



**THE SOUTHERN NEVADA HEALTH DISTRICT
EMERGENCY OPERATIONS PLAN**

BASIC PLAN


February 2008
Reference Number 1-200

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	Standards:	FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA); NATIONAL INCIDENT MANAGEMENT SYSTEM

1-200.01 AUTHORITIES

Clark County Code Title 3, Chapter 3.04
Nevada Administrative Code Chapter 439
Nevada Revised Statutes Title 40, Chapter 439

1-200.02 PURPOSE

This plan outlines the approach to emergency operations in coordination with the Clark County Office of Emergency Management (CCOEM) in the event of a public health emergency. It provides general guidance for public health emergency operations activities and an overview of our methods of mitigation, preparedness, response, and recovery. This plan is intended to provide a framework for more specific functional annexes that describe in more detail who is responsible for specific duties as well as when and how the duties shall be performed.

1-200.03 EXPLANATION OF TERMS

A. Acronyms

AAR – After Action Report
CCOEM – Clark County Office of Emergency Management
CHO – Chief Health Officer
COOP – Continuity of Operations Plan
DOC – District Operations Center
EMS – Emergency Medical Services
EOC – Emergency Operations Center
EOP – Emergency Operations Plan
HSPD – Homeland Security Presidential Directive
IC – Incident Commander
ICS – Incident Command System
IO – Information Officer
JIC – Joint Information Center
MRC – Medical Reserve Corps
NIMS – National Incident Management System
NRP – National Response Plan
NRS – Nevada Revised Statutes
OPHP – Office of Public Health Preparedness
SNHD – Southern Nevada Health District

WMD – Weapons of Mass Destruction

B. Definitions

After Action Report – A written summary of the exercise or event that reflects strengths, weaknesses and areas for improvement.

Casualty Collection Points – Locations dispersed throughout the county to be used for medical triage in the event of a large scale disaster. Predetermined sites for this purpose in Clark County are: Thomas and Mack Center, Sam Boyd Stadium, Las Vegas Convention Center, and the Las Vegas Motor Speedway.

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.

District Operations Center – The protected site from which the Health District officials coordinate, monitor, and direct emergency response activities in an emergency.

Emergency – A condition of disaster or of extreme peril to the safety of persons and property within the area, caused by such conditions as air pollution, fire, flood, hazardous materiel incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake or other conditions, other than conditions resulting from a labor controversy.

Emergency Operations Center – Specially equipped facilities from which government officials exercise direction and control and coordinate necessary resources in an emergency situation.

Incident – An occurrence or event, either human-caused or through natural phenomena, that requires action by emergency response personnel to prevent or minimize loss of life or damage to property and/or natural resources.

Incident Commander – The individual responsible for the command of all functions at the field response level.

Incident Command System – A nationally used, standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the field-level component of NIMS. It is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with responsibility for the management of resources to effectively accomplish stated objectives pertinent to an incident.

Medical Reserve Corps – A volunteer organization of Health Care Professionals who strengthen their communities by offering their expertise through the year as well as during times of community need.

Terrorism – The unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives.

1-200.04 SITUATION AND ASSUMPTIONS

A. Situation

The SNHD Emergency Operations Plan (EOP) integrates with the CCOEM EOP which is an all hazards emergency plan. Southern Nevada is exposed to a variety of hazards, both natural and man-made, which have the potential for disrupting the community and causing harm to the population and property. Some of these hazards are listed below. A more detailed Hazard Vulnerability Assessment has been completed by and is available through the CCOEM.

Natural Hazards	Technological Hazards
Avalanche Earthquake Extreme Heat Fires Floods Severe Weather Volcano Ash Fallout Water Shortages	Aircraft Incident Civil Disturbance Dam Failure Explosion Fires Fuel and Utility Shortages Hazardous Materials Public Health Radiological Terrorism Water System Failure

B. Assumptions

- Southern Nevada will continue to be exposed to and subject to the impact of many different types of hazards.
- SNHD will have an active role in a WMD/emergency/disaster situation within Clark County as part of the Clark County EOP.
- These situations may occur during the workday or outside of the regular operating hours and the need to respond on very short notice will be essential.
- Emergency responders, SNHD employees, SNHD volunteers and Medical Reserve Corps (MRC) will be assigned to cover duties related to a response effort.
- Emergency officials will communicate with the SNHD during recognition of an event to ensure the safety of healthcare workers and that of their families has been planned for and that prophylaxis and/or protection will be provided. It is crucial to have accurate and timely dissemination of information to the first responders and medical professionals to decrease their risk and concern of becoming secondarily infected and to encourage them to continue caring for patients.
- Lack of professional and support staff to operate clinics is a reality, additional resources will be requested from surrounding states and at the federal level.

Physicians, nurses and other licensed medical personnel will need to be quickly credentialed before arrival at the clinics.

- Quarantine and isolation of part or all of the mass population to mitigate disease may be necessary and direction will be given by the Chief Health Officer (CHO) to carry out this function (See Annex Q: Isolation and Quarantine).

