

Washington State Department of Health

# Public Health Emergency Preparedness and Response Program



## Annual Summary Report 2012 - 2013





**On the cover:**

Exercises like this one at our Reception, Staging and Storage Facility prepare our state to receive emergency medications and medical supplies from the federal government and ship them quickly to the locations that need them.

DOH # 821-083  
December 2013

**Table of Contents**

**Program, Vision, Mission and Goals** ..... 1

**Key Accomplishments** ..... 2

**Working with Partners:**

- Local health jurisdictions, Washington State Hospital Association, regional healthcare coalitions ..... 4
- Tribes ..... 5

**Emergency Preparedness Capabilities** ..... 6

**Program Funding** ..... 13

**Program Budget**..... 14

**PHEPR Program Contacts** ..... 15

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## This report

The Public Health Emergency Preparedness and Response (PHEPR) 2012-2013 Annual Summary Report describes the program and its activities for the federal grant year July 1, 2012 through June 30, 2013.

## PHEPR program and funding

Our program prepares Washington State organizations and citizens to respond to and recover from emergency events that can affect the public's health. Our activities are funded by grants from the Centers for Disease Control and Prevention (CDC) and the Assistant Secretary for Preparedness and Response (ASPR).

## History

We began participating in the federal public health and healthcare emergency program in 2002. Initially, our activities focused on bio-terrorism preparedness but have expanded to include preparedness for all emergency events that affect public health. In recent years, our program has helped respond to incidents ranging from wildfires and floods to H1N1 influenza and pertussis outbreaks.

## Local focus and regional coordination

Because response begins at the local level, we pass on two-thirds of our funding to public health agencies, healthcare coalitions and other partners. We work closely with each, providing guidance, technical infrastructure, expertise, coordination, training and supplies.

Responding to large-scale events can require resources beyond those available to local governments. We help agencies and partners plan together to share resources, avoid duplication of effort and work toward common goals.

## Capabilities

Our program's activities are directed toward meeting the national standards set by the CDC and ASPR. Each agency has outlined a set of capabilities, 15 from the CDC and eight from ASPR, that guide the work of their grantees at both the state and local levels. Our agency has created a five-year work plan to address these capabilities, with special emphasis on certain capabilities during each year (see page 6 for further detail).

## Preparing for Public Health Emergencies

### Vision Statement

Resilient communities prepared to rapidly recover from threats and emergencies that affect the health of the public.

### Mission Statement

The public health and medical community builds all-hazards preparedness capabilities to minimize the health impacts the people in Washington experience resulting from major emergencies and disasters.

### Program Goals

- Develop sustainable systems for implementing response and recovery capabilities.
- Develop and leverage partnerships that promote innovation and collaboration across government, private sector, community organizations and the public.
- Develop surge capacity and capability for public health and healthcare system response.
- Increase awareness of health threats and protective actions so communities can respond and recover.

## Accomplishments 2012-2013



### Program Accomplishments

#### Improved systems to provide emergency medicine and supplies

The Washington State Department of Health, CDC, Public Health Seattle King County, University of Washington and Costco entered into a partnership to improve the public health system's ability to distribute large amounts of medications to people who need them during major disease outbreaks. This innovative approach engages private sector partners for mass distribution of needed medicine.

The Inventory Resource Management System has been moved to the cloud. The move improves system reliability and allows us to better support local health jurisdictions and healthcare partners when providing needed medical supplies during emergencies.

#### Training in support of others

In 2012, we focused on training for radiation emergencies. This included sponsoring a course through the Radiation Emergency Assistance Center/Training Site for first responders and first receivers. We also trained community volunteers including Medical Reserve Corps members on operating community reception centers following radiation emergencies.

We provided training to Healthcare Coalition partners. We coordinated a pediatric planning course, hospital evacuation course, basic disaster life support course, and a course on alternate care facilities. In total, we were able to reach 623 first responders and first receivers across the state.

#### Photo on this page:

10th Annual Crossborder Workshop in Vancouver, B.C.

### **Cross jurisdictional efforts**

The Pacific Northwest faces a significant threat of a catastrophic earthquake. We have worked closely with federal partners and state emergency management and public health agencies in Washington, Oregon, California, Alaska and British Columbia to develop a coordinated response concept. This work is expected to continue in the coming years and will result in an exercise to test the concept.

