

Washington State Department of Health
**Public Health Emergency
Preparedness and Response Program**



2011 Annual Summary Report



Public Health Emergency Preparedness and Response

Annual Summary Report 2011

On the cover:

Fukushima, Japan.
Radiation was released into the atmosphere from the severe damage to a nuclear power facility following the earthquake and tsunami on March 11, 2011. Although levels detected in Washington State were very low, the Agency responded to public concerns about this event.

Image courtesy of Wikipedia

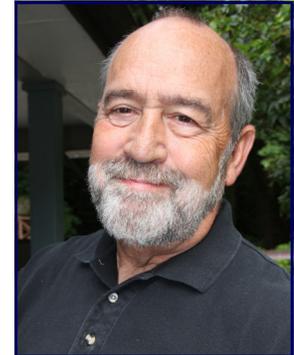
DOH # 821-078 December 2011

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Mary C. Selecky
Secretary of Health



John Erickson
Special Assistant

The Washington State Department of Health is pleased to present the *Public Health Emergency Preparedness and Response Program 2011 Annual Summary Report*. Emergency preparedness and response activities include everything from providing on-the-ground support during actual emergencies to training personnel and conducting exercises.

We work closely with local, state, tribal, federal and private partners to make sure Washington is ready to meet any public health emergency. Our statewide system was successfully tested this last year by the public health issues generated by the earthquake and tsunami in Japan, and by the recent winter storms in our state.

We've captured some of our key accomplishments and activities in this report, but there is one thing no report can adequately describe: the continued dedication of staff and partners during very difficult and challenging times. The Department of Health is committed to providing effective public health emergency response for the people of our state.

About this report

The Public Health Emergency Preparedness and Response 2011 Annual Summary Report describes activities conducted during the grant year 2010 (August 2010 through August 2011), and is funded by both the Centers for Disease Control and Prevention, and the Assistant Secretary for Preparedness and Response.

The report's format reflects the federal Department of Health and Human Services' directive to plan and respond based on specific public health emergency preparedness capabilities (see page 4). These capabilities serve as a framework for public health preparedness nationwide.

As this report outlines, the capabilities-based approach for public health emergency response planning has resulted in a more fully integrated system of preparedness and response.

Preparing the State for Public Health Emergencies

The Public Health Emergency Preparedness and Response program is a federally funded statewide program essential to assure that Washington State can respond to a variety of public health emergencies and other disasters.

The Public Health Emergency Preparedness and Response program is matrix-managed to promote efficient use of the staff's talents and expertise. Staff members in subject areas throughout the agency work toward the same program vision, mission and goals.

Vision Statement

Washington State responds effectively to public health threats and emergencies.

Mission Statement

The Public Health Emergency Preparedness and Response Partnership prepares for and responds to major acute threats and emergencies, including terrorism, that impact the health of the people of Washington State.

Program Goals

- Prepare systems and partners for effective emergency response
- Work to assure that effective disease surveillance systems are in place statewide
- Develop surge capacity for the health system response
- Increase internal and external awareness of public health threats and the activities

Key Accomplishments

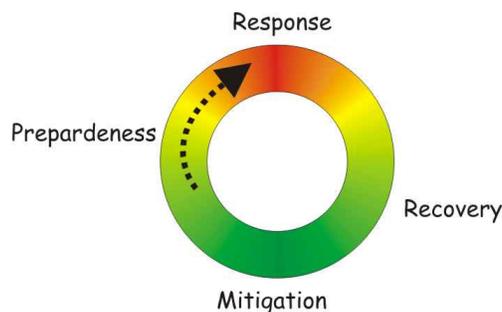


John Erickson, Special Assistant to the Secretary, Public Health Emergency Preparedness and Response (PHEPR), and Terry Frazee, Director, Office of Radiation Protection, examining air monitoring equipment used for gathering and testing samples during events such as the release of radiation following the earthquake and tsunami in Japan on March 11, 2011.

In March of 2011, Japan experienced a magnitude 9.1 earthquake followed by a catastrophic tsunami. Within hours, waves from the tsunami made landfall on coastal areas of Washington. In the next few days, nuclear power plants in the coastal city of Fukushima were severely damaged by fire and explosions, and very low levels of radioactivity carried in the jet stream across the Pacific Ocean were detected here in Washington.

Although there was little threat to human health in our state from these events, public concern was high. The agency used the incident command system to organize staff to meet the critical tasks of coordinating statewide issues, as well as proactively working to provide timely and accurate information to address public concerns.

