

FY2014 STATE HOMELAND SECURITY GRANT PROGRAM SUB-APPLICANT COVERSHEET

(see page 7 of applications instructions)

Each sub-applicant agency requesting federal funds (within your county or tribe)
must complete a separate sub-applicant coversheet for each project.

Project Title: Regional Trauma Surge Plan

County or Tribe: Multnomah

Sub-Applicant Agency Requesting Funds: Multnomah County Health Department

Federal Funds Requested: \$ 35,000.00

Program Mailing Address:

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Portland, OR 97204

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Fiscal Contact: Wendy Lear

Title: Sr. Business Services Manager

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Phone number: (503) 988-7511 ext. _____

Identify State Investment Justification: 1. Planning Investment

Agency Federal Tax Identification Number: 93-6002309

Agency Data Universal Numbering System (DUNS) Number: 030784888

To obtain a DUNS number for your agency, please go to the D&B website at:
<http://fedgov.dnb.com/webform>, or call the DUNS Number request line at 1-866-705-5711.

Completed required registration in System for Awards Management (SAM): Yes ☒ JF (initial)
(your DUNS number is a required field to start your SAM Registration)

CAGE Number: 3N3M8 (found within your completed SAM)

To register in SAM, please go to the SAM website at www.sam.gov/portal/public/SAM/.

My jurisdiction has a property/equipment tracking and monitoring system in place that complies with the
requirements set forth in 44CFR Section 13. ☒ YES ☐ NO JF (initial)

Authorized Official for the Agency: Joanne Fuller, Health Department Director

Signature of Authorized Official: 

Date: 7/29/14

Fiscal Year 2014

Oregon

EMERGENCY MANAGEMENT

**STATE HOMELAND SECURITY GRANT
PROGRAM**

PROJECT PLANNING WORKSHEET

MAY 2014



STATE HOMELAND SECURITY PROJECT PLANNING WORKSHEET

Overview

This worksheet is for applicants applying for the FY2014 State Homeland Security Grant Program (SHSGP) funding in compliance with FY2014 Application Instructions and Grant Guidance. This worksheet must be completed in full and provide a detailed budget as identified in the application instructions. No more than seven (7) worksheets may be turned in per county or tribe.

Project Information:

(See page 8 of application instructions)

1. County or Tribe:

Multnomah

2. Project Name:

Regional Trauma Surge Plan

3. Total Federal Funding Requested:

\$35,000

Investment Justification

(See page 8 of application instructions)

4. Identify State IJ:

1. Planning Investment

Baseline: New or Ongoing Project

Capabilities that will be created or enhanced by the project.

(See pages 8 and 9 of application instructions)

5. Project Phase: (Place an "X" in the corresponding box) (Point Value = 5)
<p><input checked="" type="checkbox"/> Sustaining or maintaining a core capability acquired with Federal funding</p> <p><input type="checkbox"/> Sustaining or maintaining a core capability acquired without Federal funding</p> <p><input type="checkbox"/> Developing or acquiring a new core capability (new capabilities must be deployable)</p> <p>Description of Capabilities:</p> <p>Accomplishments to date:</p> <ul style="list-style-type: none">• Conducted key informant interviews and Large-Scale Trauma Plan meeting with trauma surgeons, trauma coordinators, and emergency room directors to introduce original Trauma Plan in order to identify changes needed, potential issues for implementation, and inquire who could best help us with it.• Convened a Work Group to understand hospital practices for how they coordinate surgery services, how physicians and surgeons would receive trauma patients, and help identify the role of community hospitals.• Conducted research on what other states/communities have developed around Health Command and Control, and overall coordination of response to large-scale trauma events.• Created and facilitated a core group of technical experts to move this effort forward.• Collected information from response agencies on trauma injury scoring tools utilized.• Conducted a Trauma Triage Tabletop Exercise to analyze the current triage algorithm used by emergency responders to evaluate the timely treatment, effective triage, and proper distribution of trauma patients among hospitals.• Wrote a Regional Trauma Surge Plan with input from experienced personnel in current medical and emergency management roles throughout the Portland Metro Area.• Created a curriculum recommendation containing various FEMA independent study courses that include: Incident command for healthcare systems and hospitals, National Incident Management System, National Response Framework, and Emergency Support Function 8-Public Health and Medical Services.• Ordered supplies to create "back-up" trauma kits for distribution to EMS and Fire supervisors to bring to incident scenes, supplementing emergency medical

supplies.

- Ordered 5,000 LaserBand Triage Tags to standardize the Portland Metro Area's triage tags among all agencies involved in a medical response.
- Conducted needs assessment focus groups led by trauma surgeons to gain an understanding of what non-trauma hospitals need to enhance their trauma surge readiness, while at the same time creating an overall sense of solidarity among area hospitals.
- Successfully hosted the State of Oregon's first (and second) American College of Surgeons "Disaster Management and Emergency Preparedness Course" (DMEP).
- Created and published a Just-in-Time Training Trauma Assessment Quick Reference Guide.
- Applied for and accepted to present the Trauma Surge Plan at the annual Public Health and Hospital Preparedness Conference in October 2014 (ECHO).
- Completed the first day of filming a Trauma Surge Video to enhance widespread understanding of the entire trauma surge process.

This project has been supported with federal funds in the past; the majority of which were ASPR Hospital Preparedness Program funds, and minimally County Emergency Management funds.