1-200.05 CONCEPT OF OPERATIONS

A. Objectives

SNHD, as the public health authority and under the direction of the Chief Health Officer (CHO), will coordinate with CCOEM and aid in decision-making in order to minimize Southern Nevada's public health risks due to communicable diseases including bioterrorism agents as well as naturally occurring pathogens and environmental public health risks.

B. General

- It is the responsibility of SNHD to protect the public health during a disaster or emergency.
- To achieve our objectives, we have organized an emergency management program that is both integrated (employs the resources of government, organized volunteer groups, and businesses) and comprehensive (addresses mitigation, preparedness, response, and recovery). This plan is one element of our preparedness activities.
- Groups tasked in this plan are expected to develop and keep current standard operating procedures that describe how emergency tasks will be performed. SNHD is charged with ensuring the training and equipment necessary for an appropriate response are in place.
- All available resources within the SNHD will be deployed as appropriate to the level of response required. Daily operations will continue or be suspended by the CHO or designee and diverted to response as necessary as per the SNHD Continuity of Operations Plan (COOP).
- This plan is based upon the concept that the emergency functions that must be performed by many departments or agencies generally parallel some of their normal day-to-day functions. To the extent possible, the same personnel and material resources used for day-to-day activities will be employed during emergency situations. Because personnel and equipment resources are limited, some routine functions that do not contribute directly to the emergency may be suspended for the duration of an emergency. The personnel, equipment, and supplies that would normally be required for those functions will be redirected to accomplish emergency tasks.
- The SNHD has adopted the National Incident Management System (NIMS) in accordance with Homeland Security Presidential Directive (HSPD)-5. Our adoption of NIMS will provide a consistent approach to the effective management of situations involving natural or man-made events. NIMS allows us to integrate our response activities using a set of standardized organizational structures designed to improve interoperability between all entities involved in the response.

C. Operational Guidance

- The SNHD will employ the six components of the NIMS in all operations, which will provide a standardized framework that facilitates our operations in all phases of emergency management. Attachment 3-007 provides further details on the NIMS and the Incident Command System (ICS).
- The SNHD will use its own resources, all of which meet the requirements for resource management in accordance with the NIMS, to respond to emergency situations, purchasing supplies and equipment if necessary, and request assistance through CCOEM if those resources are insufficient or inappropriate. If additional resources are required, the CCOEM will:
 - Summon those resources available pursuant to MOUs already in place (Attachment 3-006).
 - Summon emergency service resources that we have contracted for.
 - Request assistance from volunteer groups active in disasters.
 - Request assistance from industry or individuals who have the necessary resources to deal with the emergency.
- When other agencies respond to a request for resources, SNHD expects them to conform to the guidance and direction provided by the Incident Commander, which will be in accordance with NIMS.

D. Activities by Phases of Emergency Management

- Prevention

SNHD will conduct prevention activities as an integral part of our emergency management program. Prevention is intended to eliminate hazards, reduce the probability of hazards causing an emergency situation, or lessen the consequences of unavoidable hazards. Prevention should be a pre-disaster activity, although it may also occur in the aftermath of an emergency situation with the intent of avoiding repetition of the situation.

- Preparedness

SNHD will conduct preparedness activities to develop the response capabilities needed in the event of an emergency. Among the preparedness activities included in our emergency management program are:

- Providing emergency equipment and facilities.
- Emergency planning, including maintaining this plan, its annexes, and appropriate standard operating procedures.
- Conducting or arranging appropriate training for SNHD personnel and volunteers who will assist during emergencies.
- Conducting periodic drills and exercises to test our plans and training.

- Response

SNHD will respond to emergencies effectively and efficiently. The focus of most of this plan and its annexes is on planning for the response to emergencies.

Response operations are intended to resolve an emergency situation while minimizing injury and property damage.

- Recovery

If a disaster occurs, SNHD will carry out a recovery program that involves both short-term and long-term efforts. Short-term operations seek to restore vital public health services to the community. Long-term operations seek to restore normal day-to-day operations.

1-200.06 ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

The SNHD is tasked with protecting and promoting public health in the community. However, tumultuous world events and the heightened concerns over bioterrorism and emerging diseases have brought unprecedented attention to our role in the community.

The SNHD operates under the NIMS ICS system, and will fit into the existing local emergency command structure. SNHD has a District Operations Center (DOC) that functions as the center of all health district operations. However, as part of the Clark County EOP, it may be necessary for public health emergency operations to be conducted at the county Emergency Operations Center (EOC). Refer to Attachment 3-007 for more specific information regarding the NIMS and the SNHD ICS structure.

1-200.07 DIRECTION AND CONTROL

In the event of a public health emergency, the Chief Health Officer will coordinate with CCOEM in establishing objectives and policies for public health emergency management and providing general guidance for disaster response and recovery operations, all in accordance with the NIMS. During disasters, he/she may carry out those responsibilities from the DOC or the Clark County EOC.