The agencywide response to the disaster in Japan further strengthened local and state partnerships, and opened more lines of communication among divisions and outside agencies. Subject matter experts from the agency’s Office of Radiation Protection were also able to educate a broader public audience in radiological preparedness.



The Emergency Preparedness Cycle
Image courtesy of Wikipedia

Looking ahead: Future funding will be used to continue developing public health emergency response capabilities including improving communications, revising and updating plans and protocols on an ongoing basis, strengthening partnerships, and providing training opportunities to optimize emergency public health operations in Washington State.

**Public Health
Emergency
Preparedness
Capabilities**

**Achieving
Preparedness**

**The agency’s preparedness and emergency
response work is guided by public health
preparedness capabilities**

The Public Health Emergency Preparedness (PHEP) program within the Centers for Disease Control and Prevention outlines 15 public health preparedness and response capabilities.

In addition, the Hospital Preparedness Program (HPP) within the Office of Assistant Secretary for Preparedness and Response has identified 13 healthcare preparedness capabilities.

Starting in 2012, these federal programs will begin aligning their preparedness activities to create one integrated capabilities list.

PHEP capabilities

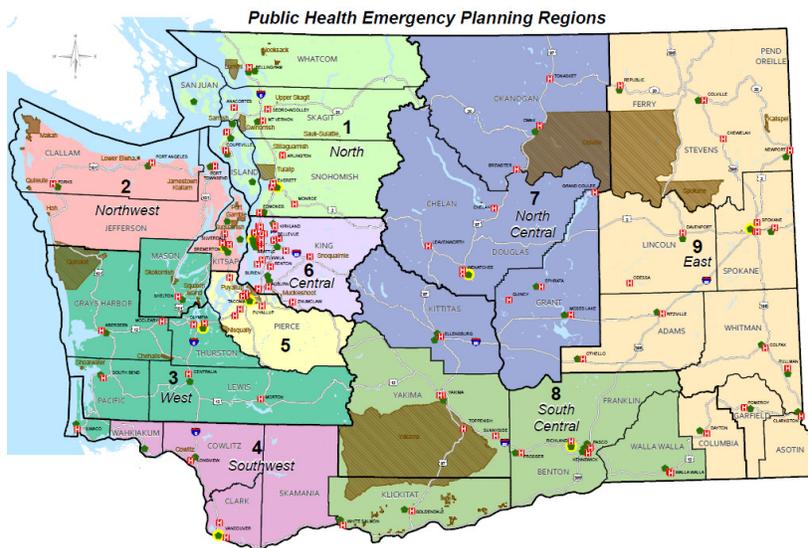
- Public Health Surveillance and Epidemiologic Investigation
- Public Health Laboratory Testing
- Community Preparedness
- Community Recovery
- Emergency Public Information and Warning
- Information Sharing
- Emergency Operations Coordination
- Mass Care
- Medical Countermeasure Dispensing
- Non-Pharmaceutical Interventions
- Fatality Management
- Responder Safety and Health
- Volunteer Management
- Medical Surge
- Medical Materiel Management and Distribution

HPP capabilities

- Interoperable Communications Systems
- Tracking of Hospital Bed Availability
- Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP)
- Fatality Management
- Medical Evacuation/Shelter-in-Place
- Healthcare Partnership/Coalition Development
- Alternate Care Sites
- Mobile Medical Assets
- Pharmaceutical Caches
- Personal Protective Equipment
- Decontamination Systems
- Medical Reserve Corps Integration
- Healthcare Critical Infrastructure Protection

Working with Partners

The agency collaborates with partners to assure the state is prepared for all types of disasters and emergencies.



Local Health Jurisdictions

Public health emergency response starts at the local level. The agency works closely with the 35 local health jurisdictions to provide technical assistance and support. Local health jurisdictions contribute to statewide strategic planning efforts with their knowledge and expertise. Nine jurisdictions also serve as leads, providing resources and leadership at the regional level.



Washington State Hospital Association

The Washington State Hospital Association is a membership organization representing community hospitals and several health-related organizations statewide. The association provides issues management and analysis, information, advocacy and other services. The association also assists with policy recommendations on a variety of issues such as strategic planning, medical countermeasures, personal protective equipment and training, and helps foster statewide collaboration between its members and the public health system.