The project phase this request represents is completion. There are no anticipated phases that will follow.

Projected future tasks are:

- Legacy and OHSU's Trauma Center staff will travel to hospitals to provide orientation and training on the Regional Trauma Surge Plan.
- Legacy and/or OHSU will be offer DMEP courses.
- Due to the success and effectiveness of the Burn Plan, the Oregon Health Authority (OHA) provided funding to continue these orientations/trainings on the Burn Plan state-wide. Our Trauma Surge Core Work Group will approach OHA for future support to do the same with the Regional Trauma Surge Plan.

Project Description:

Provide a detailed description of this project.
(See page 9 of application instructions)

6. Description of Project:	(Point Value = 30)
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The Office of the Assistant Secretary for Preparedness and Response's (ASPR) Hospital Preparedness Program has prioritized medical surge response capability since its inception following 9/11. Since we developed medical surge plans through the NW Oregon Health Preparedness Organization for all area hospitals/health systems, the focus has shifted to trauma surge. This gap in capability planning was identified as a focal area for the healthcare community's participation in TOPOFF 2007, when we developed our initial approach to trauma surge. Its need was highlighted as even more urgent by the (thankfully) foiled Pioneer Courthouse Square bombing attempt in December 2010. The December 2012 Clackamas Town Center shooting and June 2014 school shooting are unfortunate reminders of the urgency to complete our gap in trauma surge planning.

The purpose of this project is to distribute a Regional Trauma Surge Plan (Plan) and related materials that has been under development since 2012. The Plan includes a written document geared towards those unfamiliar with current operational guidelines for trauma surge during a complex incident. It describes various participant response roles, and includes checklists to assist agencies/organizations in their own preparation. Additional tools that have been developed that will be provided alongside the Plan are: 1) Trauma Assessment Quick Reference Guide for trauma care including Primary and Secondary survey, lifesaving interventions, etc. to assist in effective care of a trauma patients, and 2) Trauma Training Video to enhance widespread understanding of the entire trauma surge process, demonstrating what happens from the incident scene to hospital care.

To support the plan, we will distribute back-up trauma kits to EMS and Fire supervisors that can be brought to an incident scene to supplement emergency medical supplies.

Lastly, the project will provide three additional American College of Surgeons Disaster Medical Emergency Preparedness courses to educate those associated with trauma treatment on planning, triage, incident command, injury patterns and pathophysiology, and consideration for special populations. In the process of conducting these courses, we are training a cadre of instructors to continue teaching the course in a fiscally responsible manner.

Project Objectives:

Objective 1: Distribute Regional Trauma Surge Plan; includes Trauma Surge Training Video and Trauma Assessment Quick Reference Guide. All materials were developed with input from experienced personnel in current medical and emergency management roles throughout the Portland Metro Area. The Plan's audience is those unfamiliar with current operational guidelines during a complex incident. It serves as a tool to describe various response participant roles, and has checklists to assist agencies/organizations in their own preparation. Therefore, it will not supersede any protocols or medical guidance already in place. The Trauma Triage Tabletop

Exercise we conducted identified the need for all responders to understand all phases of field trauma scene operations. The Plan and accompanying support materials address this need. Part of this objective includes developing a distribution plan to ensure optimum dissemination across the Portland Metropolitan area, and eventually garner support from the Oregon Health Authority to distribute it across Oregon.

Objective 2: Assemble and distribute back-up Trauma Kits for EMS and Fire supervisors: All items have already been purchased. The kits will supplement emergency medical supplies. Kits include equipment such as bandages, tape, tourniquets, splints, gauze, and airway assist devices.

Objective 3: Host three American College of Surgeons "Disaster Management and Emergency Preparedness Course" (DMEP) courses. This course covers planning, triage, incident command, injury patterns and pathophysiology, and consideration for special populations during a major disaster. We have already hosted two courses, training 40 local healthcare providers. We are currently in the process of training a cadre of instructors within our region to continue teaching the course in a fiscally responsible manner (e.g. not having to pay expenses for out-of-state instructors); 9 potential instructor candidates have been identified and successfully completed the first course.

Objective 4: Coordinate and conduct monthly Trauma Surge Core Work Group meetings: This group is comprised of community partners from Legacy and OHSU Trauma Hospitals, OHSU ED staff, and EMS providers. They provide strategic direction, ensure accomplishment of objectives, obtain executive level support, and serve as technical experts.

This project supports the planning investment area by building the capabilities of non-Trauma hospitals to care for trauma patients in the event the State's two Level 1 Trauma Centers (Legacy and OHSU) are overwhelmed. It enhances widespread cross-discipline understanding of the entire surge process, demonstrating what happens from the incident scene to hospital care. It helps response partners understand respective roles and responsibilities during a mass casualty event. It is our community's belief that such knowledge will mitigate the devastating results of any event resulting in mass trauma that overwhelms the area's two Level 1 Trauma Hospitals by educating the larger healthcare system on how to treat trauma patients; this is currently out of their scope of practice.

Equipment or Services

Equipment or services to be purchased for the project.
(See page 9 of application instructions)

7. Project Outputs:	(Point Value = 10)
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1. Regional Trauma Surge Plan printed and distributed-100 for hospitals; 50 for other providers
2. Trauma Training Video reproduced and distributed-100 for hospitals; 50 for other providers
3. Trauma Assessment Quick Reference Guides distributed-2000
4. Monthly Trauma Surge Core Work Group meetings conducted-9
5. DMEP Courses conducted-3
6. Healthcare providers completed the DMEP Course-120
7. Assembly and distribution of 15 back-up Trauma Kits to EMS and Fire supervisors

Capabilities

Capabilities that will be created or enhanced by the project.

