**Annex: Health Inspection Program**

1. **Purpose, Scope, Situation, and Assumptions**
2. **Purpose and Scope**

**Purpose**

This Annex describes the roles and responsibilities in responding to an environmental public health emergency in Maine with a focus on providing a coordinated response within the HIP before, during, and following emergencies.

**Scope**

The HIP is responsible for licensing and inspecting and providing education to eating and lodging establishments, campgrounds, youth camps, body artists, public pools and spas and mass gatherings. The HIP provides assistance to these establishments as needed during emergencies. Most HIP emergencies involve loss of electricity, fire, or flooding.

1. **Situation Overview**
2. **Characteristics of the HIP**

The HIP has offices at:

* 286 Water Street, Augusta, Maine
* 396 Griffin Road, Bangor, Maine
* 1037 Forest Avenue, Suite 11, Portland, Maine
* 30 Skyway Drive, Caribou, Maine
* 890 Main Street, Sanford, Maine
* 243 Main Street Suite 6, South Paris, Maine
* 200 Main Street, Lewiston, Maine
* 91 Camden Street, Rockland, Maine
* 17 Eastward Lane, Ellsworth, Maine
* 98 North Avenue, Skowhegan, Maine

The HIP has 17 full time employees that are made up of:

* Administration
* Compliance and Enforcement
* Field Inspection Team
* Licensing/Reception Team

The HIP regulates approximately 10,000 licensees statewide, and is responsible for inspections and licensing and providing education on rules and statutes to these establishments/body artists.

The HIP has delegated its inspection authority for food, lodging and public pools to 5 municipalities which include Lisbon, Lewiston, Auburn, Portland and South Portland. All 5 municipalities conduct food inspections. Only South Portland conducts pool inspections. All except Portland conduct lodging inspections. The HIP is responsible for ensuring municipalities properly implement the Maine Food Code, Lodging, and Public Pool and Spa rules and have signed MOU’s with these delegated municipalities.

The Program Manager, Supervisor and 2 Public Health Inspector II makes up the Incident Management Team for the HIP. In the event a person is unavailable or unable to fulfill their duties, the backup person per the COOP will assume positions roles and responsibilities.

Upon notification of an event, the member of the Incident Management Team receiving the notification will take control of the HIP response efforts. If the Public Health Inspector II has received the notification, they will contact the HIP Supervisor or Program Manager to alert them of the event. If the Supervisor or Program Manager is not available, they will maintain control of the event until the event is completed or they relinquish command. Additional members of the Incident Management Team may be activated to assist as needed based on their assigned roles in the Incident Management Team. In most cases (fire/power outages), the member of the Incident Management Team receiving the call will be able to effectively manage the event. However, command may be relinquished if one of the following occurs:

* The event exceeds the capabilities of the member of the Incident Management Team receiving the call, and that person requests a Supervisor or Program Manager of the Incident Management Team to take control of the event;
* A Supervisor or Program Manager of the Incident Management Team confiscates control from the member of the Incident Management Team who initially took control of the HIP response; or
* The event requires the immediate full activation of the Incident Management Team.

The entire Incident Management Team must be immediately activated if one of the following conditions occurs:

* The event poses a life safety threat;
* There is a reputation management risk for the HIP; or
* The member of the Incident Management Team in control of the HIP response determines the need for full activation of the Incident Management Team.

1. **Hazards Profile**

The state of Maine is subjected to the effects of many disasters, varying widely in type and magnitude from local communities to statewide in scope.

Disaster conditions could be a result of a number of natural phenomena such as floods, severe thunderstorms, tornados, hurricanes, high water, drought, severe winter weather, ice storms, fires (including urban, grass, and forest fires), severe heat, high winds, earthquakes or pandemics/ epidemics. Apart from natural disasters, Maine is subject to a myriad of other possible disaster contingencies, such as derailments, aircraft accidents, transportation accidents involving chemicals and other hazardous materials, plant explosions, chemical oil and other hazardous material spills, leaks or pollution problems, dumping of hazardous wastes, building or bridge collapses, utility service interruptions, information systems failure, energy shortages, food contamination, water supply contamination, civil disturbances, terrorism, cyber-attack, or a combination of any of these which might result in mass casualties and / or mass fatalities.

