

**Frederick County  
Health Department**

**All Hazards Emergency  
Operations Plan**

(Formerly SOP)

**Frederick County, Maryland**



November 2015

Version 4

## Plan Maintenance and Review

This FCHD All Hazards Emergency Operation Plan is hereby approved. This plan is effective immediately and supersedes all previous editions.

\_\_\_\_\_  
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Date

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Date

Plan is maintained by Frederick County Health Department Public Health Preparedness Division (PHP) and is updated every five years at a minimum. Summary of changes and updated version is reviewed by Emergency Management Policy Advisory Committee (EMPAC) and Health & Medical Sub-Committee. A record of committee review is on file with PHP.

## Record of Changes

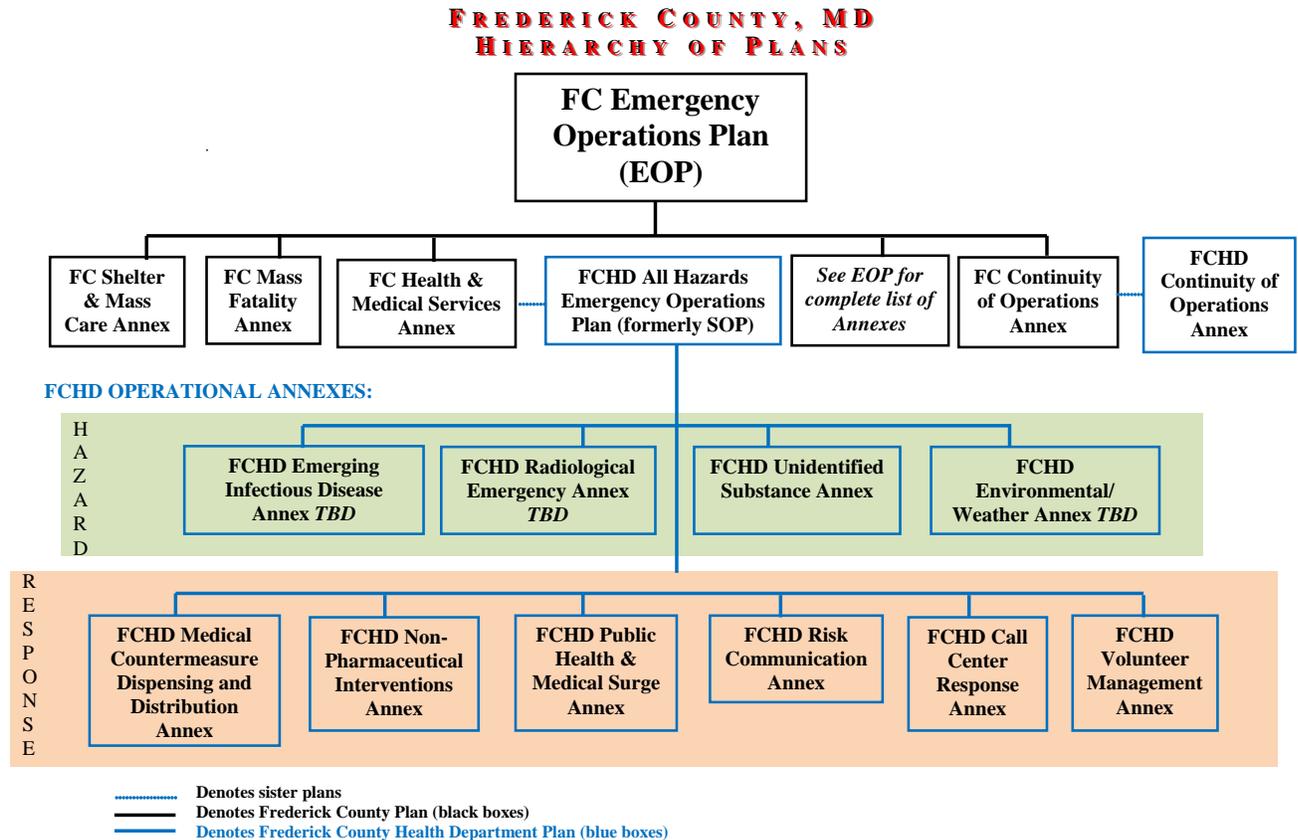
Change #	Date of Change	Entered By	Summary of Changes
Version 1	2012	BSR	First draft created
Version 2	Jan. 2014	BSR	Second version finalized
Version 3	May 2014	CA	<ul style="list-style-type: none"> <li>• Documents moved from MCMDD to EOP, Chapter 7</li> <li>• Risk Communication plan moved to Annex list of EOP</li> </ul>
Version 4	November 2014	BSR	<ul style="list-style-type: none"> <li>• Updated Plan to reflect change to Charter Government</li> <li>• Addition of Non-Pharmaceutical Intervention Annex</li> </ul>
Version 4	April 2015	CA	<ul style="list-style-type: none"> <li>• Added new Call Center Operations Information and took out outdated forms (Chapter 5)</li> <li>• Added FCHD Volunteer Information (Chapter 7)</li> </ul>
Version 5	September 2015	RW	<ul style="list-style-type: none"> <li>• Removal of Call Center information from chapter 5 to Annex</li> <li>• Removal of Unidentified Substance response from chapter 7 to Annex.</li> <li>• Creation of Responder Safety chapter 7</li> <li>• Identified local, regional, and state subject matter experts in chapter 8</li> <li>• Creation of Support Services and Key Resources chapter 9</li> <li>• Moved internal contact information from chapter 9 to chapter 8</li> <li>• Removal of COOP from chapter 9 to Annex</li> <li>• Created Chapter 10 Trainings and Exercises</li> <li>• Created of Operational Annexes section</li> </ul>