(See page 10 of application instructions)

8. Project Outcomes:

(Point Value = 15)

The Regional Trauma Surge Plan Project will:

1. Enhance overall whole community preparedness levels.
2. Strengthen the capability of all hospitals to provide trauma care in the event that Level 1 Trauma Hospitals are unable to take additional patients. This helps mitigate the negative impact on vulnerable populations, and the community in general.
3. Improve healthcare provider's capability to provide stabilization for trauma care patients before transporting to Level 1 Trauma Hospitals when they are able to receive additional patients.
4. Enhance trauma emergency responders' understanding of all phases of field trauma scene operations, thereby improving their response capability and enhancing effective triage and proper distribution of trauma patients among hospitals. This mitigates any one hospital being overwhelmed by an inundation of patients, and helps ensure smooth field operations and providing the best possible care for trauma victims.
5. Enhance relationships between the area's two Level 1 Trauma Hospitals through working in a spirit of collaboration for the benefit of the larger community.

State Strategy:

Identify all goals and objectives in the State Homeland Security Strategy supported by this project.

(See page 10 of application instructions)

9. Project Goals and Objectives:

(Point Value = 5)

This project primarily supports the State's Strategy Goal 8: "Enhance Oregon's state and local public health and healthcare capabilities to respond to chemical, biological, nuclear, explosive terrorism incidents and other public health emergencies, including natural disasters." Specifically under Goal 8, this project will improve regional healthcare capability to respond to a surge in trauma patients in support of Objective 2: "Optimize medical surge (and mass prophylaxis distribution) capacity for victims of terrorism, major disasters or other emergencies." Additionally, this project will distribute trauma care guidance in support of Objective 1: "Train and educate healthcare professionals from all sectors to respond as part of the statewide medical response capability."

Proposed Funding by Solution Area:

Provide the Proposed Funding amount to be obligated from this project towards Planning, Organization, Equipment, Training, and Exercises (POETE). (Please provide amounts for all that apply) (See page 11 of application instructions)

10. Proposed Funding:		(Point Value = 5)
Solution Area	Amount of Proposed Funding \$	Funds dedicated to LETPA*
	SHSP	
Planning	\$24,500	\$0
Organization	\$0	\$0
Equipment	\$0	\$0
Training	\$10,500	\$0
Exercises	\$0	\$0
Total Proposed Funding:	\$1	\$78

* If applicable, provide the proposed funding amount that is expected to be obligated towards Law Enforcement Terrorism Prevention Activities (LETPA).

Core Capabilities:

Select all Core Capabilities supported by this Project. (Place an "X" in the corresponding boxes)

(See page 11 of application instructions)

11. Project Core Capabilities:		(check all that apply)
<input type="checkbox"/> Access Control and Identity Verification	<input type="checkbox"/> Operational Communications	
<input type="checkbox"/> Community Resilience	<input type="checkbox"/> Operational Coordination	
	<input checked="" type="checkbox"/> Planning	

<input type="checkbox"/> Environmental Response/Health and Safety	<input type="checkbox"/> Public Information and Warning
<input type="checkbox"/> Infrastructure Systems	<input type="checkbox"/> Screening, Search, and Detection
<input type="checkbox"/> Intelligence and Information Sharing	<input type="checkbox"/> Situational Assessment
<input type="checkbox"/> Interdiction and Disruption	<input type="checkbox"/> Threats and Hazard Identification
<input type="checkbox"/> On-Scene Security and Protection	

Milestones:

Identify Milestones by quarter, with start and end dates, which will be achieved within the period of performance.

(See page 11 of application instructions)

12. Project Milestones:		(Point Value = 15)	
Quarter	Milestones	Start Date (mm/yyyy)	End Date (mm/yyyy)
1	Conduct one DMEP course; develop Plan distribution plan; assemble and distribute back-up Trauma Kits; present Plan at ECHO conference	10/2014	12/2014
2	Conduct one DMEP course; distribute Plan, Trauma Surge Video, and Trauma Assessment Quick Reference Guide	01/2015	03/2015
3	Conduct one DMEP course; complete distribution of Plan, Trauma Surge Video, and Trauma Assessment Quick Reference Guide	04/2015	06/2015
4	No milestones in fourth quarter; we plan to have all work completed by 6/30/15.	7/2015	9/2015

Sustainment:

Identify how you will sustain the project.

(See page 12 of application instructions)

13. Sustainment:

(Point Value = 15)

The overall responsibility for sustainability lies with the NW Oregon Health Preparedness Organization Manager, working with the Trauma Surge Core Work Group.

From the Regional Trauma Surge Plan's inception, the intent was to mirror the "Oregon Region 1 Burn Mass Casualty Plan" developed through a partnership between the NW Oregon Health Preparedness Organization and the Oregon Burn Center at Legacy Emanuel Hospital. As part of the Burn Plan rollout, staff from the Burn Center traveled to area hospitals to provide orientation and training on the Burn Plan. Our Trauma Surge Core Work Group will have staff from Legacy and OHSU's Trauma Centers travel to hospitals to provide orientation and training on the Regional Trauma Surge Plan.

