material should exceed the work duration.

Other factors in the selection process to be considered are matching the PPE to the employee's work requirements and task-specific conditions. The durability PPE materials, such as tear strength and seam strength, should be considered in relation to the employee's tasks. The effects of PPE in relation to heat stress and task duration are a factor in selecting and using PPE. In some cases layers of PPE may be necessary to provide sufficient protection, or to protect PPE inner garments, suits or equipment.

Public health responders will employ standard precautions utilizing appropriate gloves, masks, and gowns as dictated by the hazard when working with individual clients. When responding to a complex incident involving hazardous materials, public health responders will take their guidance from the on-scene Incident Command regarding appropriate levels of PPE and may provide recommendations to the IC for the same.

PPE is intended to minimize the risk of exposure and/or transmission of infectious organisms or substances and is provided to response staff at no cost. Specific equipment needed for each role will be determined at the time of the event depending on risk. Specific PPE requirements and training in their use are the responsibility of supervisors in a response, with assistance from the Safety Officer. PPE available for use at CDHD include:

- Gloves (sterile and non-sterile)
- Procedure masks
- Respirators (N-95)
- Safety glasses, goggles, and face shields
- Disposable gowns, caps and booties

The PHP Program will coordinate just-in-time training (JITT) on PPE protocols for staff and volunteers at the time of an event. The training will include:

- Identification of the types of PPE available for staff and volunteers to use in the event of a public health emergency.
- Discussion of how to select the proper PPE based on the emergency.
- Demonstration of use and practice of PPE use, including donning and removing equipment.

#### ADDITIONAL SOURCES TO IDENTIFY APPROPRIATE PPE INCLUDE:

RADIOLOGICAL HAZARD	<a href="http://www.remm.nlm.gov/onsite.htm">HTTP://WWW.REMM.NLM.GOV/ONSITE.HTM</a>
BIOLOGICAL HAZARD	<a href="http://www.cdc.gov/niosh/docs/2009-132/">HTTP://WWW.CDC.GOV/NIOSH/DOCS/2009-132/</a>
TERRORISM EVENT	<a href="http://www.cdc.gov/niosh/docs/2008-132/pdfs/2008-132.pdf">HTTP://WWW.CDC.GOV/NIOSH/DOCS/2008-132/PDFS/2008-132.PDF</a>
WEAPONIZED CHEMICALS AND BIO-TOXINS	<a href="http://www.cdc.gov/niosh/ershdb/agentlistcategory.html">HTTP://WWW.CDC.GOV/NIOSH/ERSHDB/AGENTLISTCATEGORY.HTML</a>
INDUSTRIAL CHEMICAL HAZARD	<a href="http://www.cdc.gov/niosh/npg/npgsyn-c.html">HTTP://WWW.CDC.GOV/NIOSH/NPG/NPGSYN-C.HTML</a>

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## ROLES AND RESPONSIBILITIES FOR SAFETY AND HEALTH

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### INCIDENT COMMANDER

- Has ultimate responsibility for the safe conduct of incident operations.
- Appoints a Safety Officer as needed.
- Makes the risk/benefit decision for operations assessed as high risk.
- Ensures Operations Section Chief (or designee) has made arrangements for appropriate PPE for responders as needed.

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### SAFETY OFFICER

- Responsible for monitoring and assessing safety hazards or unsafe situations and for developing measures for ensuring personnel safety (refer to the Safety Office job action sheet).
- Works closely with the Operations Section Chief and Planning Section Chief to integrate the systems and procedures necessary into the plans and operations to ensure operational safety.
- Completes necessary safety information to be included in the Incident Action Plan (IAP).
- Has authority to stop and/or prevent unsafe acts during incident operations.
- Accepts and reviews incident reports and ensures appropriate corrective actions are taken to prevent similar occurrences.
- Ensures PPE being used by responders is effective and reports any concerns to the DOC staff as needed.

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### SUPERVISORY PERSONNEL

- Maintains a safe and healthful workplace.
- Inspects the work area for hazards.
- Monitors the health and wellbeing of their subordinates to include for signs of sleep deprivation.
- Responsible for accident prevention to the same extent that they are responsible for production, service, and mission accomplishment.
- Ensures that their subordinate staff and volunteers are trained and competent to perform their work safely, efficiently, and effectively.
- Takes action as necessary with subordinate staff and volunteers who fail to follow safety standards such as the use of PPE.
- Protects subordinate staff and volunteers who identify hazards, raise safety and health concerns, or engage in authorized safety and occupational health activities.
- Initiates the necessary actions to facilitate accident notification, investigation, and reporting as soon as they become aware of the occurrence of an accident.

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## INDIVIDUAL RESPONDERS

- Will not attempt to perform any task for which they are not properly trained or equipped to accomplish safely.
- Comply with all safety procedures, messages and directives.
- Use all PPE provided in accordance with their instructions and training, as required by the task at hand.
- Report all accidents and hazards in their workplace as soon as possible to their supervisor.

## POST-IMPACT RECOVERY

This EOP is not a recovery operations plan. Planning for recovery operations will begin at the onset of incident management activities via the DOC and will be guided by the Planning Section Chief. Incident objectives are established and subsequent operational periods are planned for using the IAP. During the formulation of new IAPs, the situation will be re-evaluated and new situation objectives (response or recovery) will be established. When the response incident objectives are met, there will be a natural transition point between the work of response and recovery actions.

The health department expects to provide input in the recovery phase due to the health implications of catastrophic or disaster events. Natural hazards may create public health risks including environmental threats or communicable disease issues. CDHD, by virtue of its responsibility within the community, expects to be involved with facilitating recovery activities within its jurisdiction. These will likely include:

- Organizing community-wide programs for delivery of healthcare and public health services, including special needs shelters.
- Providing community education to enhance public awareness (e.g., health concerns/threats, injury control) and how to handle those issues if individually affected.
- Assess health needs in the community.
- Partnering with other response agencies in development of needs assessments for community capacities and vulnerabilities including the physical environment (e.g., intact infrastructure, resources), and social conditions (e.g., existing support organizations, support networks).
- Other activities as identified and support is requested of CDHD.

These actions will be organized and supported by the DOC to the extent necessary and deemed appropriate by the Director and/or the Policy Group.

## DEMOBILIZATION

Just as activation of specific resources necessary for support of public health emergency operations must be included in incident action planning, so must the demobilization. Planning for the demobilization of resources activated to support operations will begin upon resource identification and activation. The Planning Section Chief, in coordination with both the Operations Section Chief and the Logistics Section Chief will present a plan for the

demobilization of resources activated to support public health emergency operations. Those resources may include, but are not limited to, public health or medical service supporting Strike Teams, Task Force(s), Medical Reserve Corps volunteers, POD sites, or DDC location(s). In instances where these resources have been activated in support of specific Incident Management Teams or County EOCs, demobilization actions will be initiated or at least coordinated on by the lead agency.

## ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

The ultimate responsibility in leading a CDHD response to a public health emergency belongs to the Director through the Board of Health.

The IC is responsible for the overall management of the CDHD response to a public health emergency. The IC will make decisions in accordance with the policies and directives of the Director and Board of Health. During emergency operations, the IC ensures that all response actions are taken in a coordinated and efficient manner. In the event a Unified Command (UC) is established, the IC will manage actions for CDHD with direction from the CDHD UC representative.

The health and safety of CDHD staff and volunteers is a priority. The Safety Officer is responsible for identifying hazards and risks associated with any event, as well as coordinating to identify the appropriate protocols for minimizing health hazards. Mitigation protocols will be documented in the IAP for each operational period. Safety issues and actions will be briefed to all staff at the beginning of each shift.

Staff within CDHD have been assigned emergency response roles in addition to their day-to-day duties. All CDHD employees have signed a document upon hire acknowledging their role during a public health emergency. Each staff member, with the assistance of their supervisors and staff from PHP, participates in training and exercises to improve their knowledge and skills needed to perform in a public health emergency according to their emergency response role(s). Specific role responsibilities are identified in the Job Action Sheets (JASs) located in the DOC Manual, the District Distribution Center (DDC) Field Operating Guide (FOG), the POD Manual, and Annex E. Using the ICS and this Plan, CDHD staff and MRC Volunteers will be assimilated into appropriate response roles to support objectives established in the IAP.

The CDHD Administrative Team is the group responsible for the day-to-day policies and management of CDHD programs. Staff assigned to specific positions within the CDHD ICS structure are responsible for determining the needs, plans, and management of a public health emergency. CDHD ICS roles are assigned based on qualifications, training, and experience in emergency response. Alert levels identified in the EOP Concept of Operations will be used as the initial trigger guidance for increased response actions. The CDHD Incident Command structure is located in Appendix 1 of the EOP. In a public health emergency, the Liaison Officer, working at the direction of the IC, will coordinate with local, state, and federal partners.

## CONDITIONS FOR IMPLEMENTATION

The CDHD EOP can be activated at the direction of the CDHD Director or his/her designee. The CDHD Board of Health and Idaho Code govern the Director's authority. Actions by the Director will be taken with the health and safety of Health District 4 residents being the first priority and will be taken without regard to political or other undue influence.

## DIRECTION, CONTROL, AND COORDINATION

CDHD subscribes to the NIMS in its planning and organizational structuring for response to an event utilizing the ICS. The subsequent organizational structure is based on application of the ICS to CDHD's response organization, and a potential worst case scenario organizational structure for the health department. The organization (and by definition, ICS) is scalable to the needs and impact of the event necessitating its activation.

Response personnel assignment rosters including names of individuals with experience and training in their role, and their contact information are and will be maintained by the CDHD PHP Program. Emergency Call-Down Rosters are established, maintained, and distributed to assigned staff on a quarterly basis per policy. Testing of these rosters is conducted in accordance with the CDHD Training and Exercise Plan (TEP).

Staff call-downs will be implemented following the notification of a public health emergency event. Typically, the on-call pager carrier will initiate the call-down by contacting an assigned IC. The IC, District Director, and other subject matter experts (as needed) will determine the priority of the event and staff needed to respond. Staff will be contacted via the phone numbers listed on the recall rosters. Other agency partners, including Law Enforcement, may be contacted during a recall. Activation of law enforcement partners will be coordinated through the Security Unit Liaison, as well as the County EOCs and mutual aid agreements with those agencies. Healthcare and other emergency management partners would be part of the hospital bridge conference call.

Depending on the event, staff may be contacted immediately following an initial conference call with the State Communications Center (State Comm) and other agency partners. Information regarding the situation, reporting location and time, and other pertinent details will be disseminated to staff during the call-down process. Staff may be asked to stand-by on alert, report to the DOC (or other location) at a designated time, or report immediately. The timing for reporting to respond will be determined at the time of the event based on the response needs.

Upon activation of the DOC, the IC, with assistance from the DOC Staff, will conduct an analysis of the situation. If the situation indicates that response operations will need to extend beyond a single operational period, incident management activities (e.g., activation and assignment of additional response staff, POD activation) will be initiated to support the response process and development of IAPs.