1. **Vulnerability Assessment**

* Natural weather events can severely affect licensed establishments causing power outages, fires, infrastructure damage, food spoilage, sanitation issues, and drinking water contamination.
* Communications, infrastructure disruption, and supply shortages can severely affect licensed establishment’s ability to store and distribute food to consumers.
* Accidental or intentional chemical or biological release into a food source would severely affect a licensed establishment causing food/water contamination.

1. **Planning Assumptions**

Emergencies and disaster events may:

* Require significant communications and information sharing across jurisdictions and between the public and private sectors, as well as media management.
* Involve single or multiple geographic areas.
* Involve multiple varied hazards or threats on a local, regional, state, or national level.
* Involve isolated or widespread disruption to critical infrastructure and other impacts to the environment.
* Overwhelm the capacity and capabilities of local or state agencies.
* Require short-notice asset coordination and response timelines.
* Require collaboration with non-traditional partners.
* Require deployment of equipment and personnel.
* Require prolonged, sustained incident management operations and support activities.
* Require response operations for an extended period of time as the emergency or disaster situation dictates.

This Annex reflects the additional assumptions and considerations below:

* The highest priorities of any incident management system are always life/safety for staff, responders, and the public health and safety of the public.
* The HIP may need to reassign staff and resources to support time critical and priority tasks during an emergency. Staff will not be reassigned without appropriate training.
* The HIP will support and work in partnership with local, tribal, state, and federal response and recovery efforts.

1. **Concept of Operations**
2. **General Emergency Response Protocol**

Response

1. The HIP is notified of an emergency by local, state agency or other entity.
2. Activate HIP Incident Management Team.
3. Implement HIP emergency response protocols.
4. Activate additional HIP personnel, as needed.
5. If necessary, notify Epidemiology.
6. Notify Maine CDC Initial Response Team if public health is threatened.
7. Provide public notification through DHHS Director of Communications.
8. If requested, assist with locating parts and equipment.

Recovery/Mitigation

1. Demobilize HIP Incident Management Team.
2. Release unnecessary personnel.
3. Begin long and short term recovery activities.
4. Perform After Action Report.
5. **Hazard Control and Assessment** 
   1. Perceive the threat
      * 1. HIP is notified by local, state agency or other entity.
        2. Use HIP emergency response protocols.

2. Assess the hazard

* + - 1. Work with municipalities, agencies, and other entities including affected licensed establishments to assess the hazard.
      2. Use HIP emergency response protocols.

3. Monitor hazard

* + - 1. Work with municipalities, agencies, and other entities including affected licensed establishments to monitor hazards.
      2. Use HIP emergency response protocols.

**C. Protective Action Selection**

1. Analyze the hazard

* Work with municipalities, agencies, and other entities including affected licensed establishments to assess the hazard.
  + Use HIP emergency response protocols.

1. Determine protective action
   * Use HIP emergency response protocols.
2. Determine public warning
   * Consult with DHHS Communications Director and Administration.
3. Determine protective action implementation plan.
   * Use HIP emergency response protocols.

**D. Public Warning**

1. Determine message content
   * Assist DHHS Director of Communications and Administration with message content.
2. Select appropriate public warning system(s)
   * Assist DHHS Director of Communications and Administration with selecting public warning system.
3. Disseminate Public Warning
   * Post Public Warning on HIP website, utilize Stakeholders email distribution list.

**E. Protective Action Implementation**

1. Monitor progress of protective action implementation

2. Public information, guidance, directions

* Provide information to PWS as needed.
* Post Public Warning on HIP website, utilize Stakeholders email distribution list.

**F. Short-term Needs**

1. Reassign and train staff, as needed, to carry out critical HIP functions.

2. Staff may need to work longer hours or different shifts.

3. Additional staff outside of HIP may be needed to carry out administrative tasks such as answering phones.

**G. Long-term Needs**

1. Re-entry

Staff that was reassigned will be released back to their normal day-to-day assignments.

2. Recovery

HIP will return to normal operations.