The Pacific Northwest Border Health Alliance hosted the 10th Annual Cross Border Workshop in Vancouver, British Columbia. Our agency supported the workshop and facilitated discussions. Key topics included migrant worker health during disasters; cross border clinical medical surge strategies; emergency medical services and auxiliary patient transport planning tools; and planning for the needs of indigenous populations.

### **Testing our response capabilities**

The 2013 Washington State Annual Biological Exercise tested local, tribal, regional and state emergency response capabilities. Elements tested included managing a public health and medical response; providing public information; using multiple communication and notification systems; dispensing medicine and medical supplies; coordinating mental and behavioral health services; conducting epidemiological investigations; and mobilizing public health and medical volunteers. This was the second statewide full-scale exercise held with partners in Southwest Washington; the first was in 2005. Results showed vast improvement in all areas of response.

### **Building a stronger program**

Over the years our program has participated in numerous exercises and responded to real events. We have learned a great deal from both, and have changed our planning and preparation accordingly, but in some instances more remains to be done. To better apply what we have learned, we are implementing a new Corrective Action Program. Our goal is to continuously improve our systems and processes to better respond to emergencies and provide support to our local public health and medical partners.

As funding has decreased, so have the resources we have available to support our partnerships. Based on feedback from our partners, in the coming year we will consolidate meetings, continue to host a monthly Program Update Call, and increase opportunities for technical assistance and collaboration.

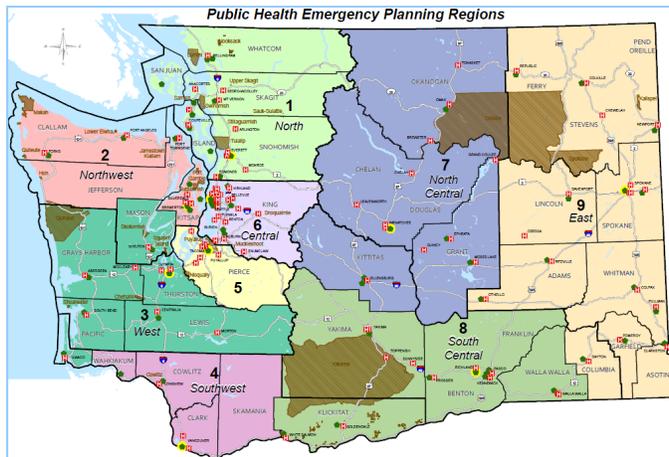
## **Accomplishments (continued)**

## Working with Partners

We collaborate with a wide range of partners to better prepare Washington State for all types of disasters and emergencies.

### Additional Partners Contributing to PHEPR Work:

- Washington Association of Community and Migrant Health Centers
- Home Care Association of Washington
- Washington Poison Center
- Department of Social and Health Services
- Washington Emergency Management Division (Washington Military Department)
- Regional Emergency Medical Services and Trauma Care Councils



Washington's Public Health Emergency Preparedness and Response regions.

## Local Health Jurisdictions

Our program works closely with Washington's 35 local health jurisdictions, providing technical assistance, subject matter expertise and funding to build local public health response capability. Jurisdictions contribute expertise, local knowledge and community support. Nine jurisdictions also serve as regional leads, providing resources, guidance and opportunities for cross-jurisdictional collaboration to local partners.

## Washington State Hospital Association

The Washington State Hospital Association provides advice and technical assistance to the Department of Health and statewide healthcare coalition groups regarding state and regional healthcare emergency preparedness. This includes assisting healthcare system partners with plan development and acquiring related equipment, training and services.

## Regional Healthcare Coalitions

The coalitions are made up of hospitals, clinics, home care providers, local government, emergency medical services and trauma care councils, tribes and others that work together to help plan a coordinated regional healthcare response for emergencies. The coalitions' work includes helping healthcare systems to create, exercise and update their response plans, and participating in emergency response training.

Our program helps tribes plan, train and purchase equipment to prepare for a wide range of events.



## Washington Tribes

Our program offers federal grant funding, technical assistance and equipment to 29 tribes in our state for emergency preparedness activities. This partnership has produced work that is nationally recognized for excellence. Some examples of our work:

- **Needs assessment**

We contracted with the American Indian Health Commission to complete a series of cluster meetings to identify the public health and emergency preparedness needs and priorities of our tribal partners. The final report included suggestions for recalculating our program's tribal funding formula, which we will reevaluate during the current contract year.