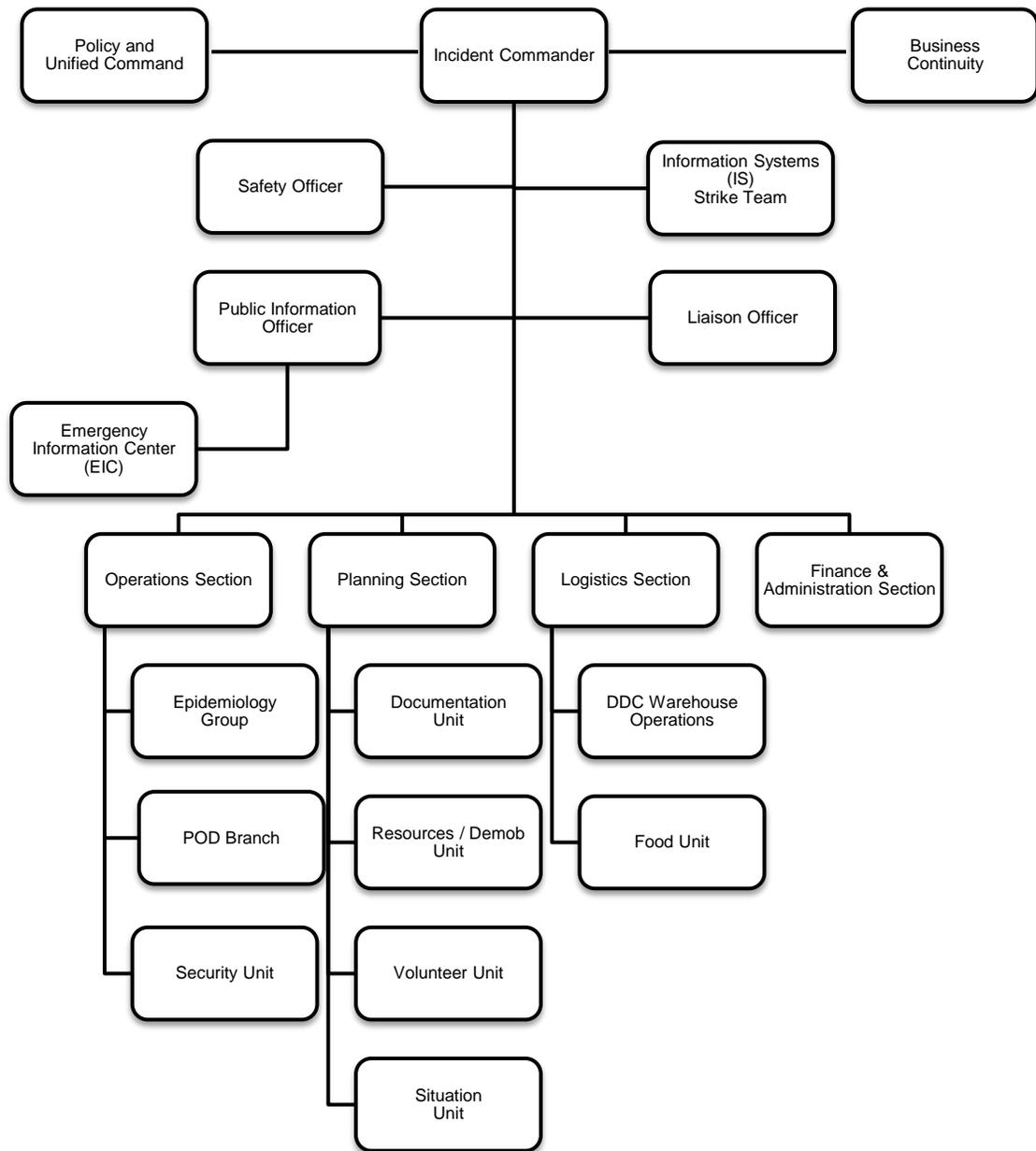


Figure 1: Organization of CDHD DOC

**ADMINISTRATION, FINANCE, AND LOGISTICS**

Financial management of emergency and declared disaster related costs will typically be coordinated by the Idaho BHS. During a federally declared disaster, the Governor’s Authorized Representative (GAR) and Deputy GAR have the responsibility of financial management. The Governor has delegated the GAR responsibilities to the Adjutant General.

The Finance / Administration Section Chief within CDHD's ICS structure will be the primary role responsible for ensuring appropriate financial management of response operations.

## AUTHORITIES AND REFERENCES

### LEGAL AUTHORITY AND POLICY

The following Idaho statutes specifically address the issue of emergency management and acts of terrorism for which this plan may be utilized:

- The Idaho Disaster Preparedness Act of 1975, amended by the Idaho Homeland Security Act of 2004, Idaho Code §46-1001.
- The Post-Attack Resource Management Act, Idaho Code §67-5506.
- The Terrorist Control Act, Idaho Code §18-8101.
- The Emergency Relocation Act, Idaho Code §67-102.

The following Idaho statutes specifically address the authority of the local Board(s) of Health, and the local Health Department(s) in Idaho:

- Title 39, Health and Safety, Chapter 4 Public Health Districts; Establishment of Districts, Idaho Code §39-408.
- Title 39, Health and Safety, Chapter 4 Public Health Districts; Establishment of District Health Department Services, Idaho Code §39-409.
- Title 39, Health and Safety, Chapter 4 Public Health Districts; Establishment of District Board, Idaho Code §39-410.
- Title 39, Health and Safety, Chapter 4 Public Health Districts; Powers and Duties of District Board, Idaho Code §39-414.
- Title 46, Militia and Military Affairs, Chapter 10, State Disaster Preparedness Act; Local and Intergovernmental Disaster Agencies and Services, Idaho Code §46-1009.

The following Idaho Statutes address the issue of liability for damages or injury while engaged in the response to any civil defense, disaster, or emergency and the planning or preparation for the same, or disaster or emergency relief activities.

- Title 46, Militia and Military Affairs, Chapter 10, State Disaster Preparedness Act, Immunity, Idaho Code §46-1017

The following Idaho Statute addresses the issue of Procurement and Compensation for Use of Private Property.

- Title 46, Militia and Military Affairs, Chapter 10, State Disaster Preparedness Act, Compensation, Idaho Code §46-1012

The following Federal laws specifically address aspects of emergency management and acts of terrorism:

- The Homeland Security Act of 2002.
- Public Law 93-288, The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), as amended, as amended, and related authorities.
- Code of Federal Regulations (CFR) 44, Emergency Management and Assistance.
- The Post Katrina Emergency Management Reform Act (PKEMRA).
- Public Law 109-417, The Pandemic and All-Hazards Preparedness Act (PAHPA).
- The Public Readiness and Emergency Preparedness (PREP) Act.

Homeland Security Presidential Directives are issued by the President on matters pertaining to Homeland Security.<sup>6</sup> HSPDs of particular interest in the development of this EOP include:

- HSPD – 8: National Preparedness; Identifies steps for improved coordination in response to incidents. This directive describes the way Federal departments and agencies will prepare for such a response, including prevention activities during the early stages of a terrorism incident.
- HSPD – 8 Annex 1: National Planning; Further enhances the preparedness of the United States by formally establishing a standard and comprehensive approach to national planning.
- HSPD – 10: Biodefense for the 21<sup>st</sup> Century; Provides a comprehensive framework for our nations Biodefense.
- HSPD – 18: Medical Countermeasures Against Weapons of Mass Destruction; Establishes policy guidelines to draw upon the considerable potential of the scientific community in the public and private sectors to address medical countermeasure requirements relating to CBRN threats.
- HSPD – 21: Public Health and Medical Preparedness; Establishes a national strategy that will enable a level of public health and medical preparedness sufficient to address a range of possible disasters.

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<sup>6</sup> A list of HSPDs may be referenced at [http://www.dhs.gov/xabout/laws/editorial\\_0607.shtm](http://www.dhs.gov/xabout/laws/editorial_0607.shtm)

# APPENDIX 1

## GLOSSARY AND ACRONYMS

### GLOSSARY

#### ACCESS AND FUNCTIONAL NEEDS POPULATION

A population whose members may have additional needs before, during, or after an incident in one or more of the following functional areas: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; live in institutionalized settings; are elderly; are children; are from diverse cultures, have limited proficiency in English or are non-English-speaking; or are transportation disadvantaged.

#### ACCESSIBLE

Having the legally required features and/or qualities that ensure entrance, participation, and usability of places, programs, services, and activities by individuals with a wide variety of disabilities.