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## HIERARCHY OF PLANS

- The relationship of FCHD emergency plans is documented in the Hierarchy of Plans.



The Frederick County Emergency Operations Plan (FC EOP) outlines Frederick County Government’s (FCG) approach to emergency operations. It provides general guidance for emergency management activities and an overview of our methods of mitigation, preparedness, response and recovery. The FC EOP consists of a base plan and multiple annexes addressing specific county plans in detail, such as the Frederick County Shelter and Mass Care Annex, and the Frederick County Mass Fatality Annex.

The Frederick County Health & Medical Services Annex outlines the local organization, operational concepts, responsibilities, and procedures to accomplish coordinated public health and medical services to reduce death and injury during emergency situations and restore essential health and medical services within a disaster area.

The Frederick County Health Department All Hazards Plan is a sister plan to the FC Health & Medical Services Annex. These two plans work in conjunction with one another. The FC Health & Medical Services Annex gives a broad overview of the health and medical agencies’ and entities’ roles and responsibilities and how they work together during a public health emergency. The FCHD All Hazards Plan focuses on the Frederick County Health Department’s role and response to all public health emergencies. All subsequent FCHD plans reference the FCHD All Hazards Plan.

## BASE PLAN Overview

### A. Purpose and Scope

- The mission of the Frederick County Health Department (FCHD) is to improve the health and well being of the residents of Frederick County through programs that prevent disease and illness, promote wellness and safety and protect public health. In support of the Department's mission, the purpose of the FCHD's All Hazards Emergency Operations Plan (Plan) is to document emergency response procedures and provide the necessary guidance to execute a response to any emergency or hazard that may pose a threat to the public's health.
- The Plan provides details in operationalizing the health and medical responsibilities of the FCHD that are specified in the Frederick County Health and Medical Services Annex of the Frederick County Emergency Operations Plan for the County's Health and Medical Response. This Plan includes the public health response to emergencies resulting from natural disasters, manmade accidents, disease outbreaks and intentional manmade acts that affect the public's health. This plan applies to all FCHD divisions and offices.

### B. Planning Assumptions

- The FCHD will function in accordance with the State and County's Emergency Operations Plan.
- The FCHD plans may be superseded by emergency declarations or executive orders issued by elected officials.
- The FCHD will utilize the National Incident Management System (NIMS) to respond to all emergencies within the County. Doing so will identify clear leadership roles to communicate, control and coordinate the use of resources (including personnel) during response efforts.
- The FCHD will be the lead agency within the overall County's unified command structure during emergencies that involve a significant communicable disease outbreak and/or involve a disease, condition or situation considered to be a public health threat.
- The local Emergency Operation Center (EOC), under the Frederick County Division of Emergency Management, may be activated and serve as the central point for information, coordination and support during emergencies.

- Emergencies may happen with and without warning.
- The extent of the response will be guided by the size and scope of the event and the number of individuals affected.
- The FCHD may need to shift to a continuity of operations (COOP) model in order to redistribute resources from day-to-day operations to emergency response and recovery operations.
- FCHD will utilize all communication systems in order to expedite initial notifications and ensure ongoing communication and information management during the event with FCHD staff, County and State response partners, the media, and County residents.
- A large-scale emergency may overwhelm the hospitals' and healthcare system's resources, including available beds, medical supplies and staff.
- The FCHD will serve as the coordinating body between the County's hospital and healthcare system during large-scale public health emergencies.
- The FCHD is the lead local agency responsible for requesting the Strategic National Stockpile resources.
- A large-scale emergency may require modification of state laws in order to expedite large-scale health/medical response efforts. This cannot occur until a State of Emergency or a Catastrophic Health Emergency (CHE) is declared by the Governor.
- During a public health emergency, all messages to the public will be made by a credible spokesperson within the public health sector (e.g., Local Public Health Officer, designated Public Information Officer or designee of the local Health Officer or DHMH representative).
- Local government agencies, including the FCHD, may be required to carry out response activities for at least 72 hours or longer without assistance from external agencies.
- Federal, state, or local government, as well as private medical facilities, will provide support as outlined in the County Health and Medical Services Annex, agreed upon by a memorandum of understanding (MOU), or other agreement, or as directed by state officials.
- When implemented, this Plan will provide guidance to the FCHD in its efforts to reduce death and disease in a public health emergency.