- **10th Annual Tribal Public Health Emergency Preparedness Conference**

We partnered with the Northwest Portland Area Indian Health Board to conduct the conference on June 26-27 in Airway Heights, Washington. Eighteen tribes participated from Washington, nine from Oregon and two from Idaho.

- **Indigenous Health Working Group**

Tribes in Washington met with other Northwest tribes and First Nations from British Columbia to discuss cross border public health medical issues at the 10th annual Cross Border Workshop held in Vancouver, British Columbia.

## Working with Partners (continued)

### Our Tribal Partners include:

- All 29 federally recognized tribes in the State of Washington
- Northwest Portland Area Indian Health Board
- American Indian Health Commission of Washington State
- Northwest Tribal Emergency Management Council
- Health Canada First Nations and Inuit Health

## Capabilities

### Federal capability requirements guide our work

Both the Centers for Disease Control and Prevention (CDC) and the Assistant Secretary for Preparedness and Response (ASPR) evaluate preparedness in terms of capabilities.

The CDC outlines 15 public health emergency preparedness (PHEP) capabilities. ASPR has identified eight related hospital preparedness program (HPP) capabilities.

Our program’s five-year plan identifies several capabilities for emphasis each year. During the past year, the first of the five-year grant period, we focused on developing our Mass Care and Medical Surge capabilities. During year two we will continue our focus on Medical Surge with additional focus on Community Preparedness and Public Health Laboratory Testing. Certain core capabilities require ongoing effort in every grant year. These capabilities are designated as “sustaining” in the table below.

#### PHEP and HPP Capabilities

#	Public Health Emergency Preparedness	Healthcare Preparedness Program	Year of Focus
1	Community Preparedness	Healthcare System Preparedness	2013-2014
2	Community Recovery	Healthcare System Recovery	2015-2017
3	Emergency Operations Coordination	Emergency Operations Coordination	Sustaining
4	Emergency Public Information and Warning		2016-2017
5	Fatality Management	Fatality Management	2014-2015
6	Information Sharing	Information Sharing	2015-2016
7	Mass Care		2012-2013
8	Medical Countermeasure Dispensing		Sustaining
9	Medical Materiel Management and Distribution		2014-2015
10	Medical Surge	Medical Surge	2012-2014
11	Non-pharmaceutical Interventions		2016-2017
12	Public Health Laboratory Testing		2013-2014
13	Public Health Surveillance and Epidemiological Investigation		Sustaining
14	Responder Safety and Health	Responder Safety and Health	2014-2015
15	Volunteer Management	Volunteer Management	2015-2016

A technician takes a reading from a radiation monitoring station.



## Capabilities

### 1. Community and healthcare systems preparedness

We help get local communities and healthcare systems ready to withstand incidents that have public health and medical impacts. This includes working with regional healthcare coalitions, local health jurisdictions and tribes to create emergency response plans, organize trainings, host exercises and develop relationships. Work this year included expanding our outreach and collaboration with the Red Cross, local and state emergency management agencies, colleges, schools, home care agencies, ambulatory surgery centers, and other community partners. This year we completed an important phase of a project that will map vulnerable populations using Geographic Information System (GIS) technology. This project, led by the Department of Social and Health Services (DSHS), will provide emergency planners and responders around the state with information about DSHS clients who are children, have functional or access needs or have limited English proficiency. We will focus on this capability during the 2013-2014 grant year.

### 2. Community and healthcare system recovery

We work with healthcare organizations, business, education, emergency management and other partners to plan and support the rebuilding of the public health, medical, mental and behavioral health systems after an incident. Continuity of operations planning and exercising those plans are important activities under this capability. This year we conducted the first agencywide continuity exercise. We will give this capability additional focus during the 2015-2017 grant years.

## Capabilities



Wildfires in eastern Washington threatened property and posed a public health threat through poor air quality.

### 3. Emergency operations coordination

Our program applies National Incident Management System (NIMS) principles when overseeing, organizing and coordinating responses to incidents with public health or medical implications. We make sure our staff receives NIMS training. We also maintain a duty officer 24/7 to receive and distribute alerts, and we maintain updated supporting equipment and software. This year we staged a full-scale exercise in Southwest Washington to test response to a bioterrorism incident. This is a core program capability that we commit resources to annually.

