



Island County Public Health

EMERGENCY Response Plan

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Island County Public Health

PUBLIC HEALTH - Always working for safer and healthier communities

This document is a comprehensive plan for countywide mitigation, preparedness, response, and recovery activities as they apply to public health. As such, every effort has been made to ensure that this plan is compatible with the Washington State and *Island County Comprehensive Emergency Management Plans (CEMPs)*, the Revised Code of Washington, the Washington Administrative Code, local ordinances, and established public health policies as promulgated by the Centers for Disease Control and Prevention (CDC) and the Washington State Department of Health (DoH).

The successful implementation and execution of this plan relies upon close cooperation by a host of federal, state, and local agencies. In particular, an effective public health emergency response program in Island County will be thoroughly integrated with that of its Region 1 partners, Snohomish, Skagit, San Juan and Whatcom counties. Other community partners critical to the successful implementation of this plan are emergency management, health care providers, law enforcement, emergency medical services (EMS), fire, tribes, mental health, and local Navy activities.

The *Island County Public Health & Human Services Emergency Response Plan* will be a living document, continually updated to reflect new procedures and practices, equipment, and emerging public health threats. Over the coming months, new appendices will promulgated to provide more specific guidance on disease response, laboratory capacity, and other emergency-response related topics.

This plan will be reviewed and updated periodically. Recipients of this plan are encouraged to forward any suggestions for change to this document that better address present conditions. We welcome any recommendations you might have that will improve the effectiveness of our plan.

Thank you for your involvement in this worthwhile endeavor.

A handwritten signature in black ink, appearing to read "R. Case".

Roger S Case, MD
Health Officer
Island County Public Health & Human Services

PREFACE

The Island County Health and Human Services Emergency Response Plan is for us, the staff, to implement in the event of an emergency. Before public health can operate successfully in an emergency, such as a natural disaster or an act of terror, it is imperative that we have our personal arrangements in place, practiced, and updated.

With that in mind, Appendix I – Family Emergency Plan is dedicated to the employees of the Island County Health and Human Services. It is a tool for us to use to keep ourselves prepared for the unexpected.

No true Public Health Emergency is county specific. These events are not contained by county, state or international borders. We have taken the challenge to design a regional emergency response approach with our Region 1 partners: San Juan Health Department, Skagit County Health Department, Snohomish Health District, and Whatcom County Health Department. Partnership also extends to the Washington State Department of Health, the Centers for Disease Control and Prevention, Island County Department of Emergency Services, and other local, state, and federal agencies.

**ISLAND COUNTY HEALTH DEPARTMENT
Emergency Response Plan**

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APPENDICES

These appendices are guidelines for coordinating Region 1 LHJs in the event of a CD / BT event, and are not prescriptive. They are included for reference to keep us all on the same page.

- A. BT – CD OUTBREAK RESPONSE FLOW CHART**
- B. CONTACT INFORMATION / PARTNER NOTIFICATION (REGION 1)**
- C. INCIDENT COMMAND POSITIONS / ROLES**
- D. CDC BT DISEASE CATEGORIZATION / STANDARD CASE DEFINITION FOR BT -RELATED AGENTS**
- E. BT AGENT FACT SHEETS**

LISTING OF AGENTS :

ANTHRAX
 — thru —
 WATER SAFETY

INCIDENT COMMAND SYSTEM

Chain of Command Table of Organization
and
Job Action Sheets

~ Strategic National Stockpile (SNS) plan is in another (RED) notebook ~

ISLAND COUNTY PUBLIC HEALTH LOCAL EMERGENCY RESPONSE PLAN

I. INTRODUCTION

A. MISSION

The overall mission of this plan is to provide a well-coordinated and effective response in emergency situations in order to protect the health, safety, and quality of life of Island County residents. We will achieve this by coordinating the emergency activities of Island County Island County Public Health with those of other agencies on local, state and federal levels.