Tribal Partnerships

The Public Health Emergency Preparedness and Response program offers federal grant funding, technical assistance and support to 29 tribes in Washington state.



The Port Gamble S'Kallam longhouse

The agency provides funding to help tribes build public health and healthcare emergency response capabilities in their communities. The agency also works with the Northwest Portland Area Indian Health Board, the Northwest Tribal Emergency Management Council and the American Indian Health Commission to further develop a comprehensive planning approach for tribes. In addition, the agency works with the Northwest Center for Public Health Practice in the planning and evaluation of annual Tribal Emergency Preparedness conferences.

The agency's partnership with tribes has led to work that is nationally recognized for excellence. Collaborative efforts include:

- *8th Annual Tribal Public Health Emergency Preparedness Conference*
The 2011 conference brought together tribal, state, local and federal agency staff to discuss the collaboration and training needed to improve tribal emergency preparedness and response.
- *Public Health Video Conferencing Network*
With overwhelming support from tribes and local health jurisdictions, the agency established the Washington State Public Health Video Conferencing Network. The agency currently has conferencing equipment located in 18 tribes and 23 local health jurisdictions.



- *Olympic Regional Tribal-Public Health Collaboration and Mutual Aid Agreement for Emergency Response & Other Public Health Activities*
The Olympic Peninsula Tribal-Public Health Mutual Aid Agreement (MAA) is the first of its kind in the nation. All seven tribes and three local health jurisdictions in the Olympic Peninsula region (Washington's Region 2) have signed the MAA.

Regional Emergency Medical Services and Trauma Care Councils



Regional Emergency Medical Services and Trauma Care Councils assist regional healthcare coalitions in preparing for emergencies.

Highlights

The Regional Emergency Medical Services and Trauma Care Councils are important partners that assist the regional healthcare coalitions in preparing for emergencies. The councils work closely with hospitals, local health jurisdictions and the Washington State Hospital Association. They assure the healthcare systems have response plans in place, exercise their plans and use their plans when training.

- Council Executive Directors attended the Cross Border Workshop meeting in Victoria, BC. They serve a vital role in cross border response and participated in strategic planning efforts.
- The councils participated in the Pacific Northwest Border Health Alliance, regional Health Care Coalition meetings and tribal conferences.
- Councils are represented and participate in planning with the Puget Sound Catastrophic Regional Preparedness Program.
- Councils provided subject matter experts for the American College of Emergency Surgeons webinar “Building a Collaborative Disaster Planning Process” for Washington State.
- The Emergency Medical Services and Emergency Management Auxiliary Transport Matrix includes six tribes. This matrix supports response planning and coordination during an all-hazards event and is updated quarterly.
- The Emergency Medical Services resource listing is a report that provides information on staffing, vehicles, radio frequency, level of care, email addresses, and point-of-contact information at the state, tribal, public health region, county and agency level. It is updated monthly.

Surveillance and Epidemiological Investigation

Disease tracking and investigation strengthens our ability to address major public health threats.

The agency continues to strengthen the systems that allow us to effectively track diseases, investigate disease cases and detect disease outbreaks. Our goal is to assure these systems are capable of meeting the increased demands of a major public health threat.



Epidemiology is the detective work of public health

Image courtesy of CDC

Highlights

During the past year, the agency's Office of Communicable Disease Epidemiology:

- Began receiving data feeds from facilities covering most of the state, an increase of 40% from the previous year.
- Developed a technical solution for storage and analysis of the hospital utilization data from Inland Northwest Health Service. Using these data, we:
 - Developed and validated a system to monitor flu hospitalizations and presented this work at national meetings.
 - Evaluated the percentage of women giving birth who reported being vaccinated for influenza. Subsequent public outreach for improving influenza immunization among pregnant women was based on the findings.
- Collaborated with the Centers for Disease Control and Prevention in three intensive investigations of public health concern to find the cause, and identify and implement response and prevention measures for Q fever, necrotizing enterocolitis and legionella.
- Developed a cross-agency/divisional training and preparedness team for Rapid Response to Food Emergencies.
- Completed revision of the Notifiable Conditions Rule (WAC 246-101) which became effective in February 2011. A broad range of stakeholders worked together to revise the rule to make reporting of public health threats more timely and complete, better address emerging threats, and support more efficient use of public health resources.

Public Health Laboratory Testing



Secretary Mary C. Selecky and Laboratory Director Romesh Gautam cut the ribbon on the new biosafety wing of the PHL on July 21, 2011.