### 4. Emergency public information and warning

We develop and distribute preparedness information for the public including online materials in several languages, a home preparedness guide and a recorded information line. We provide partners with an online communications toolkit, and signs and support materials for establishing emergency medication or treatment centers. We also provide risk communication training and support a regional network of communicators. We will give this capability additional focus during the 2016-2017 grant year.

### 5. Fatality management

We work with partners to plan for the proper recovery, handling, identification, tracking, storage, transport and disposal of human remains and personal effects. This includes participation in a multi-agency group to plan for a possible regionwide Cascadia Subduction Zone earthquake. We also facilitate access to mental/behavioral health services for those involved in emergency events. We will give this capability additional focus during the 2014-2015 grant year.

Our Public Health Laboratories support environmental monitoring, disease investigations and emergency response.



## Capabilities

### 6. Information sharing

We maintain systems that facilitate the secure exchange of health-related and situational awareness information among federal, state, local, tribal and private sector partners on a routine basis, as well as in preparation for and in response to public health and medical emergency incidents. We will give this capability additional focus during the 2015-2016 grant year.

### 7. Mass care

We focused on mass care during the past grant year by contributing to the creation of a state plan for providing shelter to large numbers of people following an event. We also worked closely with partners on plans to shelter populations of state mental hospitals after an event. We supported and encouraged development of local mass shelter plans. We focused on mass care during the past grant year, 2012-2013.

### 8. Medical countermeasure dispensing

Medical countermeasure dispensing is the ability to distribute and dispense vaccines, pharmaceuticals or antidotes required for an effective response to a disease outbreak or other incident. This is a core capability to public health and medical response. We provide resources to support this capability annually.

## Capabilities



Cross Border Workshop, Vancouver, British Columbia. 2013

### **9. Medical materiel management and distribution**

We have the ability to receive, store, track and distribute emergency medical supplies such as pharmaceuticals, gloves, masks and ventilators. The agency also is developing methods for locating and recovering unused federal medical materiel following an incident. This is a core capability to public health and medical response, and will receive additional emphasis during the 2014-2015 grant year.

### **10. Medical surge**

Our agency works with partners, including hospitals, EMS and Trauma Care Councils, tribes, local public health agencies, pharmacies, emergency management agencies, community health centers, tribes, home care agencies and extended care facilities to plan for medical, mental and behavioral health services during a public health emergency or mass casualty incident. We focused on this capability during the 2012-2013 grant year and will continue to emphasize it through 2014.

### **11. Nonpharmaceutical intervention**

We provide recommendations for limiting exposure and preventing the spread of disease during an outbreak, and will help local governments implement strategies that might include promoting personal hygiene, directing people to stay indoors, restricting travel, limiting gatherings, quarantining sick people and other measures. We focused on this capability at the agency level during the 2012-2013 grant year and will continue to emphasize it during 2016-2017.

Secretary of Health, John Wiesman, visiting an exercise at our Reception, Staging and Storage facility.



## Capabilities

### 12. Public health laboratory testing

The Public Health Laboratories (PHL) works to build and maintain capacity to test samples and share data in response to biological, chemical and radiological incidents. This is a core capability to public health and medical response. We allot resources to this capability annually. We will give this capability added focus during the current 2013-2014 grant year.

### 13. Surveillance and epidemiological investigation

We continually strengthen the systems that allow us to detect disease outbreaks, track diseases and investigate disease cases. Our goal is to prepare our systems to meet the demands of a major public health threat. This is a core response capability. We commit resources to this capability annually.

### 14. Responder safety and health

Our agency helps to provide the equipment, training and other resources needed to protect public health agency staff and healthcare workers during their emergency response and recovery efforts. We will focus on building this capability during the 2014-2015 grant year.

### 15. Volunteer management

The agency supports systems that help to identify, recruit, verify licensure, train and engage volunteers to help public health agencies and healthcare providers respond to incidents of public health significance. This capability will receive focus during the 2015-2016 grant year.