B. PURPOSE

The purpose of this plan is to establish Island County public health emergency functions and responsibilities consistent with federal, state, and local emergency management and public health policies and procedures.

C. SCOPE

1. This document is a comprehensive plan for countywide mitigation, preparedness, response, and recovery activities as they apply to public health. As such, this plan will be consistent with the provisions of both the Washington State Comprehensive Emergency Management Plan (CEMP) and the Island County CEMP. In particular, public health is concerned with the Public Health portions in both CEMPs that deal with health issues.
2. This document addresses the public health responses to “all-hazard” emergencies, and focuses on situations that qualify as a public health emergency. A public health emergency is a condition that threatens the health, safety, and quality of life of Island County residents. In particular, public health emergencies include major infectious disease incidents,

whether naturally occurring (pandemic influenza, salmonella, E. coli 0157.H7, etc.) or resulting from a terrorist act (anthrax, smallpox, etc.); terrorist attacks employing chemical or radiological weapons; or conditions resulting from natural disasters (floods, earthquakes, etc.) or accidents (radiological accidents or hazardous spills)

3. The Island County Emergency Management Program (CEMP) has evolved over the past several years with monthly meetings of the Disaster Council, convened by the Director of Emergency Management with agency leads involved with planning, carrying out various emergency drills and scenarios, debriefing and periodic education on emergency response preparedness. Island County Island County Public Health has no standing Memoranda of Understanding with local agencies, but long-standing relationships and training have resulted in tacit agreements for support from Disaster Council participants to the degree that needed resources are available. Participating agencies include:
 - a. Emergency Services (EMT/ambulance)
 - b. Island County Sheriff's Office
 - c. Police Chiefs of all three cities of Island County
 - d. Whidbey General Hospital (the only local hospital)
 - e. Fire Chiefs of all Island County Fire Districts
 - f. Red Cross, Island County Chapter
 - g. Naval Station Whidbey Island (HAZMAT, emergency air transport... and other assistance as available)
 - h. Island County Mosquito Fleet support personnel
 - i. Amateur/Ham Radio Club members of Island County
 - j. Washington State Ferry System
 - k. Island County Transit System
 - l. Island County Coroner's services
 - m. Region 1 Bioterrorism Preparedness & Response personnel (epidemiology & training support)

Region 1 Bioterrorism Preparedness & Response planning is ongoing with region-wide surveillance and interagency communication being a focus for improving local and regional readiness and response capabilities for emergent health issues.

II POLICIES

A. AUTHORITIES

1. Determination of critical priorities in the public health effort will be made in consultation with the Local Board of Health, local elected officials and when involved, state and federal service agencies.
2. Following a communicable disease outbreak, an act of terrorism, or any public health emergency, Island County Public Health shall have the responsibility to provide guidance to their political jurisdictions, partner agencies, and the general public on basic public health issues dealing with communicable diseases, environmental health, and other health concerns as needed during the event.
3. The Director, Island County Public Health shall accomplish coordination of public health services and prioritization in partnership with local, state and federal public health authorities. Decisions involving medical and technical expertise shall be the responsibility of the Public Health Officer, and assignment of such responsibilities shall be at the direction of the Public Health Officer or his/her designated person(s).
4. The Health Department's ability to respond to a bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency will be limited by defined laws and policies, jurisdictional boundaries, and available resources.
 - a. Revised Code of Washington (RCW) 70.05 contains the authority for the establishment of local health officers and local boards of health:
 - (1.) RCW 70.05.060 Local boards of health are granted the authority to supervise all matters pertaining to the preservation of the life and health of the people within its jurisdiction.
 - (2.) RCW 70.05.070 The local Health Officer shall control and prevent the spread of any dangerous contagious or infectious disease that may occur in his/her jurisdiction.
 - (3.) RCW 70.05.090 Requires physicians to report dangerous contagious or infectious diseases, or any disease required to be reported by the State Board of Health, to local health officers of the department of health within 24 hours of attending to that patient.