Also, due to the success and effectiveness of the Burn Plan, the Oregon Health Authority (OHA) provided funding to continue these orientations/trainings on the Burn Plan state-wide. Our Trauma Surge Core Work Group will approach OHA for future support to do the same with the Regional Trauma Surge Plan.

The Trauma Surge Video will be made available via YouTube, and on all hospitals'/health systems' internal server networks that do not allow YouTube access.

Because we are training trainers for the DMEP course, Legacy and/or OHSU will be able to offer those courses at low cost in the future.

Before the project's end, our Trauma Surge Core Work Group will determine where the Plan will be housed to provide the best and most efficient accessibility (e.g. OHSU and Legacy websites, HOSCAP, etc.).

If funding is deemed necessary for any of the above, Hospital Preparedness Program funds will be requested as available. The NW Oregon Health Preparedness Organization's Steering Committee has set trauma surge planning as its top priority for the last two years; it is anticipated this support will continue.

Subapplicant:

Project Number: 5

Project Name: Regional Trauma Surge Plan
(See page 12 of application instructions, Point Value = 15)

[illegible]

(See page 13 of application instructions)

Grant Programs Directorate



Homeland Security

OMB Control#: 1660-0115
Expiration Date: 10/31/2013
FEMA Form: 024-0-1

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
ENVIRONMENTAL AND HISTORIC PRESERVATION SCREENING FORM
Paperwork Burden Disclosure Notice

Public reporting burden for this form is estimated to average 8 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660- 0115) NOTE: Do not send your completed form to this address.

Completing the Screening Form:

This form must be attached to all project information sent to the Grant Programs Directorate (GPD) to initiate environmental and historic preservation (EHP) compliance review, per the National Environmental Policy Act (NEPA) and other EHP laws and executive orders. *There is no need to complete and submit this form if the grant scope is limited to planning, management and administration, classroom-based training, table-top exercises and functional exercises, or purchase of mobile and portable equipment where no installation needed.* Information Bulletin 345 (September 1, 2010) provides details on these activities. The form must be completed by someone with in-depth understanding of project details and location. Completion of this form does not conclude the EHP review process and FEMA may need to contact you for further information. Not providing requested information may result in funding release delays. This form is intended to be completed electronically. The following website provides a version of this form that is suitable for printing and completing by hand as well as additional guidance such as on how to make an aerial map: <http://www.fema.gov/plan/ehp/ehp-applicant-help.shtm#5>.

To check (X) a box (for example, ☐ Yes ☐ No), left double-click using your mouse and a Check Box Form Field Options box will appear, then under the Default Value, select Checked and press OK (see figure, right). To write in a text field (____), select the text field with your mouse and begin typing.

Submit completed form with necessary attachments to GPDEHPInfo@dhs.gov with the following information in the e-mail subject line: EHP Submission: Project Title, Subgrantee Name; Grant Award Number (Example, EHP Submission: Courthouse Camera Installation, Any Town, State, 12345).

Check Box Form Field Options

Check box size
☒ Auto
☐ Exactly:

Default value
☐ not checked
☒ checked

Run macro on
Entry: Exit:

Field settings
Bookmarks:
☒ Check box enabled
☐ Calculate on exit

Add Help Text... OK Cancel

Complete all of Section A, Section B, all of each portion(s) of Section C corresponding to checked blocks in Section B, and all of section D that apply to the project.

A. PROJECT INFORMATION (complete all)

DHS Grant Award Number: _____ Grant Program:
Fiscal Year:.....
Project Title:
Grantee (SAA):..... Subgrantee POC:.....Kathryn Richer
Grantee POC:..... Mailing Address:.....426 SW Stark Street, 8th
Mailing Address: Floor, Portland, OR 97210
E-mail: E-mail:kathryn.a.richer@multco.us
Sub grantee:Multnomah County
Dollar value of grant (*if known*): \$35,000

B. PROJECT TYPE

Please check ALL the block(s) that best fit the scope of the project.

- ☐ 1. Training and Exercises. Go to page 2. Complete all of Section C.1.
- ☐ 2. Purchase of Equipment. Go to page 3. Complete all of Section C.2.
- ☐ 3. Physical security enhancements. Go to page 3. Complete all of Section C.3.
- ☐ 4. Renovations/upgrades/modifications to existing structures. Go to page 3. Complete all of Section C.4.
- ☐ 5. New construction/addition. Go to page 4. Complete all of Section C.5.
- ☐ 6. Communication towers, related equipment, and equipment shelters. Go to page 5. Complete all of Section C.6.
- ☒ 7. Other. If your project does not match any of these categories, go to page 6. Complete Section C.7

The following information is required to initiate EHP review of the project. Based on the project's scope of work, determine which project type applies below and complete that section. For multi-component projects or those that may fit into multiple project types, complete the section that best applies and provide a complete project description. The project description should contain a brief summary of what specific action is proposed, where it is proposed, and how it will be implemented. If the project involves multiple locations, information for each must be provided. Attach additional pages, if needed.

Provide a complete project description: This project will distribute a Regional Trauma Surge Plan (Plan) and related materials that has been under development since 2012. The Plan includes a written document geared towards those unfamiliar with current operational guidelines for trauma surge during a complex incident. It describes various participant response roles, and includes checklists to assist agencies/organizations in their own preparation.