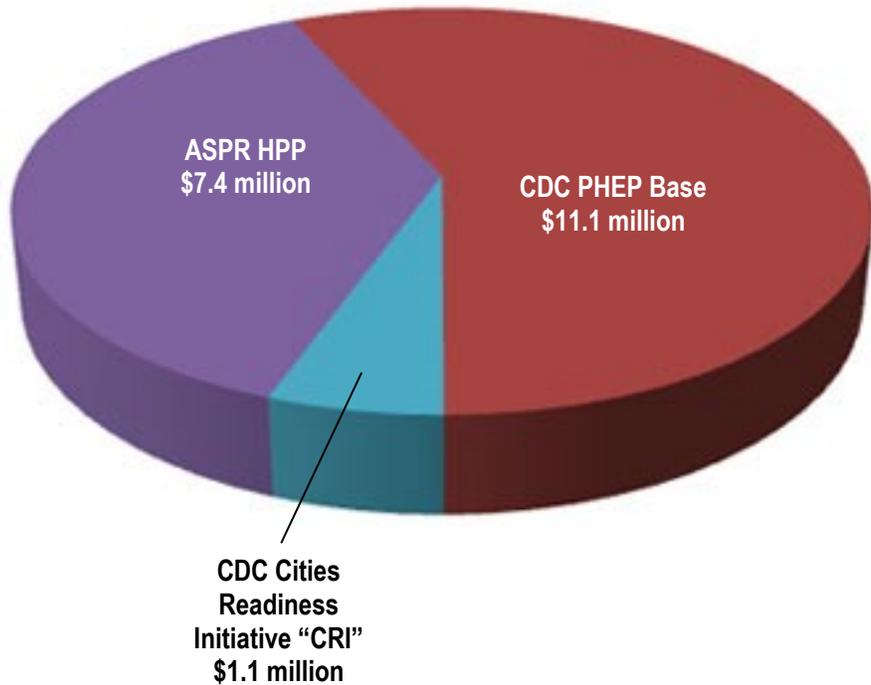
### Program Funding

**Primary funding sources:**

Centers for Disease Control and Prevention (CDC)

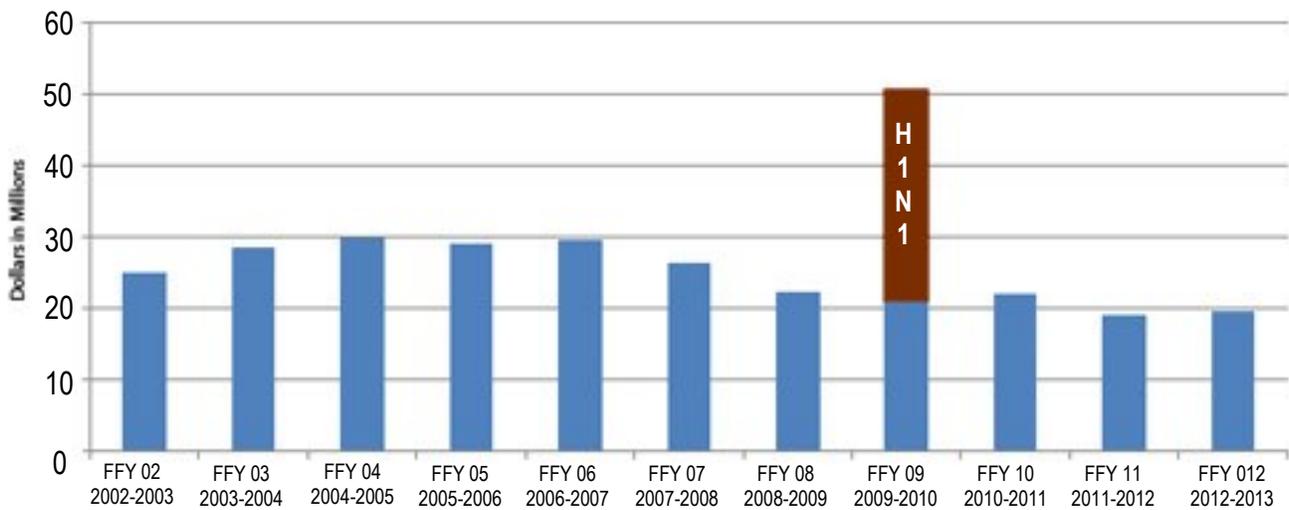
Assistant Secretary for Preparedness and Response (ASPR)

**FFY12 PHEPR Funding Total = \$19,656,577**



### Historical PHEPR Funding

2002-2013, all sources



## FFY 12 PHEPR Budget = \$ 19,656,577

### Statewide support

Examples of statewide activities include technical support and coordination for planning, exercises and training; response support, help with acquisition of equipment and supplies; relationship building with partners at all levels and development and maintenance of information systems to support data needs and information sharing.