- (4.) RCW 70.05.110 Local boards of health and health officers are required to report to the State Board of Health certain specified diseases, upon discovery of the diseases.
 - (5.) RCW70.05.120 Contains penalties for any person violating chapter 70.05
- b.** RCW 38.52 Contains the authority of both the state and local jurisdictions for the operation of the emergency management system.
- (1.) RCW 38.52.010(6) Defines an “emergency or disaster” as “an event or set of circumstances which: (i) Demands an immediate action to preserve public health, protect life, protect public property, or to provide relief to any stricken community overtaken by such occurrences, or (ii) reaches such a dimension or degree of destructiveness as to warrant the governor declaring a state of emergency pursuant to RCW 43.06.010.”
 - (2.) RCW 38.52.010(1) Defines “emergency management” as “the preparation for and the carrying out of all emergency functions, other than functions for which the military forces are primarily responsible, to mitigate, prepare for, respond to, and recover from emergencies and disasters, and to aid victims suffering from injury or damage, resulting from disasters caused by all hazards, whether natural, technological, or human caused”.
 - (3.) RCW 38.52.070 Addresses the establishment and the authority of the local emergency operations centers (EOCs).
 - (4.) RCW 38.52.070(1) Authorizes local EOCs to provide assistance outside the boundaries of their political subdivisions when required.
 - (5.) RCW 38.52.080 Extends the powers, duties, rights, privileges, and immunities of those employees to work outside their political subdivisions when they are rendering necessary aid in other jurisdictions.
 - (6.) RCW 38.52.091 Authorizes mutual aid agreements.
 - (7.) RCW 38.52.110(2) If the Governor issues an emergency proclamation in response to a disaster, the chief executive of counties, cities and towns, and the directors of the local EOCs “have the power to command the service and equipment of as

many citizens as considered necessary” to deal with the disaster.

- c. RCW 43.06.010(12) The governor is authorized to proclaim an emergency “after finding that a public disorder, disaster, energy emergency, or riot exists within this state or any part thereof which affects life, health, property, or the public peace.”
- d. RCW 43.20.050(4). Requires “all local boards of health, health officials, officers of state institutions, police officers, sheriffs, constables and all other officers and employee of the state or any county, city or township thereof, shall enforce all rules adopted by the State Board of Health.”
- e. Washington Administrative Code (WAC) 246-100-036. Makes the responsibility of the local health officer to “review and determine appropriate action for ...instituting disease prevention and infection control, isolation, detention, and quarantine measures necessary to prevent the spread of communicable disease, invoking the power of the courts to enforce those measures when necessary.”
- f. WAC 246-100-040. Specifies the procedures for isolation or quarantine.
- g. WAC 246-100-045. Specifies the conditions and principles for isolation or quarantine.
- h. WAC 246-100-050. Provides information on isolation or quarantine premises.
- i. The State Board of Health has adopted a series of rules requiring health care providers, laboratories, health care facilities, veterinarians, and others to report specified notifiable conditions to the local health officer or the Washington State Department of Health (DOH) – WAC 246-101-101, - 201, - 301, and - 405.
- j. WAC 246-101-425. Requires members of the general public to “cooperate with public health authorities in the investigation of cases and suspected cases, or outbreaks and suspected outbreaks of notifiable conditions or other communicable diseases” and to “cooperate with the implementation of infection control measures, including isolation and quarantine.”
- k. WAC 246-101-505. Local Health officers shall review and determine the appropriate action for instituting disease prevention and infection control, isolation, detention and quarantine measures necessary to

prevent the spread of communicable disease, invoking the powers of the courts to enforce these measures when necessary.

- l.** WAC 173 – 303. Dangerous Waste Regulations. Governs the identification, storage, handling, transportation, and disposal of waste materials designated as dangerous.