#### AMERICAN RED CROSS

The ARC is a humanitarian organization, led by volunteers, that provides relief to victims of disasters and helps people prevent, prepare for, and respond to emergencies. It does this through services that are consistent with its Congressional Charter and the Principles of the International Red Cross Movement

#### ASSUMPTIONS (MANAGEMENT)

Statements of conditions accepted as true and that have influence over the development of a system. In emergency management, assumptions provide context, requirement, and situational realities that must be addressed in system planning and development and/or system operations. When these assumptions are extended to specific operations, they may require re-validation for the specific incident.

#### ASSUMPTIONS (PREPAREDNESS)

Operationally relevant parameters that are expected and used as a context, basis, or requirement for the development of response and recovery plans, processes, and procedures. For example, the unannounced arrival of patients to a healthcare facility occurs in many mass casualty incidents. This may be listed as a preparedness assumption in designing initial response procedures. Similarly, listing the assumption that funds will be available to train personnel on a new procedure may be important to note.

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## ASSUMPTIONS (RESPONSE)

Operationally relevant parameters for which, if not valid for a specific incident's circumstances, the EOP-provided guidance may not be adequate to assure response success. Alternative methods may be needed. For example, if a decontamination capability is based on the response assumption that the facility is not within the zone of release, this assumption must be verified at the beginning of the response.

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## ATTACK

A hostile action taken against the United States by foreign forces or terrorists, resulting in the destruction of or damage to military targets, injury or death to the civilian population, or damage to or destruction of public and private property.

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## CAPABILITIES-BASED PLANNING

Planning, under uncertainty, to provide capabilities suitable for a wide range of threats and hazards while working within an economic framework that necessitates prioritization and choice. Capabilities-based planning addresses uncertainty by analyzing a wide range of scenarios to identify required capabilities.

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## CONTAMINATION

The undesirable deposition of a chemical, biological, or radiological material on the surface of structures, areas, objects, or people.

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## DAMAGE ASSESSMENT

The process used to appraise or determine the number of injuries and deaths, damage to public and private property, and status of key facilities and services (e.g., hospitals and other health care facilities, fire and police stations, communications networks, water and sanitation systems, utilities, and transportation networks) resulting from a man-made or natural disaster.

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## DECONTAMINATION

The reduction or removal of a chemical, biological, or radiological material from the surface of a structure, area, object, or person.

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## DEPARTMENTAL (EMERGENCY) OPERATIONS CENTER (DOC)

The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. The DOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. CDHD utilizes a DOC that can function autonomously or support Emergency Operations Centers established at the county and state level of government.

## DISASTER

An occurrence of a natural catastrophe, technological accident, or human-caused event that has resulted in severe property damage, deaths, and/or multiple injuries. As used in this plan, a “large-scale disaster” is one that exceeds the response capability of the Local jurisdiction and requires State, and potentially Federal, involvement. As used in the Stafford Act, a “major disaster” is “any natural catastrophe [...] or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under [the] Act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby” (Stafford Act, Sec. 102(2), 42 U.S.C. 5122(2)).

## EMERGENCY

Any incident, whether natural or manmade, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency “means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States” (Stafford Act, Sec 102(1), 42 U.S.C. 5122(1)).

## EMERGENCY INFORMATION CENTER

Communications capability established and maintained by CDHD in the event of a public health emergency for the purpose of providing a “Hotline” information resource to the communities of Ada, Boise, Elmore and Valley counties. Used to communicate Public Health messages and education materials via health department staff, volunteers and other agents of CDHD.

## EMERGENCY MEDICAL SERVICES

Services, including personnel, facilities, and equipment required to ensure proper medical care for the sick and injured from the time of injury to the time of final disposition (which includes medical disposition within a hospital, temporary medical facility, or special care facility; release from the site; or being declared dead). Further EMS specifically includes those services immediately required to ensure proper medical care and specialized treatment for patients in a hospital and coordination of related hospital services.

## EMERGENCY OPERATIONS CENTER

(See Department Operations Center) EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, public health & medical services), by jurisdiction (e.g., Federal, State, regional, tribal, city, county), or by some combination thereof.

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## EMERGENCY OPERATIONS PLAN

The ongoing plan maintained by the Public Health Preparedness Program and/or by various jurisdictional levels for responding to a wide variety of potential hazards. It describes how people and property will be protected; details who is responsible for carrying out specific actions; identifies the personnel, equipment, facilities, supplies, and other resources available; and outlines how all actions will be coordinated.

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## EMERGENCY SUPPORT FUNCTION

Used by the Federal Government, the Idaho Bureau of Homeland Security, and many other state governments as the primary mechanism at the operational level to organize and provide assistance. ESFs align categories of resources and provide strategic objectives for their use. ESFs utilize standardized resource management concepts such as typing, inventorying, and tracking to facilitate the dispatch, deployment, and recovery of resources before, during, and after an incident.

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## EVACUATION

The organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

Spontaneous Evacuation. Residents or citizens in the threatened areas observe an emergency event or receive unofficial word of an actual or perceived threat and, without receiving instructions to do so, elect to evacuate the area. Their movement, means, and direction of travel are unorganized and unsupervised.

Voluntary Evacuation. This is a warning to persons within a designated area that a threat to life and property exists or is likely to exist in the immediate future. Individuals issued this type of warning or orders are NOT required to evacuate; however, it would be to their advantage to do so.

Mandatory or Directed Evacuation. This is a warning to persons within the designated area that an imminent threat to life and property exists and individuals MUST evacuate in accordance with the instructions of local officials.

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## EVACUEES

All persons removed or moving from areas threatened or struck by a disaster.

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## GOVERNOR'S AUTHORIZED REPRESENTATIVE

An individual empowered by the Governor (in Idaho it's the Adjutant General (TAG) of the Idaho Military Division) to: (1) execute all necessary documents for disaster assistance on behalf of the State, including certification of applications for public assistance; (2) represent the Governor of the impacted State in the Unified Coordination Group, when required; (3) coordinate and supervise the State disaster assistance program to include serving as its grant administrator; and (4) identify, in coordination with the State Coordinating Officer, the State's critical information needs for incorporation into a list of Essential Elements of Information.

## HAZARD MITIGATION

Any action taken to reduce or eliminate the long-term risk to human life and property from hazards. The term is sometimes used in a stricter sense to mean cost-effective measures to reduce the potential for damage to a facility or facilities from a disaster event.

## HAZARDOUS MATERIAL

Any substance or material that, when involved in an accident and released in sufficient quantities, poses a risk to people's health, safety, and/or property. These substances and materials include explosives, radioactive materials, flammable liquids or solids, combustible liquids or solids, poisons, oxidizers, toxins, and corrosive materials.

