

## Regional Objectives

Below are the overarching exercise objectives that all counties will work toward accomplishing. Additionally, the listed critical tasks reflect specific actions that players must complete to achieve that respective exercise objective. Exercise Evaluation Guides will enable evaluators to rate how well players complete critical tasks and achieve each exercise objectives. It is expected that individual counties may have additional goals/objectives of their own.

- 1. Evaluate how Local Public Health Authorities (LPHAs), in coordination with local and state authorities, assess the situation during a biological incident, decide to activate a public health response, and determine the scope of a Medical Countermeasures (MCM) response.**
- 2. Evaluate how LPHAs, as part of or in coordination with their agency emergency operations centers (EOCs)/emergency coordination centers (ECCs), conduct MCM Distribution and Dispensing (MCMDD) campaigns in accordance with local MCMDD plans.**
  - a) Within two hours of activation EOC/ECCs are opened and staffed.
  - b) Within two hours of the jurisdiction's receipt of MCMs all EOC/ECC staff is given initial prophylaxis.
  - c) Within one hour of the decision to provide mass prophylaxis, an appropriate quantity of MCMs are ordered through OPS Center (OHA requirement for PHEP).
  - d) Staff and volunteers who have been identified as potential Public POD staff are notified and their ability to respond confirmed (time will depend on each county's timeline).
  - e) By 10:00am PST on May 1<sup>st</sup> each county's warehouse is activated and staffed at minimum to support Push Partner play.
  - f) By 3:00pm PST on April 30 the counties have established a process to address concerns coming in from both public PODs and Push Partners.
  - g) Public Point of Distribution (POD) Sites:
    - i. Are set up with all needed equipment within four hours of activation.
    - ii. Are designed to accommodate people with access and functional needs.
    - iii. Are equipped with materials (e.g., signage, handouts) to accommodate communication barriers because of language or literacy.
    - iv. The first shift of staff is prepared to perform assigned duties and given initial prophylaxis before the POD opens.
    - v. POD throughput meets or exceeds requirements based on the event and location.
  - h) Closed PODs/Push Partner Engagement:
    - i. By 5:00pm PST on April 30 Push Partners are activated via the Health Alert Network and have been assessed for:

- Willingness to notionally respond to the activation.
  - Confirmation of total courses of MCM needed.
  - Identification of primary and back up personnel to go to the appropriate county warehouse.
- ii. By 10:00am PST on May 1 details on Push Partners activating, MCM courses needed and contact information is sent to the warehouse.
  - iii. By 11:00am PST on May 1 each warehouse is ready to receive push partners and give them their allocation of medication.
- 3. Evaluate how local EOCs, ECCs, and Department Operations Centers (DOCs) gather incident information from multiple sources, develop situation status (SitStat) reports, and distribute those reports to appropriate agency decision-makers, critical support organizations, and other affected agencies.**
- a) Notification to OHA (via SmartSheet link) that MCMs have been received by the warehouse.
  - b) Notification to OHA (via SmartSheet link) that dispensing has been completed. (Completion may be notional based on calculated throughput if PODs are opening outside of April 30 or May 1.)
- 4. Evaluate how the healthcare system's needs are supported via the Healthcare System Liaison (HSL) by ordering resources under the headquarters resource ordering model.**
- a) Multnomah County's EOC will support regional healthcare system needs in collaboration with the HSL.
- 5. Evaluate how regional stakeholders provide public information utilizing all available platforms, such as the Regional Joint Information System and accessible messaging tools, that aid in whole community access, expedite delivery, and enable the public to take protective measures.**
- a) Translation of key public information messages into top languages in real time.
  - b) Prior to PODs opening (notionally or by 12:00pm PST on May 1) provide the public with accurate and consistent messages regarding POD locations and hours of operation with specific focus on messages for people with access and functional needs.
  - c) (duplicated from Objective 2) Each POD site is equipped with materials (e.g., signage, handouts) to accommodate communication barriers because of language or literacy.
- 6. Ensure that participating counties identify issues to address in a forthcoming Multiagency Coordinating (MAC) Group in order to better address regional needs, ethical decisions, and a common operational picture.**