Fukushima, Japan

The agency monitored levels of atmospheric radiation following severe damage to a nuclear power facility in Fukushima, Japan, after the earthquake and tsunami there on March 11, 2011.

Microbiology Laboratory

During the past year, the Microbiology Emergency response team processed 12 clinical samples for *Clostridium botulinum* toxin, *Brucella*, *Francisella*, and *Burkholderia*. The team also supported law enforcement and first responders in testing samples from seven suspicious substance (white powder) incidents.

During 2011, the Micro team successfully passed all proficiency testing with the Laboratory Response Network and with the College of American Pathologists, assuring the team will be ready to respond to public health threats involving select agents. A new biosafety wing was dedicated in July at the Public Health Laboratories, which greatly increases our emergency response capability.

Chemical Incident Response Laboratory

Over the past year, the Chemical Incident Response Laboratory:

- Responded to 10 events, providing seven analyses and reports on these events.
- Analyzed 400 clinical specimens.
- Revalidated new standards.
- Tested suspicious substances in seven (white powder) events.
- Took part as the Lead Clinical Laboratory in a weeklong, nine-state exercise sponsored by federal agencies to test the readiness of the Laboratory Response Network Chemical and Water Laboratory Alliance.
- Worked with the Radiation Laboratory to characterize the background materials in air sampling cartridges during the Fukushima event.

Radiation Laboratory

In the past year, the Radiation Laboratory:

- Collected daily air, rainwater and other specialty samples from March through May 2011, following the release of radioactivity from nuclear reactors in Japan. The Laboratory provided data to help the agency and regional partners evaluate potential health effects of the radiation release.

Community Preparedness and Recovery

The agency works with partners to prepare for, respond to, and recover from emergencies.



The agency is working to prepare the healthcare and public health systems to withstand and recover from public health incidents. Recovery includes restoring public health, medical and mental health services to pre-incident levels.



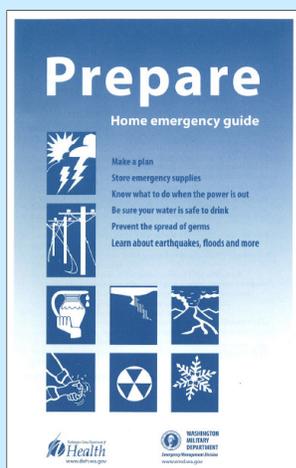
Highlights

During the past grant year, the agency:

- Partnered with the Washington State Emergency Management Division to conduct a training for local jurisdictions on developing and maintaining emergency operations plans. This course will continue to be offered on an as-needed basis.
- Conducted the WASABE (Washington State Annual Biological Exercise) “Tree Frog” exercise on the Olympic Peninsula (Region 2). More than 30 state, local and federal agencies participated.
- Responded to concerns about radiation exposure resulting from the earthquake and tsunami in Japan in March/April 2011, and worked closely with federal and local counterparts to keep the public informed on risks and appropriate countermeasures.
- Expanded the continuity of operations planning program to assure essential functions will be maintained during emergencies.
- Provided a variety of training opportunities around the state on planning, exercise design, hospital evacuation, alternate care facilities and fatality management to help organizations better prepare their communities for emergency response.

Information Sharing

The agency proactively works to provide timely, accurate and consistent emergency preparedness, response and recovery information for the public and our partners statewide.



The agency's new Home Emergency Resource Guide

Emergency Public Information and Warning

The agency develops and disseminates information, alerts, and warnings to the public and incident management responders.

Highlights

Information Sharing and Risk Communication

Highlights included:

- From March to May, the agency received hundreds of emails and calls, and hundreds of thousands of webpage hits from concerned citizens, seeking information about the release of radiation following the earthquake in Japan. In response to these inquiries, the agency mounted a full public information campaign using websites, social media, statewide media, and public and stakeholder outreach.
- Partnering with the telephone referral service “WIN/211,” serving a mostly low-income audience, to deliver emergency preparedness information to over 168,000 callers.
- Creating and distributing a new Home Emergency Guide, focusing on common public health challenges such as access to drinking water and food safety during power outages.
- Providing risk communication training and support to local health and partner organizations statewide to assist with further developing emergency communications capacity.