## INCIDENT COMMAND SYSTEM

A standardized on-scene emergency management construct specifically designed to provide an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure and designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organized field-level incident management operations.

## JOINT INFORMATION CENTER (JIC)

A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media. Public Information officials from all participating agencies should co-locate at the JIC.

## JOINT INFORMATION SYSTEM

A structure that integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, accurate, accessible, timely, and complete information during crisis or incident operations. The mission of the JIS is to provide a structure and system for developing and delivering coordinated interagency messages; developing, recommending, and executing public information plans and strategies on behalf of the Incident Commander (IC); advising the IC concerning public affairs issues that could affect a response effort; and controlling rumors and inaccurate information that could undermine public confidence in the emergency response effort.

## JURISDICTION

Multiple definitions are used in Emergency Management. Each use depends on the context:

A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., City, County, Tribal, State, or Federal boundary lines) or functional (e.g., law enforcement, public health).

A political subdivision (Federal, State, County, Parish, Municipality) with the responsibility for ensuring public safety, health, and welfare within its legal authorities and geographic boundaries.

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#### MASS CARE

The actions that are taken to protect evacuees and other victims from the effects of the disaster. Activities include providing temporary shelter, safe food and water, medical care, clothing, and other essential life support needs to the people who have been displaced from their homes because of a disaster or threatened disaster.

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#### MITIGATION

Activities providing a critical foundation in the effort to reduce the loss of life and property from natural and/or manmade disasters by avoiding or lessening the impact of a disaster and providing value to the public by creating safer communities. Mitigation seeks to fix the cycle of disaster damage, reconstruction, and repeated damage. These activities or actions, in most cases, will have a long-term sustained effect.

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#### MULTIAGENCY COORDINATION SYSTEMS

A system that provides the architecture to support coordination for incident prioritization, critical resource allocation, communications systems integration, and information coordination. MACS assist agencies and organizations responding to an incident. The elements of a MACS include facilities, equipment, personnel, procedures, and communications. Two of the most commonly used elements are Emergency Operations Centers and MAC Groups.

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#### NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

A set of principles that provides a systematic, proactive approach guiding government agencies at all levels, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.

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#### NATIONAL RESPONSE FRAMEWORK

A guide to how the nation conducts all-hazards response.

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#### NONGOVERNMENTAL ORGANIZATION

An entity with an association that is based on the interests of its members, individuals, or institutions. It is not created by a government, but it may work cooperatively with government. Such organizations serve a public purpose and are not for private benefit. Examples of NGOs include faith-based charity organizations and the ARC.

## RECOVERY

The development, coordination, and execution of service-and site restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

## RESOURCE MANAGEMENT

A system for identifying available resources at all jurisdictional levels to enable timely, efficient, and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the National Incident Management System includes mutual aid agreements and assistance agreements; the use of special Federal, State, tribal, and local teams; and resource mobilizations protocols.

## SCENARIO-BASED PLANNING

Planning approach that uses a Hazard Vulnerability Assessment to assess the hazard's impact on an organization on the basis of various threats that the organization could encounter. These threats (e.g., hurricane, terrorist attack) become the basis of the scenario.

## SERVICE ANIMAL

Any guide dog, signal dog, or other animal individually trained to assist an individual with a disability. Service animals' jobs include but are not limited to guiding individuals with impaired vision, alerting individuals with impaired hearing (to intruders or sounds such as a baby's cry, the doorbell, and fire alarms), assisting people with mobility disabilities with balance or stability

## STANDARD OPERATING PROCEDURE

A complete reference document or an operations manual that provides the purpose, authorities, duration, and details for the preferred method of performing a single function or a number of interrelated functions in a uniform manner.

## TERRORISM

As defined in the Homeland Security Act of 2002, activity that involves an act that is dangerous to human life or potentially destructive of critical infrastructure or key resources; is a violation of the criminal laws of the United States or of any State or other subdivision of the United States; and appears to be intended to intimidate or coerce a civilian population, to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination, or kidnapping.

## ACRONYMS

Acronyms are commonly used in emergency management planning and response. The following is a list of acronyms that may be noted throughout this EOP and its supporting annexes:

AAR/IP	After Action Report (Review)/Improvement Plan
ARC	American Red Cross
ARES	Amateur Radio Emergency Service
BHS	Bureau of Homeland Security
BSL	Bio Safety Level
CAP	Corrective Action Program
CBRNE	Chemical, Biological, Radiological, and/or Nuclear Explosive
CDC	Centers for Disease Control and Prevention
CERT	Community Emergency Response Team
CIKR	Critical Infrastructure and Key Resources
CISM	Critical Incident Stress Management
COG	Continuity of Government
COOP	Continuity of Operations
CSR	Customer Service Representative
DDC	District Distribution Center
DEQ	Department of Environmental Quality
DHHS	Department of Health and Human Services
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Response Team
DOC	Department Operations Center
EIC	Emergency Information Center
EIPHD	Eastern Idaho Public Health District
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
ESF	Emergency Support Function
FAA	Federal Aviation Administration
FAQ	Frequently Asked Questions
FBI	Federal Bureau of Investigation
FCC	Federal Coordinating Center
FEMA	Federal Emergency Management Agency
FOG	Field Operating Guide

GAR	Governor's Authorized Representative
GIS	Geographic Information System
HAN	Health Alert Network
HAZMAT	Hazardous Material
HSEEP	Homeland Security Exercise and Evaluation Program
HSPD	Homeland Security Policy Directive
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
IDEOC	Idaho Emergency Operations Center
IDEOP	Idaho Emergency Operations Plan
IDHW	Idaho Department of Health and Welfare
IDHWOC	Idaho Department of Health and Welfare Operations Center
ILI	Influenza-like illness
IS	Information Systems
JAS	Job Action Sheet
JIC	Joint Information Center
JIS	Joint Information System
MAA	Mutual Aid Agreement
MI	Managed Inventory
MSA	Metropolitan Statistical Area
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NACCHO	National Association of City and County Health Officials
NDMS	National Disaster Medical System
NRF	National Response Framework
OEFI	Office of Epidemiology, Food Protection, and Immunizations
PAHPA	Pandemic and All Hazards Preparedness Act
PIO	Public Information Officer
PHD	Panhandle Health District
PHP	Public Health Preparedness
POD	Point of Dispensing
PP	Push Package
PPHR	Project Public Health Ready
SCDH	South Central District Health (Department)
SDHD	Southeastern District Health Department
SME	Subject Matter Expert