**III. Organization and Assignment of Responsibilities**

1. General

The Health Inspection Program (HIP) works to minimize unnecessary health hazards associated with food sanitation, recreational activities, and body art or body enhancement procedures. The program also provides field support for the Division's programs and the Maine Center for Disease Control and Prevention’s Division of Infectious Disease.

B. Organization

The HIP administers the Maine Food Code, Lodging Rules, Rules Relating to the Administration and Enforcement of Establishments Regulated by the HIP, Campground, Youth Camp, Public Pool and Spas, Mass Gatherings, and Body Artists Rules.

* Compliance & Enforcement monitors unlicensed activity and inspection performance.
* The Field Inspection Team conducts routine, new, complaint and special investigation inspections of establishments/body artists according to the rules, and provides education where needed.
* Licensing/Reception Team performs all licensing functions including new applications, and renewals, deposits, and reception duties.
* Administration provides oversight, coordination and guidance to the aforementioned teams.

C. Assignment of Responsibilities

**HIP Roles and Responsibilities**

HIP Program Manager- responsible for overseeing activities by the HIP.

1. In the event of an emergency, the HIP Program Manager is responsible for assuming control of all response position responsibilities until delegation is performed or until relieved of the position by a more qualified person.
2. The HIP Program Manager will be the representative to the PHEOC upon activation of the annex.
3. The HIP Program Manager is responsible for ensuring all communications, action plans, and other information related to the HIP response are compiled and kept on file.
4. The Program Manager is responsible for coordinating response activities between the HIP and other agencies.
5. The HIP Program Manager is responsible for updating the CDC Incident Management Team on the event status and response activities to date upon relinquishing control of response activities to the Maine CDC. The HIP Program Manager will serve as liaison between the HIP and the rest of the Maine CDC during a Maine CDC controlled event.

HIP Supervisor

1. The HIP Supervisor is responsible for managing the planning process for the HIP.
2. The HIP Supervisor will work with Program Manager to compile, analyze and disseminate information and intelligence on the event and develop a daily (or by shift) plan for responding to the event.
3. The HIP Supervisor will also manage any general staff brought into the response efforts.
4. The HIP Supervisor is the designated backup personnel for filling the Program Manager role and will assume the role and duties of the Program Manager if they are unable to perform their duties.
5. If necessary, depending upon the duration of the event, the HIP supervisor may fill the Program Managers role on a shift basis.

Public Health Inspector II

1. The Public Health Inspector IIs are responsible for coordinating field staff response activities.
2. The Public Health Inspector II will assume the role of Program Manager/ Supervisor if they are unable to perform their duties.
3. If necessary, depending upon the duration of the event, the Public Health Inspector may fill the Program Manager/Supervisor role on a shift basis.

Administrative Staff

1. Administrative staff should forward emergency event reports to the Incident Management Team.
2. Administrative staff are responsible for following the direction of the Incident Management Team and executing assigned duties.
3. Administrative staff should not make any communications with the media or the public but should forward these communications to the Incident Management Team.

Field Staff

1. Field staff are responsible for traveling to the location of the incident if requested by the Incident Management Team.
2. Field staff are not permitted to enter the “hot zone,” and are only allowed to travel to the incident command post.
3. Field staff should verify the location of the incident, the hot zone boundary and the location of the incident command post before traveling to the incident location.
4. Field staff are responsible for providing technical assistance, conducting inspections, and facilitating communications between the local incident command and the HIP Incident Management Team.

D. Support Functions

The Delegated Municipalities of Portland, South Portland, Auburn, Lisbon, and Lewiston have MOU’s with the HIP and provide field staff support.

The Maine Restaurant Association and Maine Innkeepers Association are key HIP stakeholders and could provide communication support with their membership.

**IV. Direction, Control, and Coordination**

A. Authority to Initiate Actions

* + - 1. The HIP Incident Management Team is responsible for activating and implementing the Annex. The decision will be made by the responsible official(s) within the HIP. The HIP Incident Management Team will notify Maine CDC Initial Response Team if public health is threatened.

B. Command Responsibility for Specific Actions

1. Direction of response

a. The HIP Program Manager has the responsibility for addressing HIP emergencies.

b. When a HIP emergency exceeds HIP capabilities, response responsibilities will be carried out from the PHEOC.

c. ME CDC will coordinate their operations through the HIP’s designated officials or their designated representatives.