SECURES — Emergency Information and Warning

- Secure Electronic Communication, Urgent Response, and Exchange System (SECURES) users continued to increase among public health partners in 2011. Ten local health jurisdictions now use SECURES as their call-down tool to mobilize staff during events with public health impacts.
- SECURES added Community & Migrant Health Centers in seven counties as partners. SECURES will be deployed to the remaining centers in 2012.
- Average response confirmation rate among Local Health Jurisdictions to high-level SECURES alerts was greater than 95 percent within the first 30 minutes during 2010-2011.
- The agency is preparing for an upgrade to SECURES to provide additional alerting capabilities and availability at reduced cost.

Emergency Operations Coordination

The agency establishes processes consistent with the National Incident Management System for overseeing, organizing and supervising response to events with public Health or medical implications.



The Emergency Operations Center in use at the Department of Health

Highlights

- The agency continues to maintain a robust capability in its emergency operations center (EOC) by upgrading:
 - Equipment and software systems.
 - The existing comprehensive training and exercise plan and developing a new communicable disease response plan to improve the agency's ability to respond to public health incidents.
- The agency used a virtual EOC to respond to the perceived public health threats generated by the disaster in Japan.
- The EOC continues to be exercised on a regular basis. In the past year the EOC was used during an internal functional exercise and during the WASABE Tree Frog exercise.

Mass Care

The agency supports efforts to establish facilities and systems for distributing appropriate amounts of medication, supplies and health services to those impacted by a public health emergency.

Fatality Management

The agency works with partners to coordinate management of disaster victims' remains and personal effects during a public health emergency. The agency also supports efforts to assure family members, responders and survivors of incidents have access to mental health services.

Highlights — Mass Care

Although the agency is not the lead for mass care sheltering, we work very closely with the Department of Social and Health Services to provide support on public health and medical issues related to mass care. In addition, we:

- Collaborate on and contribute to the Mass Care sheltering plan.
- Participate in state, local and federal work groups to address the issue of general population shelters related to disaster planning.
- Work closely with local, state and federal partners to support shelter planning efforts for populations of state mental hospitals.
- Support local health agencies and their efforts in medical needs shelter planning.



Mass care facility

Response to Hurricane Katrina in New Orleans, Louisiana, 2005

Highlights — Fatality Management

- The agency hosted the popular National Mass Fatalities Institute's course, "Mass Fatalities Incident Response Planning," June 13-17, 2011. Forty partners and planners attended the Western Washington course, and 33 attended the Eastern Washington course.
- The agency continues to contact partners to collaborate on fatality management issues.

Medical Countermeasure (MCM) Dispensing

The agency is working to make sure it can distribute and dispensing medical countermeasures (vaccines, pharmaceuticals or antidotes) required for an effective response to a disease outbreak or other incident.



Highlights

- During the past year the agency received a high score (90 percent) on the Centers for Disease Control and Prevention's annual Technical Assistance Review. The review team evaluated the plans, procedures and other resources the agency uses to receive, store, distribute and manage federal Strategic National Stockpile medical resources.
- Local health jurisdictions demonstrated capability this year by completing multiple mass Medical Countermeasure clinics throughout the state. Many continued to use annual flu clinics to exercise these plans.
- This year agency staff drafted a state agency emergency medical countermeasure dispensing plan.



Non-Pharmaceutical Interventions

The agency provides recommendations and guidelines for limiting exposure and preventing the spread of disease during an outbreak, and will help local governments implement strategies that might include:

- Isolation and quarantine.
- Restrictions on movement, travel advisory/warnings
- Social distancing.
- Personal decontamination.
- Hygiene.
- Personal protective behaviors.
- Shelter-in-place.

Highlights

During the 2010-2011 grant year, the agency:

- Collaborated with Centers for Disease Control and Prevention’s Division of Global Migration and Quarantine, and Public Health - Seattle & King County on emergency response for imported illness at Sea-Tac International Airport.
- Updated Non-Pharmaceutical Intervention response plans for pandemic influenza based on both the assessments from the 2009 H1N1 response and federal emergency response capabilities.
- Participated with local health jurisdictions in an annual emergency exercise to test emergency responses that include non-pharmaceutical interventions.



NPHIC 2011
Gold Medal
Award for
Excellence

Note: In December 2011, the agency was honored to win first place (social media category) in the National Public Health Information Coalition awards for its “WashYourHandsingTon” video. This national award highlights the efforts of the agency team who worked on this campaign including staff from the Immunization Program, Public Health Emergency Preparedness and Response, and the Communications Office.