- Risk assessments are conducted to ensure that vulnerable populations or locations are taken into account for planning and response efforts. FCHD, Frederick County Emergency Management, and other community partners complete local Public Health Risk Assessments to define and assess at-risk populations and services. Emergency Management provides maps of at-risk populations, such as long-term care facilities, and assessment of essential services. Completed risk assessments can be found here: <R:\PHP\Public Health Risk Assessment>

## Chapter 1: Activation of FCHD All Hazards Emergency Operations Plan

- The Plan is activated by the FCHD Health Officer or in absence of the Health Officer, by the next highest ranking authority at the health department as determined by the order of succession
- FCHD provides twenty-four hour/seven day a week coverage and access to the FCHD response capabilities through the “On-Call Policy and Procedure for Assigned Duty Officers”. An Environmental Health Services Duty Officer and a Community Health Services Duty Officer provide on-call coverage to ensure timely and appropriate response to public health events, should they require activation of the All Hazards Emergency Operations Plan or for events of a more frequent and routine nature.
- The Health Officer will utilize FCHD Senior Staff and/or the Strategic Planning and Operations Team (SPOT) to initially assess the situation. Current situational data will be analyzed, emergency conditions assessed in consultation with state public health authorities and local emergency management, and the level of activation will be based on the required response. Subject matter experts will be consulted as required (*See PHP Subject Matter Contact List in Chapter 8*) and the possible areas of focus are outlined in specific hazard annexes. *The following events may trigger the implementation of this Plan in part or in full:*
  - Activation of the SPOT Team/Incident Command Team as deemed necessary by the Health Officer (or designee).
  - Activation of the Frederick County Emergency Operations Center by the County Executive or Chief Administrative officer.
  - Activation of the Frederick County Emergency Operations Plan and/or Declaration of Emergency by County Executive or Chief Administrative officer
  - Declaration of a State of Emergency or Catastrophic Health Emergency by the Secretary of Department of Health and Mental Hygiene (DHMH) or the Maryland Governor.
  - Activation of the State of Maryland and/or DHMH EOC.
  - Activation of Frederick Memorial Hospital’s EOC.
  - Any FCHD response involving 3 or more divisions.
  - At the request of the Health Officer or FCHD Division Director with the approval by the Health Officer.
  - Physical damage or utility disruption to the FCHD facilities.

- Upon activation of the Plan, the FCHD Public Health Command Post (PHCP) will be set up. The Frederick County Public Health Command Post (PHCP) is the site where the incident commander (IC) and her/ his incident command essential staff gather to coordinate and manage the response for all public health emergencies. The PHCP may be located at the Frederick County Health Department or another physical or virtual location at the discretion of the incident commander. All SPOT members will be trained in the set up of the PHCP. *PHCP set-up instructions, FCHD Partner Notification Checklist, 1<sup>st</sup> Hour Checklists and Draft Conference Call Agendas can be found in Chapter 1: Activation of FCHD All Hazards Emergency Operations Plan.*
- In order to maintain a common operating picture, notification and information sharing of staff and partners may occur through the use one and/or all of following methods:
  - Everbridge Staff Alert System
  - Telephone
  - Email
  - Satellite Phone
  - Ham Radio
  - Health Alert Network (HAN)
  - HC Standard
- Information should be shared with staff and partners as soon as appropriate. Information sharing is authorized through Incident Commander. All partners and staff involved in the response should receive information needed to support their role and to maintain overall situational awareness. All communications will maintain confidentiality in accordance with FCHD policy and HIPAA compliance. Sensitive documents will be labeled as such and restricted for official use only and re-release parameters will be identified by Incident Command to clarify information sharing procedure. Communication pathways between FCHD and partners are outlined in the FCHD Communication Flow Diagram found in chapter 1 attachments.
- Dependant on the situation, a Public Health Liaison representative may be sent to the County EOC or the County EOC may send a representative to the FCHD PHCP
- In the daily course of FCHD business, significant events occur that warrant documentation, attention and review but are of such a frequent and routine nature that they may not rise to the level of EOP activation or require a formal AAR process. The definition of a significant event is Division/program specific and the criteria for listing these events are noted below per Division.