## County-Specific Objectives

### **Multnomah County EOC, Public Health, and RSS Objectives:**

1. (OVERARCHING): All key decisions will be made using the equity and empowerment lens to ensure access, equity, and inclusion in emergency response activities.
2. The Multnomah County EOC is activated to support the incident; personnel are assigned and use the dedicated EOC emails and phone numbers for exercise communications.
3. By 10:00am April 30, MCHD leadership is briefed on the exercise scenario, expected agency priorities, identification of ESF-8 representative, and delegation of authority(ies).
4. Using the EOC Activation List, send an Everbridge notification to activate county personnel to work in the EOC, points-of-dispensing, and other operations.
5. Multnomah EOC activates their internal Push Partner plan, sends a representative to pick up medications at the RSS Center, uses Dispense Assist to determine medication given and provides medication to EOC staff.
6. Request a county disaster declaration of emergency through the Multnomah County Chair and submit to OEM; distribute declaration to appropriate stakeholders.
7. The EOC IAP is developed to reflect the overall staffing needs (specifically EOC personnel and Operations Section). The IAP is expected to have completed 202, 203, 204's, minimally. An IAP is developed during each operational period
8. EOC Logistics Section sets up a resource management process that includes accepting orders, tracking orders, and addressing the status of orders.
9. EOC Finance/Administration Section provides time and expense tracking advice to the EOC Manager on financial and administrative matters.
10. By 10:00am on April 30, ESF-8 requests activation of the Multnomah County Sheriff's Office (MCSO) Auxiliary Services Unit (ASU) Receipt, Stage, and Storage facility and MCSO law enforcement in support of the mass dispensing effort.
11. On April 30, disaster behavioral health volunteers are sent a request to support the dispensing campaign via a call-down drill.
12. No later than 1400, on May 2, ESF-8 working with PCC Sylvania, conducts a Facility Set-Up Drill; target time for set up is 60 minutes to include sign-in, station set-up, just-in-time training of POD staff and initial prophylaxis for POD staff. (See DSNS drill data criteria.)
13. MCSO activates the RSS to support the MCMDD campaign:
  - a. The RSS integrates into the EOC Operations Section, under ESF-8
  - b. The RSS requests additional resources from DCA Distribution Services and MCSO; DCA supports RSS distribution function.
  - c. MCSO establishes outer perimeter security and checkpoints for will-call pick up of medications/supplies, at the RSS.

14. ESF-16 (law enforcement) outlines a security plan that supports public PODs and RSS operations; security plan is adjusted to meet the developing needs of the incident.
15. Establish county Joint Information Center (JIC) and coordinate with EOC, leadership, and regional/state JIS.
  - a. Develop defined roles for needed JIC positions/staff
  - b. Determine initial and long-term staffing needs

**MCHD Integrated Clinical Services objectives**

1. Multnomah County Integrated Clinical Services will receive the notification to activate their internal Push Partner Registry and will conduct a call-down to all staff.
2. Multnomah County Health Department Integrated Clinical Services will activate their Emergency Operations Plan, Push Partner Annex and will set up one point-of-dispensing and provide just-in-time training to staff.

**CareOregon Objectives:**

1. CareOregon activates IMT, establishes Emergency Operations Center, obtains appropriate delegation of authority, and establishes incident objectives.
2. CareOregon establishes formal planning cycle, and develops and disseminates situation report.
3. Incident Management Team briefs executive leadership on situation and engages appropriate stakeholders in policy decisions.
4. CareOregon makes a decision as to whether they will direct staff to public PODs, or become a closed Push Partner.
5. CareOregon receives situation reports and POD locations from Multnomah County Public Health.
6. CareOregon communicates across relevant platforms timely information to employees, providers, and members.
7. HouseCall providers will activate triage plan and determine which patients need to be seen and supporting staffing plan.

**City of Portland / Portland Bureau of Emergency Management (PBEM) Objectives:**

1. Provide timely information about the incident to the public, while ensuring equitable and appropriate methods of delivery.
2. Coordinate with partners to gather relevant information about response operations and share with relevant stakeholder, within a set schedule.
3. Conduct a planning process by developing incident objectives and tactics that serve the whole community, within a set planning schedule.
4. Provide medical countermeasures to City staff in an efficient and equitable manner.