Responder Safety & Health

The agency works with public health staff, medical personnel and emergency responders to be adequately trained and properly equipped to respond safely during a public health emergency.



Agency staff receiving training in the use of personal protective equipment at an annual Public Health Emergency Preparedness and Response workshop

Highlights

The agency continued to provide funding to purchase and place in hospitals antibiotic drugs for staff and their families, as well as for hospital-based first responders.

Agency staff with response roles:

- Were regularly trained and tested on worker safety protocols.
- Were reminded of the need for critical incident stress management during stressful times to better address psychosocial and stress management needs among staff.
- Contacted agency partners to begin to refine planning.
- Conducted radiation response training with local health jurisdictions.

Volunteer Management

The agency is building systems for coordinating the identification, recruitment, credentialing, training and engagement of volunteers to help public health agencies and healthcare providers respond to incidents of public health significance.



ESAR-VHP



MRC

Highlights

The agency is in the process of implementing a new Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Web-based system that will register both medical and nonmedical volunteers, including public health professionals. The system is expected to be available for use in 2012. It will offer a significantly improved tool for managing volunteer resources at both the state and local levels by offering the ability to coordinate and track provider types, medical credentials and certifications, training and deployment preferences.

Other significant activities include:

- In June, over 70 ESAR-VHP healthcare providers and Medical Reserve Corps (MRC) volunteers participated in an 8-hour basic disaster life support training course. This agency-sponsored course is a review of all-hazard topics including natural, accidental human-made, traumatic, explosive, nuclear, radiological, biological and chemical events. Some participants stated the training gave them a greater in-depth knowledge of the various disaster response protocols.
- In August, the agency coordinated the participation of over 30 MRC volunteers in the 2011 Northwest Citizen Corps Expo. The expo was a “hands-on” field exercise in which Community Emergency Response Teams (CERT), MRC and amateur radio (HAM) operators came together in a disaster mass casualty scenario to practice and advance their skills. The event was held at the Washington State Fire Training Academy, which provided realistic disaster scenarios and facilitated team building. This was the second year that MRC volunteers officially participated in the medical treatment center.

Medical Surge

The agency is working with partners, including hospitals, EMS, pharmacies, public health, emergency management, community health centers, tribes, home care agencies, and extended care facilities to plan for medical, mental and other health services during a public health emergency or mass casualty event.



Highlights

- Each of the nine regional Healthcare Coalitions in Washington State continue developing plans to operate Alternate Care Facilities.
- Six of nine regional Healthcare Coalitions exercised their Alternate Care Facility plans during 2011.
- The agency completed the initial draft of a Patient Movement Coordination Plan. This plan addresses the movement of injured patients from hospitals in affected disaster areas to unaffected facilities during a disaster.
- The agency supports each of the nine Public Health Emergency Preparedness and Response regions by providing funding to support medical surge capabilities with planning, training and exercises, as well as with the purchase of disaster equipment and supplies.
- The agency meets regularly with the statewide Alternate Care Facilities Standardization Workgroup.

Medical Materiel Management and Distribution

The agency works to establish the ability to receive, store, track and distribute emergency supplies such as gloves, pharmaceuticals, masks and ventilators.

The agency is also developing methods for locating and recovering unused federal medical materiel following an incident.



Highlights

During the past year, the agency:

- Continued emergency health and medical resources planning and staff training, especially regarding inventory management and materiel handling.
- Added an agency Pharmaceutical Cache Storage Site licensed by the Board of Pharmacy. This site provides a safe, secure environment for the storage of pharmaceuticals and other medical supplies.
- Procured a medical materiel management and distribution inventory management system. This tool enabled our staff to process over 40 pallets of medical resources into the system at the Receiving, Staging and Storage site, and ready them for distribution within two hours.
- Continued to provide funding to purchase and place in hospitals antibiotic drugs for staff and their families, and hospital-based first responders.

