Region IV

Regional MAC Group Procedure

1. Function

The Regional MAC Group provides coordinated policy direction during an emergency that impacts multiple counties in Region 4.

2. Membership

The Regional MAC Group membership will include the following members. This membership may be revised by county emergency managers, based on which jurisdictions are most affected by the emergency:

Membership:

- One county commissioner from each of the four Region IV Counties (Clark, Cowlitz, Skamania, Wahkiakum)

- County Sheriffs

- Designated city mayor or council member from the primarily affected city, if not adequately represented by coordinating council membership

Executives/Elected Officials from cities or special purpose districts and the private sector may be included in the MAC Group as dictated by the nature of the disaster or emergency.

Any member may delegate their membership on the MACG to another person in their organization by providing a written delegation of authority to the MACG Coordinator. This delegation should describe any limits on the delegate's authority. A MACG delegation of authority template can be found in the NW MAC Operations Handbook (Pacific NW Geographic Area Multi-Agency Coordination Group).

Involvement of Legal Counsel and other Subject Matter Experts:

To the greatest extent possible, any technical, legal, or operational advice and information should be summarized in advance of a MACG meeting and the MACG participation should be limited to the members listed above. However, there may be limited situations where it is necessary for the MACG to interact directly with legal counsel or subject matter experts. This may include:

- A County Prosecuting Attorney, or their designee, selected from one of the Region IV counties to provide legal counsel

- Other Region IV Coordinating Council members

- The Region 4 Public Health Officer.

3. Roles and Responsibilities

MAC Group Members
- Establishes priorities for allocation of resources between incidents within the geographic area.
- Identifies and resolves MAC issues common to all parties.
- Re-allocates resources between incidents when necessary.
- Initiates special actions to alleviate resource shortages to meet anticipated demands.

MAC Chair
- Regional 4 Homeland Security Coordinating Council chair is the chair of the Region 4 MACG
- The line of succession for the Region 4 chair is –
    o Region 4 Homeland Security Coordination Council Vice Chair
    o Chair selected by the MACG members
- In conjunction with MACG members the MAC Chair will determine the need for and facilitate MACG briefings and conference calls.
- Determines need for and, if necessary, formally activates a sitting MACG
- Determines need for additional MAC Group Representation beyond base membership.
- Selects MAC Group Coordinator if sitting MACG is activated.

MAC Coordinator
- Establishes, with MAC Group concurrence, a daily schedule for meetings and conference calls
- Facilitate issues needing MAC Group attention.
- Obtains appropriate intelligence information necessary to support MAC activities.
- Acquires and supervises clerical and administrative staff to support MAC Group activities.
- Ensures adequate subject matter expertise is available to support MAC activities.
- Facilitates MAC Group meetings.
- Documents MAC decisions.
- Distributes MAC decisions.
- Assembles the record of MAC activities.
- Facilitates daily conference calls with IC's and AC's.

4. Criteria for MACG Activation

The MACG may be activated if the following criteria are met:

- There is a need to prioritize incidents and/or prioritize the allocation of critical resources across the region OR

- There is a need to authorize incident management team(s) or other response/recovery organizations (e.g., long term recovery committees) that will have multi-county responsibilities OR

- The incident is likely to have regional impacts or is likely to require substantial mutual aid from one county to another AND

- There would likely be benefit to uniform, consistent, or coordinated response/recovery policies. Coordinated policies may support greater confidence in government that result from, for example, consistent recommendations to the public and consistent public messages.

5. Activation

A. Pre-Planning Activities

The Region IV Emergency Management Group shall convene as soon as practical following a regional event. Normally, this should occur after each emergency manager or EOC manager has had an opportunity to address policy implications with intra-county multi-agency coordination groups or other executive officials. A Region IV Emergency Manager will notify the other Region IV Emergency Managers or their designee. The message will provide information about the schedule of an initial conference call.

The call initiator will facilitate an initial conference call and work to accomplish the following as expeditiously as possible:

1. Review current situation

2. Discuss interagency coordination issues

   a. Common needs and objectives

   b. Resource sharing and mutual aid

   c. Incident complexity

3. If necessary, develop incident management organization recommendation

   a. Provide Common Operating Picture of the incident command/unified command structure

   b. Public information organization: Should a Regional JIC be established?

    c. Send MAC Liaison to affected jurisdiction if needed.

4. Identify Regional Policy Issues that require input and decision

5. Identify elected officials and subject matter experts who should be involved in the Regional MAC Group meeting

6. Identify a Regional MAC Group Coordinator for the incident. Identify Time & Location of next meeting

The MAC Group Coordinator is responsible for coordinating -

1. The preparation of meeting materials (staff reports, situation reports, etc.),

2. Arranging for meeting minutes and other documentation

3. Meeting facilitation

4. Post-meeting follow up including dissemination of MAC Group decisions.

B. MAC Group Procedure & Agenda

Following the pre-planning conference call, emergency managers will notify the Regional MAC Group members regarding the MAC conference call logistics & schedule. This may also be done centrally by CRESA using ECNS.