- Community Health Services (CHS) – All communicable disease related outbreaks and other events that do not meet established outbreak definitions but require utilization of staff resources beyond the CDAP program
- Environmental Health Services (EHS) – Events involving multiple restaurant closures and boil water advisories, events requiring large amounts of time spent by multiple programs in Environmental Health, events involving environmental epidemiologic links to communicable disease outbreaks, DHMH or MDE requested specific surveillance activity that is not routinely performed.
- Public Health Preparedness (PHP) – Any public health threat that has the potential to require a FCHD response.
- The listing of these significant events will be maintained by each Division. The Significant Event Listings will be at the end of the fiscal year and housed in chapter 1 attachments of the EOP. PHP will send out a yearly reminder to CHS and EHS. This list must include the following elements:
  - Event Name
  - Event Type
  - Event date(s)
- Following an activation of this plan, a meeting of all response partners will be held as soon as feasible to discuss the response efforts. This may be known as a “hotwash” meeting and the goal is to gain immediate feedback on what went well and what should be improved for future responses. An Improvement Plan should be developed based on the comments from this meeting and may or may not be part of a formal After Action Report.
- PHP maintains a minimum of two people (the director and SNS Coordinator) who are trained in HSEEP to develop fully compliant AARs and improvement plans (IPs).
- An After Action Report (AAR) consisting of a description and analysis of FCHD’s performance during an emergency operation activation for communicable disease outbreak, environmental public health hazards, natural disasters, and other threats will be completed. The AAR process identifies issues that need to be addressed, and includes recommendations for corrective actions for future emergencies. An AAR must be completed for:
  - Any activation of the FCHD All Hazards EOP.
  - Any significant event that may warrant additional review.

- An AAR may be completed at the request of the Health Officer and/or FCHD Division Director.
- The AAR will be completed by the lead program/Division in the activation with collaboration from all involved partners.
- A Homeland Security Exercise and Evaluation Program (HSEEP) compliant AAR meets this requirement, but the lead FCHD Division may also opt to use the FCHD After Action Report Template for this purpose.
- *Detailed instructions for the use of the above notification systems can be found in Chapter 4: Communication Equipment and Information Systems*
- *Contact information for staff and partner agencies can be found in Chapter 8: Contact Numbers*

## Chapter 2: Succession Plan and Delegation of Authority

- The Frederick County Health Department functions as the local Health Authority. In a public health emergency, the local Health Authority has primary responsibility for coordinating the health and medical services function. This authority rests with the local Public Health Official, the Frederick County Health Officer. The Health Officer or his /her designee will plan and coordinate public health and medical services during emergency situations.
- The Frederick County Government has set up the Emergency Management Policy Advisory Committee (EMPAC) as the official governmental body for emergency planning within Frederick County. The Frederick County Health Officer serves on the Executive Committee of this body and as the Co-Chair of the Health/Medical Subcommittee. *The EMPAC organizational structure is found in this Chapter.*
- The Frederick County Health Officer is responsible for the FCHD and has the primary authority for the FCHD's response.
- An order of succession for the FCHD and each of its departments has been established. *FCHD chain of command is outlined in this Chapter, but the complete FCHD order of succession is detailed in the FCHD Continuity of Operations Annex.*
- Frederick County government and the State DHMH have established succession plans. These succession plans, organization charts are included in Chapter 2. Succession Plan and Delegation of Authority.

## Chapter 3: Public Health Incident Command-Organizational Structure

### 1. Public Health Command Post

- The FCHD will maintain National Incident Management System compliance by utilizing the Incident Command System (ICS) in responding to large scale and prolonged Public Health Emergencies. Incident Action Plans including situation reports, finance/admin and logistics logs, and job aids compliant with ICS are available in the attachments.
- The decision to operate under ICS will be determined by the Health Officer or designee. Typically, ICS will be utilized in the following situations when the scope of the emergency:
  - Involves more than one FCHD Division
  - Requires significant amount of FCHD staff and/or resources
  - Requires significant amount of Frederick County and/or other external resources
  - Is expected to be long in duration
- The Health Officer or designee will establish an incident command organization based on the type, scope and complexity of the event.
- When operating under ICS, appropriate ICS forms will be utilized, completed and submitted as appropriate
- SPOT members have been trained through the ICS 300-400 level and template ICS organizational structures and staffing plans have been developed pre- event.
- Job aids have been created for the Public Health Command Post positions
- *PHCP and ICS job aids, ICS Organization Charts, draft Command Post and Incident Staffing Plans and draft Incident Action Plan Templates can be found in this Chapter.*

### 2. Frederick County Health and Medical Response

- In a Countywide emergency where the FCHD is not the lead agency, FCHD may serve alongside other agencies in the Frederick County Emergency Operations Center (FC EOC) in a supporting role and/or in a Unified Command role.