SNS	Strategic National Stockpile
SOP	Standard Operating Procedure(s)
State Comm	IDHW State Communications Center
SWDH	Southwest District Health Department
TAR	Technical Assistance Review (State / Local)
TCL	Target Capabilities List
UC	Unified Command
UTL	Uniform Task List
VA	Vulnerability Assessment
VAERS	Vaccine Adverse Event Reporting System
WIC	Women, Infants, and Children

## APPENDIX 2

### MEMORANDA OF AGREEMENT

Contracting Agency/Company	Purpose	Signed	Expires	Term
STOR-IT Rental Storage (Unit P-62)	PHP Storage Facility	12/1/2008	<i>Open</i>	<i>Monthly</i>
STOR-IT Rental Storage (Unit P-42)	PHP Storage Facility	12/1/2008	<i>Open</i>	<i>Monthly</i>
ID Association Of Public Health District Directors	Mutual Aid Agreement	1/12/2011	<i>Open</i>	<i>Ongoing</i>
Family Practice Residency of Idaho	Licensed MDs for Mass Vaccination	1/4/2003	<i>Open</i>	<i>Ongoing</i>
American Red Cross	Mutual Aid/Response Roles	6/2/2011	6/2/2014	3 YR
IDHW Base Station Terms & Conditions	Grant Ltr & T/C Agmt for Base Stn	3/3/2005	<i>Open</i>	<i>Ongoing</i>
IDHW	Smallpox Pharmacy Cache	7/20/2003	<i>Open</i>	<i>Ongoing</i>
IDHW	Mutual Aid/Facilities, Equip	1/12/2011	<i>Open</i>	<i>Ongoing</i>
Best Western Vista Inn	Continuity of Operations (COOP)	1/16/2012	1/16/2015	3 YR
Idaho Center	District Distribution Center	3/13/2012	3/13/2015	3 YR
Albertsons Sundries Center	District Distribution Center	7/30/2010	7/30/2013	3 YR
JR Simplot Co	SNS Transportation Support	7/20/2010	7/20/2013	3 YR
Diamond Line	SNS Transportation Support	8/23/2010	8/23/2013	3 YR
Basin School Dist #72	Open POD	6/26/2012	6/26/2015	3 YR
Cascade School District #422	Open POD	6/25/2012	6/25/2015	3 YR

**CDHD EMERGENCY OPERATIONS PLAN**

BASE PLAN

2013

Contracting Agency/Company	Purpose	Signed	Expires	Term
Garden Valley School District #71	Open POD	9/20/2012	9/26/2015	3 YR
Horseshoe Bend School District #73	Open POD	9/11/2012	9/24/2015	3 YR
Boise City School District #1	Open POD	11/30/2012	12/15/2015	3 YR
Kuna Joint School District #3	Open POD	9/28/2012	10/15/2015	3 YR
McCall-Donnelly Jnt Sch Dist #421	Open POD	7/1/2012	7/1/2015	3 YR
Meridian Joint School District #2	Open POD	6/11/2012	6/11/2015	3 YR
Mtn Hm School District #193	Open POD	1/25/2013	1/25/2016	3 YR
Glenns Ferry School District #192	Open POD	6/11/2009	6/11/2012	3 YR
Expo Idaho / Ada County	Open POD	11/26/2012	9/30/2013	1 YR
St Alphonsus Regional Med Center	Closed POD	10/23/2012	10/23/2015	3 YR
St Alphonsus Regional Med Center	Critical Infrastructure POD	10/23/2012	10/23/2015	3 YR
Mtn Home AFB 336 Med Group	Closed POD	6/21/2011	6/21/2013	2 YR
VA Medical Center	Closed POD	5/29/2012	5/29/2015	3 YR
Family Medicine Residency of Idaho	Closed POD	6/1/2009	6/1/2012	3 YR
St. Luke's McCall	Closed POD	11/1/2012	11/1/2015	3 YR
St Luke's Regional Medical Center	Closed POD	11/1/2012	11/1/2015	3 YR
Elmore Medical Center	Closed POD	8/22/2012	8/31/2015	3 YR
Take Care Health	Closed POD	2/25/2013	2/25/2016	3 YR
Ada County Jail	Closed POD	6/21/2012	6/21/2015	3 YR
Cascade Medical Center	Closed POD	8/10/2012	8/30/2015	3 YR
Idaho Elks Rehab Hospital	Closed POD	9/28/2012	9/28/2015	3 YR
Idaho National Guard	Closed POD	12/19/2012	12/19/2014	2 YR

# APPENDIX 3

## JOB ACTION SHEETS (JAS) AND JUST-IN-TIME TRAINING (JITT)

This appendix outlines the general curricula for JITT on the CDHD EOP as well as the curricula for providing JITT for NIMS for all response roles. JASs provide the user with a review of general role duties, descriptions of responsibilities to be performed while activated for their role, and the baseline training and qualifications to assume that role. JASs for identified response roles are found in the following documents (based on the response function):

- DOC Manual
- DDC FOG
- POD Manual
- Annex E: Infectious Disease Control and Containment

It is assumed that staff assuming supervisory roles will have participated in formal training prior to working in their role. Refer to the CDHD Training and Exercise Plan for more information on training. For supervisory roles, the JITT curricula described here should be used as a refresher training opportunity.

CDHD EOP JITT Process:

- Review Base Plan Incident Management Actions
- Review Base Plan Roles and Responsibilities
- Review Base Plan Appendix 1: CDHD DOC Organization and Activation
- Review JAS (for specifically assigned role)

(Note: This process is only to provide training on the CDHD EOP as it adheres to NIMS principles. Training for actual response operations are found in the JITT guides that correspond to the documents listed above.)

# APPENDIX 4

## TRAINING, EXERCISE, AND EVALUATION

### TRAINING

A detailed Training and Exercise Plan is developed and maintained by the CDHD PHP Program. Training sessions using this annex and its appendices, as well as CDC and IDHW guidance, are conducted on a regular basis and include district staff, response partners, and volunteers. The overall objective of SNS training is to ensure staff is qualified to perform their assigned duties in a safe and effective manner.

If possible, formal training opportunities will be pursued with the CDC/DSNS for areas of specific interest supporting Medical Supplies Management and Distribution, and the specific tasks supporting this capability as described in the FEMA Target Capabilities Listing.

### EXERCISES

Exercise and evaluation activities conducted to test this annex will be accomplished consistent with Homeland Security Exercise and Evaluation Program (HSEEP). To the extent reasonable, exercises will be conducted in a building block approach, beginning with discussion-based activities to introduce staff and/or partners to concepts, policies, and procedures relating to SNS Medical Supply and Equipment Distribution and Management. After Action Report / Improvement Plans (AAR/IPs) are developed for both exercises or a response to a real event and are prepared consistent with HSEEP guidance.