### Funds distributed to local government and other partners

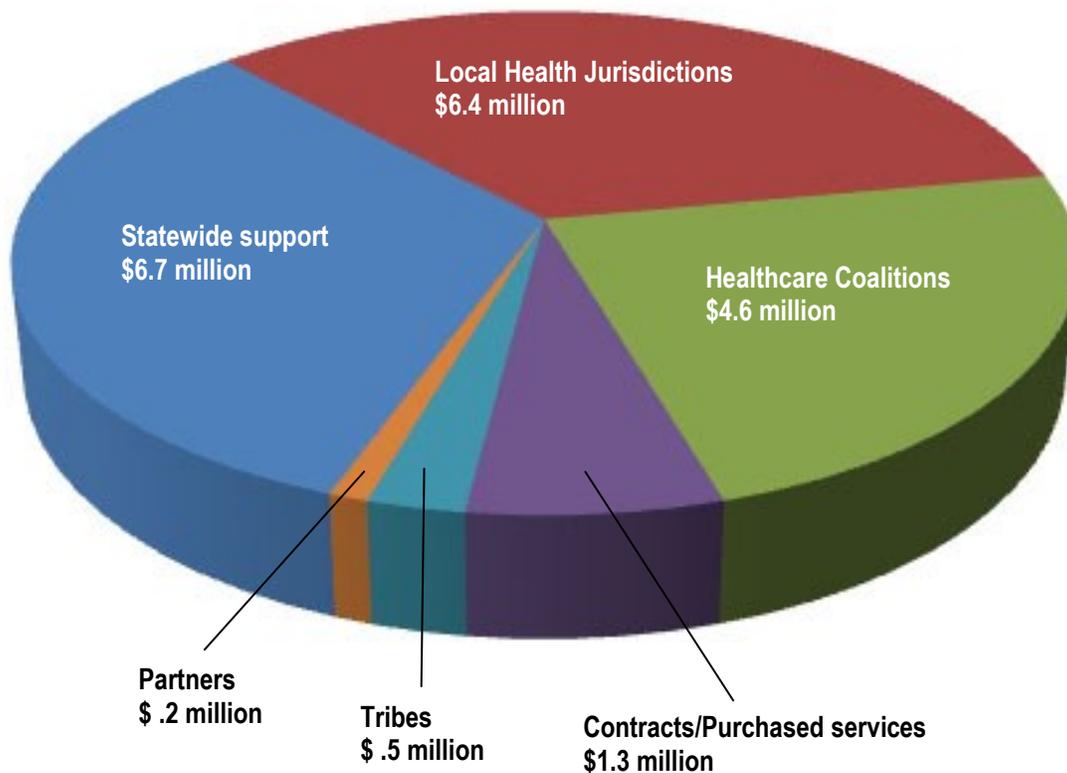
We pass 65 percent of program funding through to local agencies and other partners. Partners include organizations that provide technical assistance to the agency and act as liaisons with healthcare providers.

### Operating Budget

**Statewide support:**  
\$6.7 million

**Distributed locally:**  
\$13.0 million

### Program Expenditures



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## Information on our Website

### Public Health Emergency Preparedness and Response

<http://www.doh.wa.gov/phepr>

### Emergency Medical Services

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

### Emergency Communications Toolkit

<http://www.doh.wa.gov/PHEPR/toolkit>

### Pandemic Influenza Resources

<http://www.doh.wa.gov/panflu>

### Emergency Resources — Multilingual

<http://www.doh.wa.gov/Emergencies/EmergencyPreparednessandResponse/Factsheets.aspx>

### Washington State Public Health Laboratories

<http://www.doh.wa.gov/AboutUs/ProgramsandServices/DiseaseControlandHealthStatistics/PublicHealthLaboratories.aspx>

### Notifiable Conditions

<http://www.doh.wa.gov/PublicHealthandHealthcareProviders/NotifiableConditions.aspx>

### Communicable Disease Epidemiology

<http://www.doh.wa.gov/ehspl/epidemiology/cd>