Operating Budget

2011 Annual Report

Washington State Department of Health

Public Health Emergency Preparedness and Response

Operating Budget

Funding sources:

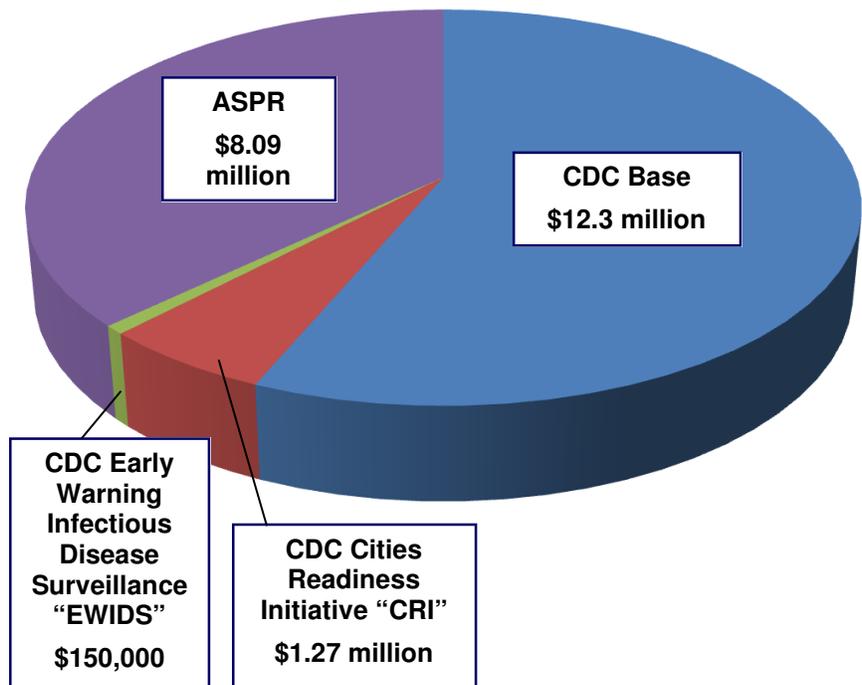
Centers for Disease Control and Prevention (CDC)

Assistant Secretary for Preparedness and Response (ASPR)