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#### EXERCISES ARE DEFINED AS:

- Drill. Usually tests a single function in a specified program. Drills are effective in practicing and maintaining skills. They are also an effective method to practice new processes.
- Tabletop. Primarily used for discussion on definition of roles and responsibilities or necessary actions that should be taken in a specific situation. Tabletop exercises are conducted in a low stress environment.
- Functional. Provides a realistic situation that requires people to take specific actions and make decisions quickly. Equipment is not deployed for this exercise, but participants are required to take action rather than discuss an action. This type of exercise places participants in a time-pressured environment.
- Full-scale. Conducted in situations that are as close to real as possible. Equipment and personnel are deployed and required to take action. A full-scale exercise requires a long lead-time and tests operational capability.

# APPENDIX 5

## EMERGENCY OPERATIONS PLAN ROLES AND RESPONSIBILITIES

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### CDHD Role / Responsibility Table

(P = Primary, S = Support)

Agency		Responsibility																												
		Detect			Command & Control			Investigate			Communicate			Control / Prevent												Recovery				
		Surveillance	Intelligence	Sampling / Testing	Activate Plan	Activate EOC	Activate JIS	Case Investigation	Test Samples	Evidence Management	Alerts & Advisories	Media Relations	Infrastructure	Medical Care	Mental Health	Quarantine / Isolation	Facility Restrictions	Fatality Management	Animal Control	Environmental	Therapeutic Agents	Vaccine & Prophylaxis	Evacuation	Crowd / Traffic	Sheltering	Security	Tracking / Monitoring	Ad-hoc (Just in Time) Training	Decontamination	Disposal
Public Health	Central District Health Department	P	S	P	P	S	P	P	S	S	P	P	P	S	S	P	P	S	S	P	S	P	S	S	S	P	P	S	S	S
	Idaho Department of Health and Welfare	P	S	S	S		S	P	S	S	P	S	S	P	S	S		S	S	S	S					S		S	S	
	Health Care Sentinel Labs	P	S	P	S			S	P	S												S				S				
	Idaho Bureau of Labs	S	S	P	S			S	P	S												S				S				
Public Safety	County Emergency Mgmt. Agencies / LEPCs		S		S	P	S				S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	P
	ID Bureau of Homeland Security (State Military Div.)		P	S	S	P	S				S	S	S	S	S			S		S		S						S	S	S
	Local Fire Departments	S	S	S	S	S	S			S		S								S		S	S					S	S	
	Emergency Medical Services	S	S	S	S	S	S	S	S	S	S	S	S		S						S	S	S			S				
	Local Police		P		S	S	S	S		P		S	S			S	S					S	P	P		P				
	Idaho State Police		P	S	S	S				P					S	S						S	S	S		S				
	Local FBI Office		P		S	S	S			P		S										S				S				
Local 911 / Emergency Communications	S	S		S	S																S									

**CDHD Role / Responsibility Table (cont.)**

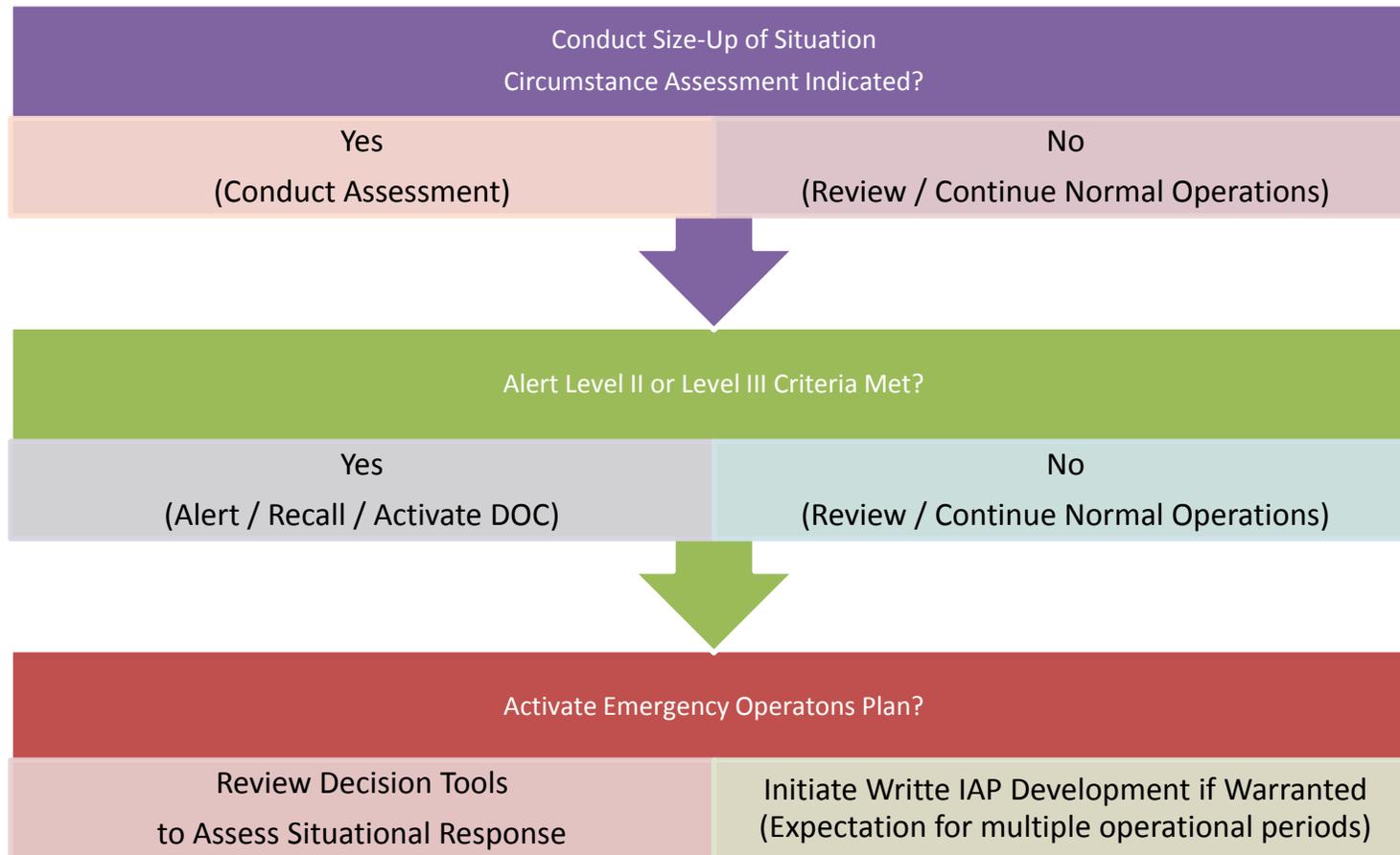
(P = Primary, S = Support)