Facilitator: MACG Chair

Agenda:

Item	Presenter
1) Situation Briefing a) Overview b) Resource Status c) Outlook d) Report on incidents	MAC Group Coordinator
2) Issue identification and resolution a) Issue b) Decision	MAC Group Coordinator
3) Formulation of Policy Group Statements	Discussion
4) Discussion of public messaging (if necessary) and other guidance for PIOs.	Discussion
5) Review action items / Follow Up	MAC Group Coordinator
6) Set time of next meeting	Discussion

6. MAC Group Decision Model:

All issues brought before the MAC Group will be acted on by consensus that will result in one of the following actions;

Option 1: Make a collaborative decision and assign responsibility and expectation of implementation.

Option 2: Delegate a decision with expectations of intended outcomes or results to a MAC Group member, the coordinator, or staff.

Option 3: Defer decision for consideration at a later date (e.g., defer for more information or defer for further development of the incident).

Option 4: Determine that the issue is outside the scope of the MAC Group's responsibility. Defer issue to the appropriate organization or individual.

MAC Group decisions should always consider and strive to maintain essential services and be aligned with an ethical framework. Key elements of the ethical framework include common good, justice, prudence, and respect *(see Appendix XX).*

7. *Record Keeping & Documentation*

The following should be documented and retained by the MAC Group Coordinator:

- Attendance at all MAC Group meetings.
- All information presented at MAC Group meetings.
- MAC Group decisions and supporting documentation.
- All daily critical resource allocation documents, signed by the MAC Group Coordinator.
- All decision criteria used by the MAC Group to prioritize incidents and allocate critical resources.
- All notes taken during MAC Group meetings and conference calls (these materials are subject to external requests).

8. *Contact Information*

Position	Name	Contact Information
CRESA Conference Bridge		(800) 504-8071 Access Code: 0000742 Host code: 7220
Clark Regional DEM	Cheryl Bledsoe	Office: 360-992-6270 Cell: 503-250-4882 Pager: 360-418-5132 Dispatch: 360-696-4461
Cowlitz County DEM	Ernie Schnabler	Office: 360-577-3194 Cell: 360-772-0371 Pager: 360-501-1002
Skamania County DEM	John Carlson	Office: 509-427-8076 Cell: 360-901-3820
Wahkiakum County DEM	Beau Renfro	

APPENDIX 1
Ethical Framework and Criteria

Illustrated below is an ethical framework based on a series of community discussions among public health and medical stakeholders in NW Oregon and SW Washington during the summer of 2009. The discussions were designed to identify community values and priorities related to the provision of medical services during a Level V pandemic influenza. Additionally, this framework was compared against existing literature in the field of health ethics for consistency and alignment purposes. It is the synthesis of these two components that yields the following framework.
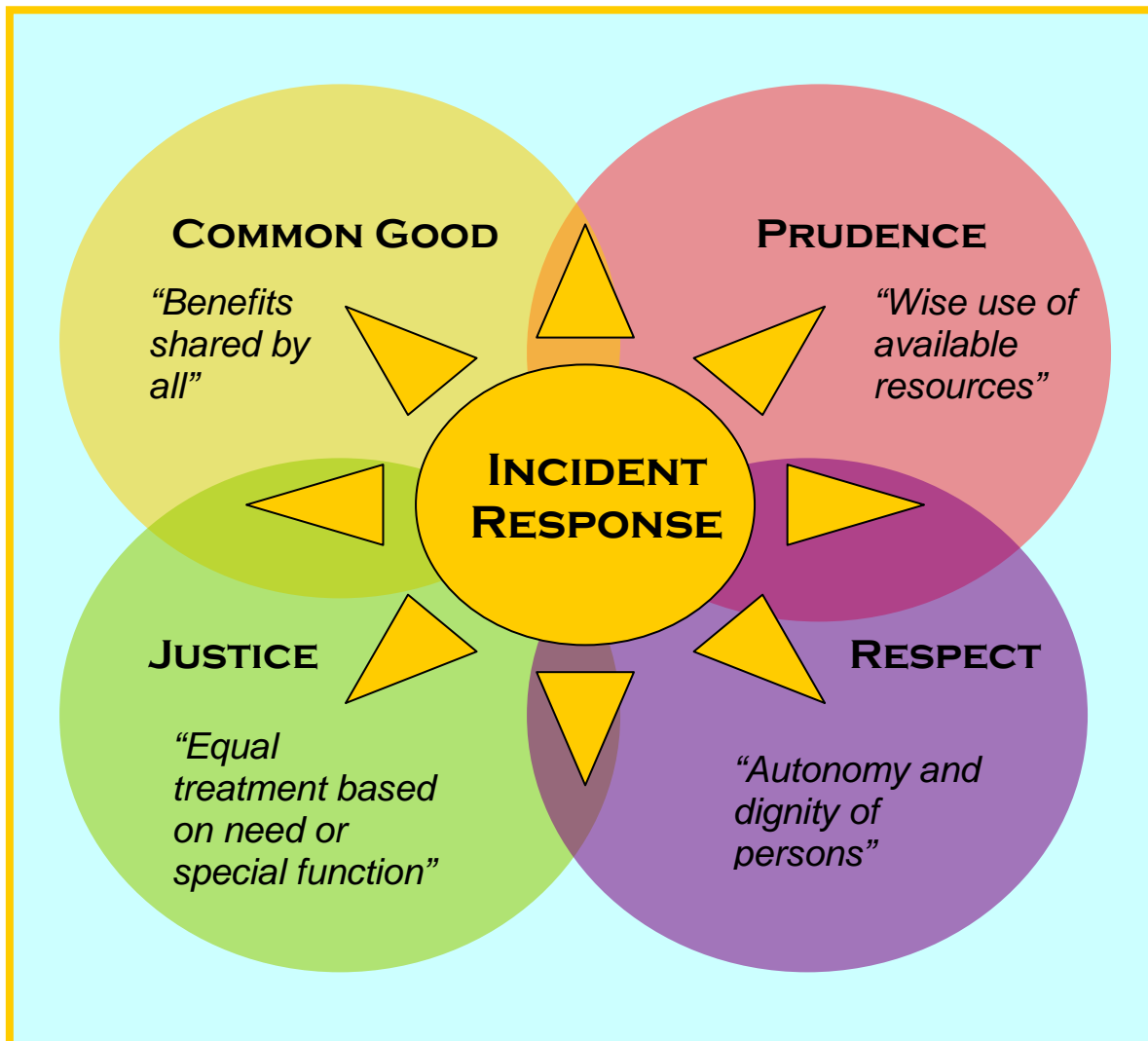
Case Study
Applying the Ethical Framework to Develop a Pandemic Flu Response Strategy