C. PROJECT DETAILS

1. ☐ Training and Exercises (*check each that applies*): ☐ Classroom-based ☐ Field-based
All training must provide the following:

Environmental and Historic Preservation Screening Form

- a. Describe the scope of the proposed training or exercise (purpose, frequency, materials, and equipment needed, number of participants, and type of activities required) (Attach additional pages, if needed):.....
- b. Will the field-based training take place at an existing facility having established procedures for that particular proposed training and exercise, and that conforms with existing land use designations (refer to Information Bulletin #329 (http://fema.dps.mo.gov/empg/IB%20329_20090902.pdf) for further information)? ☐ Yes ☐ No
- If yes, please provide the name and location of the facility (physical training site address or latitude-longitude):.....
 - If no, provide the location (physical project address or latitude-longitude) and a full description of the area where training will occur:
- c. Does the field-based training/exercise differ in any way (including, but not limited to frequency, amount of facilities/land used, materials or equipment used, number of participants, type of activities) from previously permitted training exercises and training practices? ☐ Yes ☐ No
- If yes, explain any differences between the proposed activity and those that were approved in the past, and the reason(s) for the change in scope:
- d. Will any equipment or structures need to be installed to facilitate training? ☐ Yes ☐ No
- If yes, explain how and where this is proposed to be done (include site-specific color photographs:
2. ☐ **Purchase of equipment**
- a. Specify what equipment, and the quantity:
- b. Provide AEL number(s) (if known):.....
- c. Will this equipment be installed? ☐ Yes ☐ No
- If Yes, go to page 6. Complete Section D.
3. ☐ **Physical security enhancements and or installations (for example: installation of back-up generators, fencing, cameras, building/room access control, bollards, motion detection systems, x-ray machines, and lighting).**
- a. Describe what, how, and where improvement(s)/installation(s) will occur in/on the facility/building/structure:
- b. Provide project location (physical project address and latitude-longitude):.....
- c. Will the new equipment/improvements use the existing power supply systems? ☐ Yes ☐ No
- If no, describe new power source and installation (such as utility trenching):.....
- d. If generator installation, please state the capacity (KW):
- If a separate fuel tank is also included, describe if it is to be installed above or below ground, and its capacity (gallons):
- e. Go to Page 6. Provide additional project details in Section D.
4. ☐ **Renovations/upgrades/modifications to existing structures.**

Environmental and Historic Preservation Screening Form

- a. Provide detailed description of modifications:
- b. Provide project location (physical project address and latitude-longitude):
- c. Will any equipment need to be installed? ☐ Yes ☐ No
- If yes, please note in Section 2, (purchase of equipment).
- f. Go to Page 6. Provide additional project details in Section D.
5. ☐ **New construction/addition (for example: emergency operations centers, docks, piers, security guardhouse).**
- a. Provide detailed scope of work (site acreage, new facility square footage/number of stories, utilities, parking, stormwater features, etc):
- b. Provide project location (physical project address or latitude-longitude):
- c. Will any equipment need to be installed? ☐ Yes ☐ No
- If yes, please note in Section 2 (purchase of equipment).
- d. Will the new building/facility/renovations use existing utilities? ☐ Yes ☐ No
- If no, describe installation of new utilities in (a) above (including trenching):
- e. Go to Page 6. Provide additional project details in Section D.
6. ☐ **Communication towers, related equipment, and equipment shelters**
- a. Provide a detailed description of the project
- b. Provide project location (physical project address or latitude-longitude):
- c. Provide the elevation above mean sea level of the project location:
- d. For projects involving antenna(s) installations on existing towers:
- Provide the height of the existing tower:
 - The height of the tower following the installation of the new antenna(s):
- e. For new tower projects, state the total height (in feet) of the communication tower or structure including any antennae to be mounted:
- If the proposed tower height is greater than 199 feet above ground level, state why this is needed to meet the requirements of the project:
 - Will the tower be free-standing or require guy wires? ☐ Free standing ☐ Guy wires
 - If guy wires are required, state number of bands and how many:
 - State why a guyed tower is needed to meet the requirements of this project:
 - What kind of lighting will be installed, if any (for example: white strobe, red strobe, or steady burning?):
- f. A general description of terrain (For example: mountainous, rolling hills, flat to undulating):
- g. Describe the frequency and seasonality of fog/low cloud cover:

Environmental and Historic Preservation Screening Form

- h. Provide a list of habitat types and land use on and adjacent to the tower site (within ½ mile), by acreage and percentage of total (e.g., woodland conifer forest, grassland, agriculture) waterbody, marsh):
- i. Is there evidence of bird roosts or rookeries present within ½-mile of the proposed site?..... ☐ Yes ☐ No
- a. If yes, describe:
- Distance to nearest wetland area (for example: forested swamp, marsh, riparian, marine) and coastline if applicable:
- i. Distance to nearest telecommunication tower:
- j. Have measures been incorporated for minimizing impacts to migratory birds? ☐ Yes ☐ No
- If yes, describe:
- k. Has an FCC registration been obtained for this tower? ☐ Yes ☐ No
- If yes, provide Registration #:
- l. Has the FCC E106 process been completed? ☐ Yes ☐ No
- m. Has the FCC Tower Construction Notification System (TCNS) process been completed? ☐ Yes ☐ No
- If yes, attach all relevant environmental documentation submitted as part of the registration process including use of the Tower Construction Notification System (TCNS), if applicable. FRN#
- n. Will any equipment or structures need to be installed? ☐ Yes ☐ No
- If yes, explain what type how and where this is proposed to be done (*attach additional pages, if pages needed*):
- o. Will equipment be co-located on existing FCC licensed tower or other structure?..... ☐ Yes ☐ No
- If yes, identify the type of structure:
- p. Go to Page 6. Provide additional project details in Section D.
7. ☒ **Other.** For any project that does not fit a category listed above, please provide a thorough summary of the proposed action and location. Include as much detail as necessary to ensure someone not personally familiar with the project is able to conduct an EHP review.
- a. Project Summary: The Office of the Assistant Secretary for Preparedness and Response's (ASPR) Hospital Preparedness Program has prioritized medical surge response capability since its inception following 9/11. Since we developed medical surge plans through the NW Oregon Health Preparedness Organization for all area hospitals/health systems, the focus has shifted to trauma surge. This gap in capability planning was identified as a focal area for the healthcare community's participation in TOPOFF 2007, when we developed our initial approach to trauma surge. Its need was highlighted as even more urgent by the (thankfully) foiled Pioneer Courthouse Square bombing attempt in December 2010. The December 2012 Clackamas Town Center shooting and June 2014 school shooting are unfortunate reminders of the urgency to complete our gap in trauma surge planning. The purpose of this Project is to distribute a Regional Trauma Surge Plan (Plan) and related materials that has been under development since 2012. The Plan includes a written document geared towards those unfamiliar with current operational guidelines for trauma surge during a complex incident. It describes various participant response roles, and includes checklists to assist agencies/organizations in their own preparation. Additional

tools that have been developed that will be provided alongside the Plan are: 1) Trauma Assessment Quick Reference Guide for trauma care including Primary and Secondary survey, lifesaving interventions, etc. to assist in effective care of a trauma patients, and 2) Trauma Training Video to enhance widespread understanding of the entire trauma surge process, demonstrating what happens from the incident scene to hospital care. To support the plan, we will distribute back-up trauma kits to EMS and Fire supervisors that can be brought to an incident scene to supplement emergency medical supplies. Lastly, the project will provide three American College of Surgeons Disaster Medical Emergency Preparedness courses to educate those associated with trauma treatment on planning, triage, incident command, injury patterns and pathophysiology, and consideration for special populations. In the process of conducting these courses, we are training a cadre of instructors to continue teaching the course in a fiscally responsible manner (e.g. not having to pay expenses for out-of-state instructors); 9 potential instructor candidates have been identified and successfully completed the first course. This project supports the planning investment area by building the capabilities of non-Trauma hospitals to care for trauma patients in the event the State's two Level I Trauma Centers (Legacy and OHSU) are overwhelmed. It enhances widespread cross-discipline understanding of the entire surge process, demonstrating what happens from the incident scene to hospital care. It helps response partners understand respective roles and responsibilities during a mass casualty event. It is our community's belief that such knowledge will mitigate the devastating results of any event resulting in mass trauma that overwhelms the area's two Level I Trauma Hospitals by educating the larger healthcare system on how to treat trauma patients; this is currently out of their scope of practice. This effort is overseen by a project manager, and directed by a Trauma Core Work Group from the Portland, Oregon Metropolitan area and is comprised of community partners from Legacy and OHSU Trauma Hospitals, OHSU ED staff, and EMS providers. The Core Work Group provides strategic direction, ensures accomplishment of objectives, obtains executive level support, and serves as technical expertise.

- b. Provide additional project details in Section D.

D. OTHER PROJECT RELATED INFORMATION (complete all that apply)

The following website may provide some additional EHP related guidance and resources to help complete this section <http://www.fema.gov/plan/ehp/ehp-applicant-help.shtm#5>.

1. If work is proposed on/in an existing building(s) or structure(s) provide the year built:.....
 - If the building or structure involved is over 45 years old and significant renovation, rehabilitation, or modification has occurred, please provide the year(s) and briefly describe the nature of remodeling:
2. If the project affects the exterior of the building, are there any known buildings and/or structures that are 45 years or older in the immediate project area? ☐ Yes ☐ No/NA
 - If yes, please provide the location, ground-level color photos of these, and identify their location(s) on the aerial map.
3. Is the building or structure on which work is proposed a historic property or in a historic district, or are there any adjacent historic properties? ☐ Yes ☐ No
 - Information about historic properties may be found on the National Register of Historic Places at <http://nrhp.focus.nps.gov/natreghome.do?searchtype=natreghome> or the respective State Historic Preservation Office may have information on their website.
4. Will ground disturbance be required to complete the project? ☐ Yes ☐ No
 - If yes, provide total extent (depth, length and width) of each unique ground disturbing activity. Light poles, bollards and fencing are each unique ground disturbing activities (For example, six light poles, 24" dia. x 4' deep; trenching 12" x 500' x 18" deep):