The Incident Commander (IC), assisted by a staff sufficient for the tasks to be performed, will manage the emergency response on-site.

1-200.08 READINESS LEVELS

As intelligence and information is gathered, a determination will be made by the Incident Commander regarding the readiness level that the district should be operating under to ensure appropriate response. The following readiness levels will be used to determine the appropriate response:

- Level 0 – Normal conditions

Normal conditions consist of those daily functions that SNHD must carry out in the absence of an emergency situation. Plans and exercises should be accomplished to increase capabilities to effectively respond to an emergency. Equipment should be checked in order to ensure that the DOC is functionally prepared to be activated should the need arise.

- Level 1 – Increased Readiness

Increased Readiness is triggered by the potential for an event that could threaten life, property, or the environment. Higher security measures may be implemented. The CHO or designee may, as deemed necessary, maintain certain key personnel on duty in order to maintain response capability and augmentation to the SNHD DOC should it become operational. This level will generally require the initiation of “Level 1” activities identified in each functional annex.

- Level 2 – High Readiness

The High Readiness level indicates a partial activation of the DOC and is triggered by highly probable hazardous conditions and strong potential of loss of life or property damage. This level will generally require the initiation of “Level 2” activities identified in each functional annex.

- Level 3 – Maximum Readiness

Maximum Readiness level indicates a full activation of the DOC. It is triggered by extremely hazardous conditions that are imminent or occurring. All primary and support agencies are notified. This level will generally require the initiation of “Level 3” activities identified in each functional annex.

1-200.09 ADMINISTRATION AND SUPPORT

The Clark County Emergency Operations Plan will take effect in the event of a mass casualty incident. The SNHD CHO will activate the Mass Casualty Plan and work with Clark County in the implementation of this plan. All communications and requests will be made via phone and WebEOC.

A. Agreements and Contracts

- Should district resources prove to be inadequate during an event, requests will be made for assistance through the CCOEM from other local jurisdictions, other agencies, and industry in accordance with existing mutual aid agreements and contracts and those agreements and contracts concluded during the emergency. Such assistance may include equipment, supplies, or personnel. All agreements will be entered into by authorized officials and should be in writing whenever possible. Agreements and contracts should identify the local officials authorized to request assistance pursuant to those documents.
- The agreements and contracts pertinent to emergency operations which SNHD is a party to, are summarized in Attachment 3-006.

B. Maintenance and Preservation of Records

- Maintenance of Records – Operational records generated during an event will be collected and filed in an orderly manner. A record of events must be preserved for use in determining the possible recovery of emergency operations expenses, response costs, settling claims, assessing the effectiveness of operations, and updating emergency plans and procedures.

- Documentation of Costs – All departments and agencies will maintain records of personnel and equipment used and supplies consumed during emergency operations.
- Preservation of Records – Vital health & medical records should be protected from the effects of a disaster to the maximum extent possible. Should records be damaged during an emergency situation, professional assistance for preserving and restoring those records should be obtained as soon as possible.

C. Training

It will be the responsibility of each department head to ensure that personnel, in accordance with NIMS and ICS, possess the level of training, experience, credentialing, or capability for any positions they are tasked to fill.

D. Post-Incident and Exercise Review

The EOP will remain in effect until full recovery is achieved as per the SNHD Continuity of Operations Plan (COOP). The COOP is activated when necessary as part of the EOP. The CHO is responsible for organizing and conducting a critique following the conclusion of a significant emergency event/incident or exercise. The After Action Report (AAR) will entail both written and verbal input from all appropriate participants. An Improvement Plan will be developed based on the deficiencies identified, and an individual, department, or agency will be assigned responsibility for correcting the deficiency and a due date shall be established for that action.

1-200.10 PLAN DEVELOPMENT AND MAINTENANCE

A. Plan Development

The SNHD CHO is responsible for approving and promulgating this plan.

B. Review

This plan shall be reviewed annually by SNHD Office of Public Health Preparedness (OPHP). The CHO has designated the OPHP Manager to test, review and update this plan at least annually.

C. Update

This plan will be updated based upon deficiencies identified during actual emergency situations and exercises and when changes in threat hazards, resources and capabilities, or district structure occur.

The plan and its annexes must be revised or updated by a formal change at least annually. Responsibility for revising or updating this annex is assigned to the SNHD Biopreparedness Planners.

Revised or updated planning documents will be provided to all departments, agencies, and individuals tasked in those documents.

D. Resources

- A list of health and medical facilities is provided in Attachment 3-014.
- A list of CHEMPACK contents is provided in Attachment 3-015.

1-200.11 REFERENCES

Federal Emergency Management Agency. Guide for All-Hazards Emergency Operations Planning, State and Local Guide. September 1996.

<http://www.fema.gov/pdf/plan/slq101.pdf>

Texas Governor's Division of Emergency Management. Sample Emergency Management Plan, Local Jurisdiction v. 2. May 2005.

ftp://ftp.txdps.state.tx.us/dem/plans/basicpln_20_0505.rtf