- Designated FCHD personnel have been identified and trained as FC EOC representatives. These representatives will be alerted through the Everbridge Alert Frederick System and authorized by the Health Officer to represent the FCHD.
- Job Aids and a resource folder/manual have been created for the FC EOC role and housed at the Frederick County EOC.
- In a Public Health Emergency, FCHD may choose to maintain the PHCP as the site for command and control of the public health response. In that situation, FC Emergency Management may send a representative to the PHCP to assist FCHD and to coordinate County resources.
- In a large, and/or complex, and/or sustained Public Health Emergency, the FC EOC may become the site for command and control of the public health response, with the PHCP functioning as a tactical center for the response.
- *The FCHD Frederick County EOC Representative List, the EOC Job Aid and a draft ICS organizational structure for a Public Health Surge event are included in this Chapter.*

## Chapter 4: Communication Equipment and Information Systems

- Effective and reliable communication systems are key to any emergency response and emergencies can result in physical damage and/or overloading of normal communication systems
- FCHD maintains a comprehensive, redundant and interoperable communication system to ensure communications remain available should primary communication systems become unavailable. These redundant communication platforms are tested at least quarterly.
- When alerting and communicating between FCHD and response partners, all available communication equipment, information systems, and channels will be utilized based on what is available and what is functioning.
- During most events, the primary communication pathway within the county's response partners will be through face-to-face meetings at the FCHD PHCP and/or FC EOC, by landline, cell phone, email, and Everbridge Alert System.
- Primary communication with the State and external partners will be through landline, cell phone, email, and information systems such as Web EOC and HAN.
- Specific redundant and interoperable communication systems have been established via:
  - Phone
  - Web based communication
  - Video communication
  - Radio communication
  - ❖ *Specific Instructions for the use of these communication systems are delineated in this Chapter.*

## Chapter 5: Public Communication

- One of the keys to the success of any Public Health Response is the public communication strategy. The purpose of the Risk Communication Plan is to prepare and guide the Public Information Office and recommend measures for handling public communications during a Public Health emergency. The overall objective of risk communication is to establish and maintain the public confidence by providing accurate, credible and timely information.
- More detailed information about standard public information activities can be found in the FCHD Public Information Handbook. Details about large scale or emergency public information activities are outlined in the Risk Communication Annex.
- The public and media can communicate with FCHD in a variety of ways. Contact numbers, email and e-forms, and links to social media are posted on the website ([www.frederickcountymd.gov/health](http://www.frederickcountymd.gov/health)). Call Centers may be established to aid in public communication. *See Call Center Response Annex for more information.*
- FCHD has, through the State of Maryland, contracts for Statewide Foreign Language On-Site Interpretation Services and Statewide Foreign Language Interpretation and Translation Services.
- FCHD has a contract for Interpreting Services for the Deaf and Hearing Impaired.
- The FCHD website provides information about technology devices available to meet ADA requirements including Maryland Relay for the hearing impaired and BrowseAloud for the visually impaired.
- Pictograms captioned in English and Spanish are available in specific Response Annexes to provide easy-to-understand images for non-literate and/or non-English speakers.
- This chapter contains information on the Social Media tools that are available for use to communicate with the public, including login information for FCHD Facebook and Twitter pages.

## Chapter 6: Legal

- Various state and local public officials have overlapping authorities with regard to protection public health and safety. The Governor, the Secretary of the Department of Health and Mental Hygiene and the Frederick County Health Officer each can implement authorities within the scope of their jurisdiction aimed at protecting the publics' health. A general overview of those authorities is listed below
- Local Health Officer – Frederick County Health Officer
  - General Enforcement of Health Laws
    - The Health Officer for a county shall enforce throughout the County the State health laws and the policies, rules and regulations that the Secretary adopts and the rules and regulations that the County Board of Health adopts. MD. Code Ann., Health-Gen § 3-306 (c)(4)(i).
  - Investigation
    - The Health Officer shall perform any investigation or other duty or function directed by the Secretary or the County Board of Health and submit appropriate reports to them. MD. Code Ann., Health-Gen § 3-306 (c)(5).
  - Access and Inspection of private homes and businesses
    - In the performance of official duties, a Health Officer may enter and inspect any private house if the Health Officer has obtained consent and/or warrant to enter and inspect a private home. If an exceptional situation or emergency exists and the Health Officer does not have time or opportunity to obtain a warrant, the Health Officer may inspect and enter any private house. The Health Officer may also, in the performance of official duties, enter any place of business or employment. MD. Code Ann., Health-Gen § 3-307(a)(b).
  - Reporting of Disease
    - The Health Officer is required to report a disease (to the County Board of Health) that may endanger the public health within the County, investigate the suspected disease and act properly to prevent the spread of disease. MD. Code Ann., Health-Gen § 18-208 (a)(1) and COMAR 10.06.01.04.
  - Prevention of Infectious Disease
    - When a Health Officer is notified of an infectious or contagious disease within the County, the Health Officer: Shall act immediately to prevent the spread of the disease; shall give the Secretary all information obtained on the disease; and shall

cooperate with the Secretary to prevent the spread of the disease. MD. Code Ann., Health-Gen § 18-208 (b)(1)(2)(3) and COMAR 10.06.01.06.