These principles provide a foundation for specific decisions about allocation of clinical resources and facilities during the phases of the pandemic event.

1. **Common good**: design the response to protect the health related wellbeing of the whole population and the continuing functioning of society.
   - Minimize the total illness and death that is likely to result from pandemic flu.
   - Design the response to protect essential societal functions.
   - Minimize the negative effects of the pandemic on the general functioning of society.

2. **Justice**: design the response to provide a fair distribution of health related benefits and burdens that result from public health activities.
   - Seek an equitable distribution of opportunity for health benefits relative to the capacity for benefit.
     - Life saving
     - Illness minimization
   - Seek an equitable distribution of burdens relative to the capacity to bear burden.
     - Risk of death
     - Risk of injury
     - Inconvenience
   - Seek equity across socioeconomic spectrum: adjust for effects of poverty, language and ethnicity on health and access to services.
   - Conflict of interest:
     - Personal conflicts: decision makers declare any potential conflicts and remove themselves from decision control when appropriate.
     - Institutional conflicts: institutional leaders share responsibility for decisions.

3. **Prudence**: use relevant expert inputs while designing and implementing the public health response.
   - Epidemiologic and medical science
   - Effectiveness of interventions to achieve goals
   - Efficiency in the use of resources
   - Agility in response to evolving epidemic

4. **Respect:** maintain communication and procedures to respect autonomy and dignity.

- Transparency: explain the rationale for the response and state reasons for unequal distribution of benefits and burdens likely to occur.
- Autonomy: offer the opportunity for members of the community to be in accord with the actions of the public health authority.
- Coercion: act with respect when it is necessary to override the wishes of some members of the community for personal health services.

Questions to Guide Decision Process
Decision makers can use the following questions to apply the above ethical principles to policy development and implementation. Consensus based answers to these questions will form the ethical dimension of ongoing decisions and communication with the community about the public health response to the pandemic.

1. **Common good**: In what way will all members of the community share equally in the societal well being hoped for in this strategy? What social functions does this strategy seek to protect?

2. **Justice**: In what way are the several norms of justice being met?
   - Equality: What categories did we consider in applying the equality norm? In what ways is the plan based on equality among persons with similar characteristics of age, health potential, gender, social status?
   - Inequality: What rationales did we use to justify unequal treatment among selected members of the community?
     - What compensatory aid did we set up for persons with special needs? What categories of special need have we considered, included, and excluded (with statement of rationale for inclusion, exclusion decisions)?
     - Merit: what groups were given priority based on their essential social role?
   - Exclusions: What is the rationale for excluding specific persons from the outreach effort?
   - Conflict of interest: What potential conflicts of interest have been considered and how are they being dealt with?

3. **Prudence**: What categories of expertise did this strategy incorporate into planning? What expertise are we consulting during implementation?

4. **Respect**: Are we producing appropriately brief, clear, and simple statements of how the pandemic strategy protects the general well being of society? How does this strategy respect the rights of individuals to knowledge, autonomy, and dignity?