Environmental and Historic Preservation Screening Form

5. Has the ground been previously disturbed? ☐ Yes ☐ No
- If yes, please describe the current disturbed condition of the area (for example, parking lot, roadway right-of-way, commercial development):
6. Are there technical drawings or site plans available, if yes please attach. ☐ Yes ☐ No
7. Attach color site photographs:
- Ground-level color site photos that provide context and show where site work/physical installations are proposed (label photos),
 - Ground-level color photographs of each side of the building involved.
 - Aerial color photograph with project limits outlined and with the location of any proposed installations identified.
 - Aerial color photograph(s) showing all ground disturbing activities (if applicable).
8. Is the project part of an approved plan such as a Master Plan or an Implementation Plan or any larger action/project? ☐ Yes ☐ No
- If yes, provide the plan/project name and brief description:
9. Is there any *previously* completed environmental documentation for this project (for example: Environmental Impact Statement, Environmental Assessment, wetland delineation, archaeological study)? ☐ Yes ☐ No
- If yes, please attach documentation. If a NEPA document, what was the decision? (*Check one, and please attach*):
☐ Finding of No Significant Impact (FONSI) or
☐ Record of Decision (ROD)
Name of preparing agency:
Date approved:
10. Is there any *previously* completed agency coordination for this project (for example correspondence with the U.S. Fish and Wildlife Service, State Historic Preservation Office (SHPO), Tribal Historic Preservation Office (THPO), or permitting agencies?..... ☐ Yes ☐ No
- If yes, please attach documentation unless included in NEPA documentation identified above.
11. Provide FEMA Flood Insurance Rate Map (FIRM), with project limits outlined. FIRM maps can be created from: <http://www.fema.gov/hazard/map/firm.shtm>
12. Provide U.S. Fish and Wildlife Service, National Wetlands Inventory (NWI) Map created from: <http://www.fws.gov/wetlands/Data/Mapper.html>

NIMS COMPLIANCE FORM

(See page 15 of application instructions)

This NIMS Compliance Form **MUST** be completed by each agency requesting or benefiting from funding.

In Federal Fiscal Years 2005-2014, all recipients of (or those receiving direct benefit from) federal preparedness funding were required to complete the National Incident Management System (NIMS) requirements.

Please CHECK THE BOX next to each action your organization has completed. **If your organization cannot verify compliance with all listed NIMS requirements, you will not be eligible to receive or benefit from the FY2014 Homeland Security grants.** Oregon NIMS requirements guidance can be found at:
http://www.oregon.gov/OMD/OEM/plans_train/NIMS.shtml#Welcome_to_NIMS_for_Oregon

If you have questions about NIMS compliancy, contact the State NIMS Point of Contact, Zach Swick by email at zach.swick@state.or.us, or by phone at (503) 378-2911 Ext. 22233.

☒ NIMS Adoption Implementation Objectives

- Formally adopt NIMS for your agency/department
- Designate a NIMS POC (single point of contact) for your agency/department
- Ensure agencies/departments receiving Federal preparedness funds (or benefit from) are NIMS compliant.

☒ Planning Implementation Objectives

- Revise Emergency Operations Plans to incorporate NIMS components, principles and policies
- Promote and develop intrastate and interagency Mutual Aid Agreements and assistance agreements for your jurisdiction

☒ Training Implementation Objectives

- Completion of the following:
 - IS-100b (Introduction to ICS)
 - IS-200a (ICS)
 - ICS-300 (ICS – classroom only)
 - ICS 400 (ICS – classroom only)
 - IS-700a (Introduction to NIMS)
 - IS-701a (Introduction to Multi-Agency Coordination System)
 - IS-702a (Public Information Systems/NIMS)
 - IS-703a (NIMS Resource Management)
 - IS-704 (Communications & Information Management)
 - IS-706 (NIMS Intrastate Mutual Aid)
 - IS-800b (National Response Framework)

NOTE: Each agency/department must identify within your organization "who" must take "what". For more information reference OEM's "Who Takes What" by visiting the above NIMS link.

☒ Exercises Implementation Objectives

- Incorporate NIMS concepts and principles into all training/exercises
- Plan for/participate in all-hazards exercise program (Homeland Security Exercise and Evaluation Program)
- Incorporate corrective actions (identified in exercises) into preparedness and response plans and procedures

☒ Communications and Information Management

- Use plain language and common/consistent terminology (no 10 or 12-code, et cetera)
- Present consistent and accurate information during an incident or event (common operating picture)

☒ Resource Management

- Inventory resource assets
- Ensure interoperability of equipment, communications, data
- Utilize resource typing for intrastate/interstate mutual aid requests
- Initiate credentialing system (state level - already completed)

☒ Command and Management

- Implement ICS (manage all events and incidents using ICS)
- Coordinate response objectives through use of integrated Multi-Agency Coordination Systems (MACS/EOCs)
- Institutionalize Public Information (Joint Information Systems and Joint Information Centers) during an incident or planned event
- Ensure Public Information procedures and processes can gather, verify, coordinate and disseminate information during an incident or planned event

Authorized Signature: _____

Date: _____

Title: Director Agency: Multnomah County Office of Emergency Management



Washington County Emergency Management

1400 SW Walnut St, Suite 241 Hillsboro, Oregon 97123
(503) 846-7575

July 24, 2014

Dave Houghton, Interim Director
Multnomah County Emergency Management
501 SE Hawthorne Blvd., Suite 400
Portland, OR 97214

Re: Regional Trauma Surge Planning Project; FY14 State Homeland Security Program (SHSP)
Grant Application

This letter confirms Washington County support for a regional application for FY14 SHSP grant funds being submitted by Multnomah County. The project will fund the continuation of work being performed by the Northwest Oregon Health Preparedness Organization (NW HPO) including distribution of the Regional Trauma Surge Plan, completion and distribution of a trauma surge video, distribution of a Trauma Assessment Quick Reference Guide, assembly and distribution of back-up trauma kits, and conduct of three Disaster Management and Emergency Preparedness (DMEP) courses. This project was initiated with funds provided through the Hospital Preparedness Program (HPP) grant. However, recent significant reductions in HPP funding have undermined the NW HPO's ability to complete the project. Failure to complete the project would leave the region and state without a critical capacity for responding to an overwhelmed trauma care system during large scale terrorism incidents and catastrophic earthquakes.