- Notification of Infectious Disease
  - When a Health Officer knows of any unusual disease or mortality in the County or a contiguous county, the Health Officer promptly shall give the Secretary notice of the disease or mortality. MD. Code Ann., Health-Gen § 18-208 (c) and COMAR 10.06.01.04.
- Prevention of Infectious Disease in Public Schools
  - When a Health Officer receives notice of an infectious or contagious disease that affects, or is likely to endanger, the health of school children within the County, the Health Officer immediately shall give written notice to the County Board of Education. MD. Code Ann., Health-Gen § 18-209 and COMAR 10.06.01.06.
- Isolation and Quarantine – General Control Measures
  - The Health Officer may recommend to the Secretary Isolation and Quarantine (“I&Q”) sites (“Sites”); arrange for and provide transportation to Sites; monitor the health of those in I &Q; provide information to those in I&Q; approve relocation of an individual in I&Q; ensure appropriate medical supplies, food, utilities, and other living necessities; ensure individuals remain in I&Q; address cultural and religious concerns which may interfere with medical care. COMAR 10.59.01, COMAR 10.59.03, COMAR 10.59.01.06, and MD. Code Ann., Health-Gen §18-211.
- Immunity of Local Government Employees and Volunteers
  - The Local Government Tort Claims Act provides certain protections and immunities for employees committing tortuous acts while performing duties within the scope of their employment by a local government. The term “Employee” includes a volunteer who, at the request of the local government, and under its control and direction, was providing services or performing duties. MD. CODE ANN., CTS. & JUD. PROC. §§ 5-301 et seq.(LexisNexis 2002 and Supp. 2004).
- **Secretary of the Maryland Department of Health & Mental Hygiene**
  - Investigation
    - The Secretary shall investigate the causes of disease and, particularly, the causes of epidemics; the causes of mortality; and the influence on locality, employment, habitat and other conditions on health. § MD. Code Ann., Health-Gen § 18-101.

- Rules/Regulations Used for Control of Infectious Disease
  - The Secretary is required to adopt rules and regulations necessary to prevent the introduction of an infectious or contagious disease in Maryland or other diseases that endanger public health in Maryland. The Secretary is also required to investigate and take action to prevent the spread or introduction of a contagious disease. MD. Code Ann., Health-Gen § 18-102 (a)(b).
- Authority for Surveillance
  - The Secretary may exercise the authority to continuously evaluate and modify existing disease surveillance procedures in order to detect a catastrophic health emergency; investigate exposures to deadly agents; and treat, prevent, or reduce the spread of the disease or outbreak that may have been caused by a deadly agent. MD. Code Ann., Health-Gen§ 18-902.
- Isolation and Quarantine
  - The Secretary may issue an order requiring individuals to seek appropriate and necessary evaluation and treatment. If the Secretary determines that it is medically necessary and reasonable to prevent or reduce spread of disease, the Secretary may order an individual, or group of individuals, to go to and remain in places of isolation or quarantine until the Secretary determines that the individual no longer poses a substantial risk of transmission to the public. MD. Code Ann., Health-Gen. § 18- 905(b).
- Immunity of Health Care Providers and Volunteers
  - During a declared catastrophic health emergency, “[a] health care provider is immune from civil or criminal liability if the health care provider acts in good faith and under a catastrophic health emergency proclamation.” MD. CODE ANN., PUB. SAFETY § 14-3A-06. *Individuals who volunteer for the State may also be covered under the Maryland Tort Claims Act and considered “state personnel” for immunity purposes.*
- Immunity for State Employees
  - Under the Maryland Tort Claims Act, “State personnel . . . are immune from suit in courts of the State and from liability in tort for a tortuous act or omission that is within the scope of the public duties of the State personnel and is made without malice or gross negligence and for which immunity has been waived under Title 12, Subtitle 1 under the State Government Article.” *See* MD. CODE ANN., STATE GOV’T §12-105 and MD.CODE ANN., CTS. & JUD. PROC. § 5-522(b)