- m.** 40 Code of Federal Regulations (CFR) 300, National Oil and Hazardous Substance Pollution Contingency Plan. Applies to discharges of oil into or on navigable waters of the US, and releases into the environment of hazardous substances, and pollutants or contaminants which may present and imminent and substantial danger to public health or welfare of the US. Provides for efficient, coordinated, and effective response to releases of oil and hazardous substances in accordance with the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and the Clean Water Act (CWA).

- n.** CERCLA – 40 CFR 302. Designation, Reportable Quantities, and Notification. Requires notification of the National Response Center (NRC) in the event that a reportable quantity (RQ) of a hazardous substance is released to the environment.

- o.** 40 CFR 260 – 270. Resource Conservation & Recovery Act (RCRA) requires notification of local authorities (police and fire) for releases of hazardous waste when:
 - The release is serious enough to endanger human health or the environment outside the facility;
 - Has reached surface water anywhere; or
 - Requires evacuation of civilians outside the facility.

Most RCRA hazardous wastes are also CERCLA hazardous substances so complying with CERCLA reporting requirements is sufficient for complying with RCRA.

- p.** The Toxic Substances Control Act (TSCA) requires the Environmental Protection Agency (EPA) be notified in the event of a Polychlorinated Biphenyls (PCB) release of 10 pounds or more. The NRC should be notified of a fire involving a PCB transformer.

- q.** CWA requires release of an RQ of a hazardous substance or harmful quantity of oil into or upon navigable waters be reported to NRC.

- r.** The Hazardous Materials Transportation Act (HMTA) requires releases of hazardous substances during a transportation related

incident be reported to the US Department of Transportation (DOT) if:

- A person is killed or hospitalized;
- Property damage exceeds \$50,000;
- Radioactive contamination;
- Or release of an etiologic agent.

5. RCW 70.05.070. The local Health Officer shall control and prevent the spread of any dangerous contagious or infectious disease that may occur in his/her jurisdiction.
6. RCW 43.20.050(4). All police officers, sheriffs, constables and all other officers and employees of the state or any county, city or township thereof, shall enforce all rules adopted by the State Board of Health.
7. WAC 246-101-505. Local Health Officers shall review and determine the appropriate action for instituting disease prevention and infection control, isolation, detention and quarantine measures necessary to prevent the spread of communicable disease, invoking the powers of the courts to enforce these measures when necessary.
8. WAC 246-101-425. Members of the general public shall cooperate with public health authorities in the investigation of cases and suspected cases, and cooperate with the implementation of infection control measures including isolation and quarantine.

B. ASSIGNMENT OF RESPONSIBILITIES

1. Health Officer:

During an emergency involving public health, the County Health Officer, or his/her designee, will serve as the Health Lead in Unified Command according to the Incident Command System. Operating from the county EOC, the Health Officer or his/her designee will decide public health policy, maintain contact with other agencies, develop public health priorities, lead public health event response, and delegate tasks as needed in any public health emergency.

- a. Prior to an Emergency, the Health Officer, or his/her designee, will:
 - Communicate public health information, roles, capacities, and legal authorities to all emergency response partners.
 - Maintain regular communication with emergency response partners, including maintaining a current directory of partners and identifying appropriate methods for contact in emergencies.

- b. During an emergency, the Health Officer, or his/her designee will:

- Activate the ICS for the district's emergency response.
 - Participate in the operations of the Island County Emergency Operations Center (EOC), either directly or through a liaison officer.
 - Maintain regular communication with emergency response partners consistent with ICS practices and current county emergency management procedures.
- c. Immediately following an emergency, the Health Officer, or his/her designee, will:
- Develop and implement an analytical and decision-making process whereby the emergency can be evaluated and declared to be at an end.
 - Continue the chain of command and ICS for emergency response.
 - Maintain a Health Department liaison officer at the EOC, or participate directly, as appropriate.
 - Continue regular communications with emergency response partners.
- d. During recovery phase of the emergency, the Health Officer will work with the Director of Island County Public Health to establish and implement a recovery plan for the Health Dept.