Agency		Role / Responsibility																													
		Detect			Command & Control			Investigate			Communicate			Control / Prevent												Recovery					
		Surveillance	Intelligence	Sampling / Testing	Activate Plan	Activate EOC	Activate JIS	Case Investigation	Test Samples	Evidence Management	Alerts & Advisories	Media Relations	Infrastructure	Medical Care	Mental Health	Quarantine / Isolation	Facility Restrictions	Fatality Management	Animal Control	Environmental	Therapeutic Agents	Vaccine & Prophylaxis	Evacuation	Crowd / Traffic	Sheltering	Security	Tracking / Monitoring	Ad-hoc (Just in Time) Training	Decontamination	Disposal	Rehabilitation
Other Agencies	Hospitals	P		S	S	S	S	S	S		S		P	S	S		S			P	S						S				
	Rocky Mountain Poison and Drug Center	S			S		S																								
	Local Mental Health Services / CISM Team				S									P							S										
	Veterinary and Animal Control	S		S														P													
	American Red Cross of Greater Idaho				S	S															S			P							
	County Coroners	S							S								P											S	S		
	Elected Officials				S	P						S	S		S	S	S				S										P
	Idaho Department of Environmental Quality			S																P								P	P		
	Public Works					S															S		S							S	
	Mountain Home AFB	P		S	S	S	S	S	S		S		P	S	S		S		P	S							S				

# APPENDIX 6

## EMERGENCY EVENTS SEQUENCE CHART

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CIRCUMSTANCE	RESPONSE ACTIVITY											
	Emergency Investigation	Emergency Treatment	Emergency Prophylaxis or Vaccination	Emergency Restriction of Public Movement	Emergency Isolation or Quarantine	Emergency Environmental Control	Emergency Mental Health	Emergency Stockpile Request	Emergency MOU Activation	Emergency Public Information Activities	Emergency Health Alert	
Presumptive case of smallpox (local)	X	X	X		X				X	X	X	
1 case confirmed smallpox (local)	X	X	X	X	X		X	X	X	X	X	
1 case smallpox in U.S. (not local)	X	X	X				X		X	X	X	
Increased reports of Emergency Department visits in time period	X	X										
Cluster of brucellosis cases with no known risk factors	X	X	X							X	X	
Singular diagnosed or strongly suspected case of pneumonic tularemia	X	X	X			X				X	X	
Higher than expected number of presumptively diagnosed botulism cases with no known risk factors	X	X				X				X	X	
Occurrence of unusual epidemiologic features in a natural disease outbreak	X	X				X				X	X	
Increase in unexplained diseases or death	X	X									X	
Higher than expected Increase in diarrhea or vomiting	X	X									X	
Unusual age distribution in disease	X	X								X	X	
Unusual seasonality in disease outbreak	X	X								X	X	
Unusual disease presentation	X	X									X	
Sudden increase in atypical pneumonia	X	X								X	X	

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# APPENDIX 7

## RESOURCE REQUEST PROCESS

In an emergency response, CDHD may be involved in coordinating resources, either as a primary role (for example, managing the SNS) or as a supporting agency. This appendix is an overview of the process for requesting resources. Annexes G and H discuss the processes in more detail.

## REQUESTING AUTHORITIES

The CDHD Director or in his absence the Acting Director is authorized to request state level assistance. In order, the designated and approved CDHD Acting Director is the:

- Deputy Director
- Community and Environmental Health Division Director
- Preventive Health Services Division Director

Contact information for each individual listed above is maintained and updated quarterly as part of the CDHD DOC recall roster.

## INDICATORS FOR RESPONSE

The following events serve as indicators that a resource request, including the SNS, may be required.

## EPIDEMIOLOGICAL INDICATORS

- A large number of unexplained outbreaks of disease, syndromes, or deaths.
- Unusual illness in the population.
- Higher than normal morbidity and mortality with a common disease or syndrome.
- Failure of a common disease to respond to usual therapy.
- Single case of disease caused by an uncommon agent.
- Multiple unusual or unexplained disease manifestations in the same patient with no other explanation.
- Disease with unusual geographic/seasonal distribution.
- Multiple atypical presentations of disease agents.
- Similar genetic type in agents isolated from temporally/spatially distinct sources.
- Unusual, atypical, genetically engineered, or antiquated strain of an agent.
- Endemic disease with an unexplained increase in incidence.
- Simultaneous clusters of similar illness in non-contiguous areas.

- Atypical aerosol/food/water transmission.
- Deaths/illness among animals that precedes/accompanies human death.
- Laboratory confirmation of an unusual agent or disease.
- Unexplainable increase in emergency medical services (EMS) requests.
- Unexplainable increase in antibiotic prescriptions or over the counter medication use.

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#### SURGE CAPACITY INDICATORS:

- Number of casualties.
- Projected needs for added POD locations, quarantine areas, and prophylaxis amounts considering the population of the area including transients and possible rate of infection.
- Hospital capacity at the time of the event including intensive care unit beds and ventilator needs.
- State resources identified including pharmacy distributors, oxygen availability, other nearby hospitals, and in-state alternative care centers.
- A natural or technological (man-made) disaster resulting in increased needs for medication, treatment supplies and equipment, or other available SNS materials.

#### LOCAL RESOURCES

Local inventories, including prophylactic medicines, medical supplies (including personal protective equipment), and equipment items, have been inventoried within the region. A current medical resource inventory is maintained and shared with regional partners by CDHD Planners. Specific procedures for access to cache supplies are further explained in Annex H, Regional Healthcare Surge Capacity.

CDHD Preparedness staff will communicate with community healthcare organizations and pharmacies via Health Alert Network (HAN) messaging and/or State Communication Center (StateComm) Bridge Call as necessary to determine the available medical countermeasures within the community. If needed, legislative powers will be enforced to procure private property (e.g., pharmaceuticals) to be used in an emergency. The Idaho Resource Tracking System may be utilized to share resource information including medical supply availability with area hospitals. The Liaison Officer within the DOC will be the staff member communicating with these partners in most cases. Inclusion of additional details such as medical supply levels may need to be coordinated with IDHW and StateComm partners at incident onset.

#### MUTUAL AID

When operational periods are predicted to last for an extended period of time and the only affected area is Southwest Idaho, assistance from other Idaho Public Health Districts may be requested to support ongoing DDC and POD activities via provisions provided for in the Health Districts Mutual Aid Agreement.