- Good Samaritan Statute
  - Immunity also extends to individuals who are not otherwise covered when the aid is provided in a reasonably prudent manner, the assistance or aid is provided without fee or other compensation, and the individual relinquishes care of the victim when someone who is licensed or certified by this State to provide medical care or services becomes available to take responsibility. MD. CODE ANN., CTS. & JUD. PROC. § 5-603(c)(1)-(3) (LexisNexis Supp. 2004) (often referred to as the Good Samaritan Statute).
- **Governor of Maryland**
  - Declaration of State of Emergency
    - The Governor has the power to declare a state of emergency via executive order or proclamation if he or she finds “that an emergency has developed or is impending due to any cause.” § 14-107(a)(1) and the Maryland Emergency Management Act (MEMA).
  - Catastrophic Health Emergency
    - The Governor may declare a Catastrophic Health Emergency (CHE) under the Catastrophic Health Emergencies Act (CHEA), which defines a catastrophic health emergency as “a situation in which extensive loss of life or serious disability is threatened imminently because of exposure to a deadly agent.”
  - Limitations
    - In issuing this proclamation, the Governor must declare the nature of the emergency, areas affected or threatened, and the conditions that led to the emergency or the criteria for terminating the emergency. This proclamation will last for 30 days and may be renewed for a successive 30-day period §14-3A-01(b) & (c).
  - Authority of Governor to Require Treatment
    - The Governor may order the Secretary of the Maryland Department of Health and Mental Hygiene (DHMH), or other designated official, to require individuals to submit to medical examination or testing, vaccination or medical treatment and to establish places of treatment, isolation and quarantine. §14-3A-03(b)(3)(iv).
- **ACCESSING LEGAL ASSISTANCE AND RESOURCES**
  - In response to an emergency, if the FCHD has legal inquiries or seeks clarification, the FCHD Health Officer may seek guidance from both the Frederick County Attorney’s Office and/or the Maryland State Attorney’s Office.

## Chapter 7: Responder Health and Safety

- This chapter contains information on providing appropriate personal protective equipment (PPE) to health department staff, including fit-testing for respirator protection, the process for medically clearing staff to use PPE, annual training on donning and doffing PPE, a guide on assembling the fit-testing equipment and current results from annual fit-testing of staff.
- During a response, the Subject Matter Expert and Safety Officer will assess the situation; validate recommendations with input from local, regional, state, and federal resources to identify the medical and/or behavioral health risks to public health staff and volunteer responders and the appropriate PPE, protective actions, or other methods and obtaining PPE for protecting responder health and safety.
- Information on responder health and safety will be summarized on the ICS Safety Message and conveyed to all responders including first responders, critical infrastructure, and volunteers during just-in-time training and staff briefings.
- The Safety Officer in any response will monitor health and safety of all responders and work with Subject Matter Experts to modify health and safety recommendations as the response situation evolves.
- The Unusual Occurrence Reporting Policy contains the Unusual Occurrence Reporting Procedural Matrix which provides detailed information on Worker Compensation for both Frederick County and State of Maryland employees.
- CorpOHS is the occupational health provider for FCHD.

## Chapter 8: Contact Numbers

- The availability to access Internal, Local, Regional and State Response and Critical Infrastructure Partners in an emergency is critical. Frederick County's healthcare system includes one general hospital, 22 licensed Long Term Care Facilities, 2 licensed dialysis centers, one licensed Hospice as well as numerous pharmacies and private physician practices. It is essential that a listing of contact numbers for key individuals be organized and maintained.
- Partner roles and responsibilities are delineated in individual plans. Partners indicate acknowledgement of response roles by signing off on individual plans annually and/or reviewing plans through the Health & Medical Committee (ESF-8) or Emergency Management Planning and Advisory Committee (EMPAC).
- Awareness of plans and partner roles is maintained by engaging with local, state, and regional partners. Subject matter experts are grouped by Internal, Local, and State and will be contacted as needed and available.
- This chapter includes each Division's Call-Down information as well as the FCHD consolidated list of essential personnel.
- This chapter also includes contact information for local, State and Regional partners as well as private sectors such as healthcare systems, and media contact information.

## Chapter 9: Support Services and Key Resources

- This Chapter contains the inventory of the FCHD equipment that might be needed in an emergency, such as directions to key sites, building information, support services, and transportation resources.
- Extended operations may require providing food for staff. Menus for local restaurants can be found here.
- Finance and buying information is also found in this chapter.