2. Incident Command System

The ME CDC Incident Command Structure is responsible for directing the ME CDC emergency operations and maintaining command and control of the PHEOC operations.

3. Assistance

If the HIP’s own resources are insufficient or inappropriate to respond to the emergency situation, a request may be made through the PHEOC for assistance from other division/department/programs, other states (by previous agreement), or the Federal government. All response divisions/department/programs are expected to fulfill mission assignments directed by the incident commander.

**V. Information Collection and Dissemination**

A. Disaster information managed by the ME CDC Emergency Operations Center is coordinated through HIP representatives located in the PHEOC. These representatives collect information from and disseminate information to counterparts in the field. These representatives also disseminate information within the PHEOC that can be used to develop courses of action and manage emergency operations.

B. The type of information needed, where it is expected to come from, who uses the information, how the information is shared, the format for providing the information, and specific times the information is needed are as follows:

1. The HIP will collect information on the emergency situation such as: nature of the problem, when it occurred, who has been notified, what equipment/services has been interrupted/affected, if food/water quality has been compromised, any reports of illness, what actions have been taken, what assistance HIP can provide.

2. The HIP will distribute information through the HIP website and external partners as needed.

**VI. Communications**

1. Communication protocols and coordination procedures are described in detail in the Maine CDC Communications Plan. Please refer to this plan for additional information.
2. The HIP uses email/phone to notify staff within the CDC and other State Agencies of emergency information.

**VII. Administration, Finance, and Logistics**

A. General Policies

This section outlines general policies for administering resources, including the following:

1. Appointment of officials

1. The HIP Program Manager will appoint officials.

2. Funding and accounting

* 1. Refer to the ME CDC All Hazards Emergency Operations Base Plan

3. Records and reports

a. Responsibility for submitting HIP incident documentation and reports to the ME CDC PHEOC Incident Planning Chief rests with HIP’s designated representative in the PHEOC.

b. HIP’s representative to the PHEOC maintains records of expenditures and obligations in emergency operations. The representative supports the collection and maintenance of narrative and long-type records of response to all declared disasters from their area.

4. Agreements and Understandings

a. General

i. Emergency use of resources and capabilities of organizations that are not part of a government structure will be pre-arranged through agreements to the maximum extent feasible. Duly authorized officials will enter into agreements, which will be formalized in writing whenever possible.

ii. Agreements between elements of the same government will be included in their respective annexes. Details of such agreements, which are inappropriate for inclusion in these annexes, will be set forth in an SOP, instructions, or other directives of the units of government concerned.

iii. Unless otherwise provided, agreements remain in effect until rescinded or modified. Annual or other periodic updates will prevent them from becoming outdated.

iv. A clear statement of agreement regarding payment reimbursement for personal services rendered, equipment costs, and expenditures of material is mandatory.

b. Agreements

Agreements with private relief organizations provide immediate aid to disaster victims and/or provide some types of aid/service that the government is unable to render.

c. Understandings MOUs with other internal and external partners recognize that certain situations require effective coordination and cooperation between partners to achieve effective response and provide for the general safety and health of residents. These documents formalize and focus attention on commitments and help avoid misunderstandings.

5. Assistance Stipulations

Organizational policies that have been established regarding the use of volunteers or accepting donated goods and services should be summarized.

* Refer to the Volunteer Management Annex.

B. Additional Policies

1. When the resources of state government are exhausted or when a needed capability does not exist within state government, the state PHEOC will authorize a call for assistance from the adjacent states through EMAC or from the Federal government.

2. The HIP representative to the PHEOC will submit periodic situation reports to the Incident Commander during a major disaster using standard ICS formats.

**VIII. Annex Development and Maintenance**

A. Development

1. ME CDC PHEP is responsible for coordinating ME CDC emergency preparedness planning.

2. The HIP Program Manager in conjunction with the HIP Supervisor and the division/department/programs emergency preparedness coordinator are responsible for emergency planning and will submit planning materials to the PHEP Emergency Preparedness Planner for inclusion in the ME CDC All Hazards EOP.