The NW HPO is the healthcare coordination body for Oregon HPP Region 1. It works with the region's hospitals, clinics, and other healthcare organizations to enhance emergency preparedness across this critical sector. The NW HPO has enjoyed great success over the years in producing plans, procedures, and agreements, conducting training and exercises, and coordinating response to large scale emergencies. Its work has improved preparedness within the healthcare community and enhanced coordination between healthcare, public health and emergency management organizations.

Washington County and the healthcare organizations within the county actively participate in the NW HPO and benefit greatly from its work, from the collaboration it fosters, and from the relationships it builds. We support the NW HPO's trauma surge planning project and will benefit directly from its completion.

Sincerely,

A handwritten signature in black ink, appearing to read "N. S. Porter", with a stylized flourish extending to the right.

N. S. Porter
Director



NANCY S. BUSH
DIRECTOR

DEPARTMENT OF EMERGENCY MANAGEMENT
COMMUNICATIONS AND EMERGENCY OPERATIONS CENTER
2200 KAEN ROAD | OREGON CITY, OR 97045

July 25, 2014

Dave Houghton, Interim Director
Multnomah County Emergency Management
501 SE Hawthorne Blvd., Suite 400
Portland, OR 97214

Re: Regional Trauma Surge Planning Project; FY14 State Homeland Security Program
(SHSP) Grant Application

This letter confirms Clackamas County support for a regional application for FY14 SHSP grant funds being submitted by Multnomah County. The project will fund the continuation of work being performed by the Northwest Oregon Health Preparedness Organization (NW HPO) including distribution of the Regional Trauma Surge Plan, completion and distribution of a trauma surge video, distribution of a Trauma Assessment Quick Reference Guide, assembly and distribution of back-up trauma kits, and conduct of three Disaster Management and Emergency Preparedness (DMEP) courses.

This project was initiated with funds provided through the Hospital Preparedness Program (HPP) grant. However, recent significant reductions in HPP funding have undermined the NW HPO's ability to complete the project. Failure to complete the project would leave the region and state without a critical capacity for responding to an overwhelmed trauma care system during large scale terrorism incidents and catastrophic earthquakes.

The project is critical to any response that has a large number of casualties. Without completion of the project there will be a lack of final planning for trauma surge and training, which will impede response in the region.

Sincerely,

Sarah Stegmüller Eckman
for Nancy S. Bush

PUBLIC HEALTH DIVISION
Health Security, Preparedness and Response
John A. Kitzhaber, MD, Governor



800 NE Oregon Street
Portland, OR 97232
Voice 971-673-1244
FAX 971-673-1309

<http://www.oregon.gov/OHA/>

July 24, 2014

To Whom It May Concern:

Re: Regional Trauma Surge Planning Project; FY14 State Homeland Security Program (SHSP) Grant Application

It is my pleasure to write this letter in support for a regional application for FY14 SHSP grant funds being submitted by Multnomah County. The project will fund the continuation of work being performed by the Northwest Oregon Health Preparedness Organization (NW HPO) including distribution of the Regional Trauma Surge Plan, completion and distribution of a trauma surge video, distribution of a Trauma Assessment Quick Reference Guide, assembly and distribution of back-up trauma kits, and conduct of three Disaster Management and Emergency Preparedness (DMEP) courses. This project was initiated with funds provided through the Hospital Preparedness Program (HPP) grant. However, recent significant (40%) reductions in statewide HPP funding have undermined the NW HPO's ability to complete the project. Failure to complete the project would leave the region and state without a critical capacity for responding to an overwhelmed trauma care system during large scale terrorism incidents and catastrophic earthquakes.

The State HPP Program contracts with Multnomah County to facilitate Region 1 Coalition activities and is known as the NW HPO. The Coalitions around the state engage in planning activities related to public health and healthcare and engages emergency managers at the healthcare facility level, pre hospital, and jurisdiction level to coordinate preparedness planning activities. It works with the region's hospitals, clinics, and other healthcare organizations to enhance emergency preparedness across this critical sector. The NW HPO has enjoyed great success over the years in producing plans, procedures, and agreements, conducting training and exercises, and coordinating response to large scale emergencies. Its work has improved preparedness within the healthcare community and enhanced coordination between healthcare, public health and emergency management organizations.

The Health Security, Preparedness and Response (HSPR) Program actively participates and facilitates in the Coalition and the healthcare organizations within the county actively participate in the NW HPO and benefit greatly from its work; the collaboration it fosters and from the relationships it builds. We support the NW HPO's trauma surge planning project and the state will benefit directly from its completion and this will have positive impacts statewide as the trauma level 1 hospitals in region 1 receive patients from every hospital statewide.

If there are any questions about our program or the Region 1 Coalition, don't hesitate to contact me.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mike Harryman", with a stylized flourish at the end.

Mike Harryman, MA
Director of Emergency Operations, HSPR