## Chapter 10: Training and Exercises

Training for all activities, plans, and operations is coordinated through the FCHD Office of Public Health Preparedness. (See Appendix 12)

- FCHD completes a multi-year training and exercise plans annually which are submitted for incorporation in jurisdiction and state-wide plans. Training and exercise plans are created based on grant guidelines and identified improvements from previous exercises and trainings. The Frederick County training and exercise plans are reviewed annually by the EMPAC Executive Committee.
- FCHD participates in county, regional, and state exercises.
- Training for all FCHD staff and core management staff consisting of FCHD personnel, Frederick County government staff and pre-affiliated volunteers will consist of pre-event training and exercises.
- The FCHD conducts quarterly call down exercises with FCHD staff, local volunteer organizations and Frederick Memorial Hospital.
- All Health Department staff are required to complete the “Preparedness and You” training once a year in person or online.
- “Just-in-time” training tools and methods have been developed and are available in response annexes.
- All Health Department staff and volunteers utilized for operations will receive position specific training either pre-event or through just-in-time training for any public health emergency response. All staff will receive a situation specific briefing at the time of the event.
- National Incident Management System training:
  - All FCHD staff will complete the ICS 100 and 700 courses
  - All FCHD supervisory staff & the Response Team will complete the ICS 200 course.
  - All FCHD Directors and the SNS Coordinator will complete the ICS 300 and 400 courses.

- Public Information staff will complete ICS 100.b, 200.b, 250, 700.a, 702.a, and 800.b, as well as the CDC Crisis and Emergency Risk Basic and Pandemic Influenza trainings.

## Operational Annexes

- A public health response in the event of threat to the health of the community consists of activities that the local health department engages to mitigate or manage any public health emergencies resulting from natural or manmade causes. The Public Health Preparedness Division staff work closely with the Health Officer and SPOT members to activate the plans and measures appropriate in response to the incident. In addition whenever the event is complex or long term the FCHD relies on its Health/Medical partners for an effective and multidisciplinary response and resolution of the incident.
- This public health response consists of multiple actions from the FCHD. They range from alerting and organizing staff to mobilizing resources and equipment and implementing a series of actions in response to a public health emergency.
- Containment and mitigation of frequent and/or routine infectious disease outbreaks, environmental public health hazards, and/or cluster evaluations may also rise to the level requiring activation of this plan. Environmental Health (EHS) and Community Health Services (CHS) Response Protocols are integral to a public health response. These protocols are maintained and updated by each individual division and accessed via the following links:
  - Community Health Services: <R:\Common\Policies & Procedures\Division-specific procedures & protocols\Community Health Services\CDAP\Communicable Disease>
  - Environmental Health Services: <R:\Common\Policies & Procedures\Division-specific procedures & protocols\Environmental Health>

*Triggers for implementation of the All Hazards Plan are listed in Chapter 1.*

- Public health responses are outlined in the annexes to this All Hazards Emergency Operations Plan. They are structured by type of hazard and type of response. Hazards may require the use of multiple response annexes. The Hierarchy of Plans (see attachment) illustrates the relationship between Frederick County Plans and public health response plans.
- Frederick County EOP Annexes in which the Frederick County Health Department has significant responsibilities are as follows:

- FC Mass Care & Shelter Annex – Frederick County Health Department is responsible for the planning and implementation of the Health Services section of a county shelter.
- FC Mass Fatality Annex – a public health response resulting in more deaths than local resources can handle may use this annex. The Family Assistance Center plan is a component of this response and may be activated separately as needed.
- FC Health & Medical Services Annex - Frederick County Health Department is the lead county agency in this annex which outlines local organization, operational concepts, responsibilities, and procedures to accomplish coordinated public health and medical services to reduce death and injury during emergency situations and restore essential health and medical services within a disaster area.
- FC Continuity of Operations Annex – the process for maintaining essential functions during loss of building, staff, or resources is outlined in this annex.
  - FCHD Continuity of Operations Annex – this is a FCHD specific annex to the county COOP.
- The following annexes are Hazard-specific plans:
  - FCHD Emerging Infectious Disease Annex – this annex outlines public health responses to infectious diseases.
  - FCHD Radiological Emergency Annex – information about a public health response to a radiological or nuclear exposure is outlined in this annex.
  - FCHD Unidentified Substance Annex – the process of responding to an unidentified substance call is covered in this annex.
  - FCHD Environmental/Weather Annex – this annex covers actions taken to monitor the licensed medical facilities during weather emergencies that include power outages or other environmental hazards that affect the health of the community.
- The following annexes provide the detail of Response plans:

- FCHD Medical Countermeasure Dispensing and Distribution Annex – any response that requires dispensing or distribution of medication or vaccine may trigger components of this annex.
- FCHD Non-Pharmaceutical Interventions Annex – a public health response in which no medical countermeasure is available or recommended may use strategies described in this annex to protect the health of the community.
- FCHD Public Health & Medical Surge Annex – a public health response resulting in more sick, injured, or wounded people may overwhelm local resources and strategies in this annex may be implemented to address the increased needs.
- FCHD Risk Communication Annex – strategies for providing public information during a public health emergency response are included in this annex, with fact sheets on specific hazards.
- FCHD Call Center Annex – a public health response that has the potential to overwhelm health department receptionists or that may require call-scheduled appointments may activate this annex.
- FCHD Volunteer Management Annex – this annex describes the process for activation of volunteers for any public health response including exercises.