FFY10 PHEPR Funding

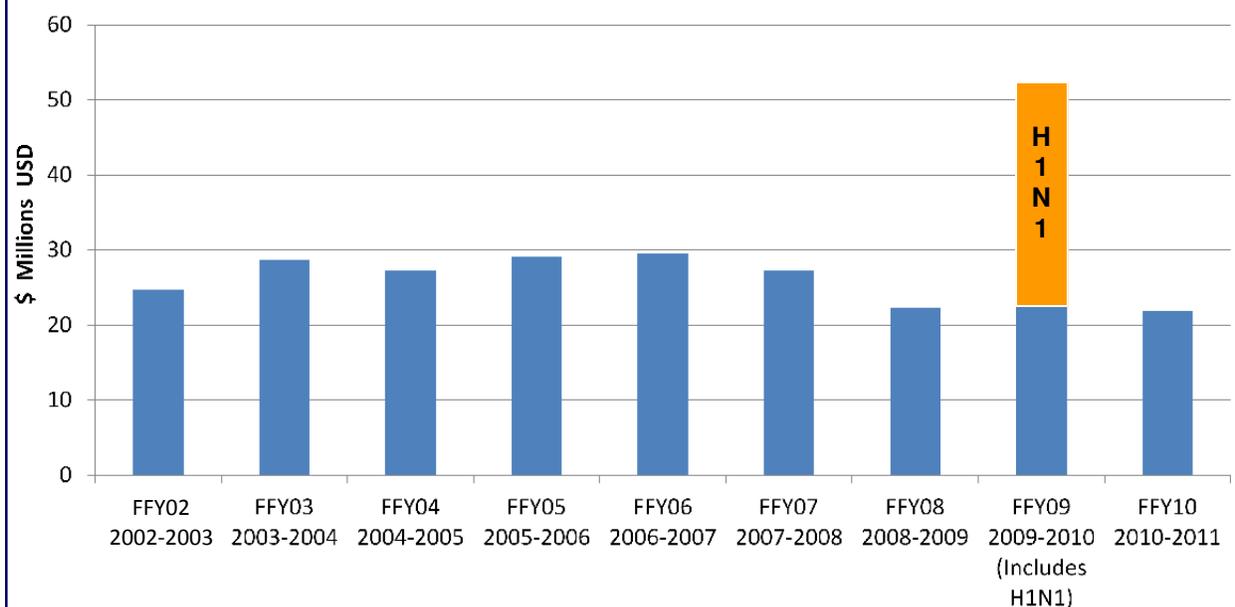
Total = \$21,823,523

all sources



Historical PHEPR Funding

2001 - 2011, all sources



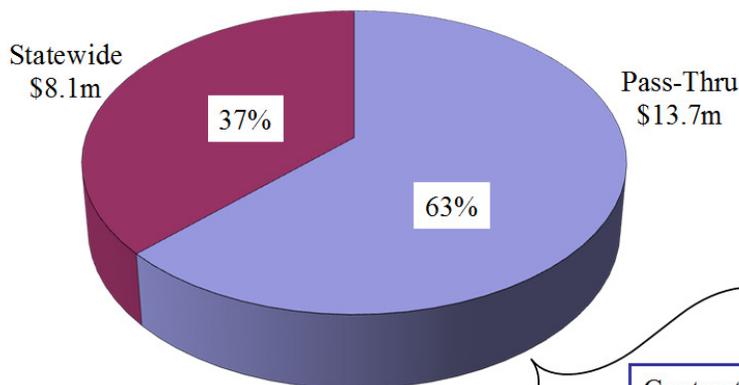
Using Resources

The agency’s Public Health Emergency Preparedness and Response program is dedicated to effectively using its resources to improve the public health and healthcare systems’ ability to respond to public health emergencies.

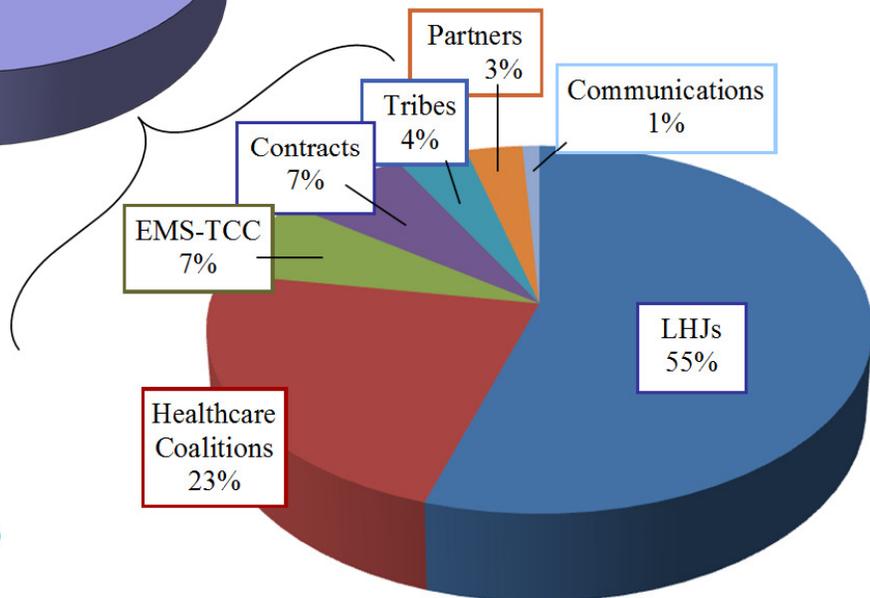
With its partners, the agency builds preparedness capacity and capability. Primary activities include:

- Planning for emergency response and continuity of operations.
- Exercising plans annually to determine areas for improvement.
- Training staff.
- Providing technical assistance and emergency response support to regional and local partners.
- Helping local and regional partners obtain response equipment and supplies.
- Developing relationships with partners at the local, state, tribal, private and federal levels.

FFY 2010 PHEPR Budget — \$21,823,523



FFY 2010 Pass-Through \$13,724,253



- Partners include organizations that provide technical assistance to the agency and act as liaisons with health care providers.
- Local Health Jurisdictions (LHJ)
- Emergency Medical Service — Trauma Care Councils (EMS-TCC)

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Websites

Public Health Emergency Preparedness and Response
<http://www.doh.wa.gov/phepr>

Emergency Medical Services
<http://www.doh.wa.gov/hsqa/emstrauma>

Emergency Resource Guide—2008
<http://www.doh.wa.gov/phepr/handbook.htm>

Emergency Communications Toolkit
<http://www.doh.wa.gov/phepr/toolkit/>

Pandemic Influenza Resources
<http://www.doh.wa.gov/panflu>

Emergency Resources—Spanish
<http://www.doh.wa.gov/phepr/spanish.htm>

Medication Center Signage and Resources
<http://www.doh.wa.gov/phepr/signs/>

Washington State Public Health Laboratories
<http://www.doh.wa.gov/EHSPHL/PHL/>

Notifiable Conditions
<http://www.doh.wa.gov/notify/>

Communicable Disease Epidemiology
<http://www.doh.wa.gov/EHSPHL/Epidemiology/CD/default.htm>