B. Maintenance

1. Requirements

a. The HIP Program Manager will maintain, distribute, and update the annex. Responsible officials within the HIP should recommend changes and provide updated information periodically (e.g., changes of personnel and available resources). Revisions will be forwarded to people on the distribution list.

b. Directors of supporting partner organizations have the responsibility of maintaining internal plans, SOPs, and resource data to ensure prompt and effective response to and recovery from emergencies and disasters.

2. Review and Update

a. Review

The annex and its appendices should be reviewed annually by HIP officials. The HIP Program Manager should establish a process for the annual review of planning documents by those tasked in those documents, and for preparation and distribution of revisions or changes, and for inclusion in the ME CDC All Hazards EOP.

b. Update

i. Changes

Changes should be made to this annex when the document is no longer current. Changes may be needed:

1) When hazard consequences or risk areas change

2) When the concept of operations for emergencies changes

3) When departments, programs, or groups that perform emergency functions are reorganized and can no longer perform the emergency tasks laid out in planning documents

4) When warning and communications systems change

5) When additional emergency resources are obtained through acquisition or agreement, the disposition of existing resources changes, or anticipated emergency resources are no longer available

6) When a training exercise or an actual emergency reveals significant deficiencies in existing planning documents

7) When State/territorial or Federal planning standards for the documents are revised

ii. Methods of Updating Planning Documents

1) Annex Revision

A revision is a complete rewrite of an existing annex or appendix that essentially results in a new document. Revision is advisable when numerous pages of the document have to be updated, when major portions of the existing document must be deleted or substantial text added, or when the existing document was prepared using a word processing program that is obsolete or no longer available. Revised documents should be given a new date and require new signatures by officials.

2) Formal Annex Change

A formal change to a planning document involves updating portions of the document by making specific changes to a limited number of pages. Changes are typically numbered to identify them, and are issued to holders of the document with a cover memorandum that has replacement pages attached. The cover memorandum indicates which pages are to be removed and which replacement pages are to be inserted in the document to update it. The person receiving the change is expected to make the required page changes to the document and then annotate the record of changes at the front of the document to indicate that the change has been incorporated into the document. A change to a document does not alter the original document date; new signatures on the document need not be obtained.

**IX. Authorities and References**

1. Legal Authority
   1. State Authority

* M.R.S.A. 22, Chapter 562 Campgrounds, Recreational Camps, Youth Camps and Eating Establishments
* M.R.S.A. 22, Chapter 265 Mass Gatherings
* M.R.S.A. 22, Chapter 266 Swimming Pools
* M.R.S.A. 22, Chapter 602 Public Pools and Spas
* M.R.S.A. 32 Chapter 18 Electrologist
* M.R.S.A. 32 Chapter 63 Tattoo Artists
* M.R.S.A 32 Chapter 63-A Micgropigmentation
* M.R.S.A. 32 Chapter 64 Body Piercing
* Chapter 200 State of Maine Food Code
* Chapter 206 Rules Relating to Lodging Establishments
* Chapter 205 Rules Relating to Campground
* Chapter 208 Rules Relating to Youth Camps
* Chapter 202 Rules Relating to Public Pools and Spas
* Chapter 214 Mass Gatherings
* Chapter 212 Practice of Electrology
* Chapter 209 Rules Relating to Body Piercing
* Chapter 210 Rules Relating to Tattooing
* Chapter 211 Rules Relating to Micropigmentation
* Chapter 201 Rules Relating to the Administration and Enforcement of Establishments Regulated by the HIP
* MOU with the Department of Agriculture, Conservation and Forestry
  1. Local
* Some Municipalities issue permits in addition to state licensing
* There are 5 delegated municipalities that conduct inspections upon the state’s authority through MOU’s.

1. References
2. Federal

* 2013 FDA Food Code and Annexes

1. State

* HIP Emergency Action Plan for Retail Food Establishments
* Guidance for Eating Establishments During a Boil Water Order or Advisory
* Food Recovery and Salvage Report
* HIP Inspection Priorities
* HIP Procedure for the Investigation of Food Borne Illness and Injury
* Emergency Calling Tree