2. Director of Island County Public Health

The Director of Island County Public Health will support the County Health Officer as Incident Commander and may serve as Incident Commander during a public health emergency if the County Health Officer is unavailable.

- a. Prior to an emergency, the Director of Island County Public Health, or his/her designee, will:
- Establish a chain of command in accordance with the Incident Command System (ICS) that the Health Dept. will use to manage its response activities during the emergency.
 - Establish the primary and alternate location from which to manage the department's Public Health Emergency Coordination Center (PHECC).
 - Assure that communication and computer equipment necessary to manage district activities will be readily available in an emergency.
 - Identify and obtain necessary equipment and supplies that may be needed to manage the department's activities during an emergency.
- b. During an emergency, the Director of Island County Public Health, or his/her designee, will:

- Maintain regular communication with emergency response partners, consistent with ICS practices and current county emergency management procedures.
 - Communicate with department managers on the status of staff, clientele, and property,
- c. Immediately following an emergency, the Director of Island County Public Health, or his/her designee, will:
- Communicate with managers on the status of staff, clientele, and property.
 - Manage the department from the ECC.

3. Local Emergency Response Coordinator (LERC)

- a. Prior to an emergency, the LERC will:
- Serve as the primary point of contact within the Health Department for all matters pertaining to emergency planning, preparedness, and response.
 - Develop and maintain relationships with community partners.
 - Maintain this plan on the basis of currency, accuracy, and completeness.
 - Procure all supplies needed to support emergency planning, preparedness, and response activities.
- b. During and immediately following an emergency: Duties as assigned by the Director of Island County Public Health.

4. Managers

Managers of all levels of the department are responsible for assuring that all employees responsible to them are trained and understand emergency response policies and procedures.

- a. Prior to an emergency:
- Ensure staff in their program areas store supplies for use during an emergency, such as first aid materials, water, food, appropriate personal protection devices for staff's role in the emergency, etc.
 - Ensure that their staff has the training, understanding, and practice to execute their roles during the emergency.
- b. During an emergency:
- Locate staff in their program areas and direct evacuation or other actions needed for the health of staff and clients of the department.
 - Implement assigned duties per the Health Department Emergency Response Plan.

c. Immediately following an emergency:

- Locate all staff in their program areas and provide needed support for the health of staff and clients of the department.
- Complete a situation assessment, addressing the following:
 1. Determine what has happened within the department and immediate neighborhood and what can be done about it with existing staff.
 2. The status of Health Department employees and facilities, and the district's capability to carry on Health Department responsibilities and programs.
- Depending on the event, ensure that staff has contacted appropriate local, state, regional and federal agencies as specified in program policies.

5. Staff

All staff is responsible for fully understanding and for carrying out these procedures as detailed in this Emergency Response Plan.

a. Prior to an emergency:

- Review and understand the Public Health Emergency Response Plan
- Prepare work areas and vehicles for a potential emergency. Examples include: identifying escape routes and ensuring the pathways are clear; locating emergency equipment, such as fire extinguishers and first aid kits in their work areas, and ensuring they are kept ready for use; storing water and food in the trunk of their car; preparing an emergency plan with their families for contacting and connecting after an event; ensuring cell phones and batteries are kept in good condition for possible use during an emergency.
- Prepare to carry out their specific emergency responsibilities during an event.

b. During an emergency

- If the emergency occurs during working hours, if required, evacuate the premises. Activate family emergency plan to safeguard family and personal property. (See Appendix I for family emergency plan details.)
- If the disaster occurs during non-working hours, ensure family members are cared for in accordance with the family emergency plan.

c. Immediately following an emergency:

- Report to work for assignment in accordance with this Emergency Response Plan. If unable to reach their normal work location, staff

should report to the nearest fire station or public facility and offer assistance as needed.

- If necessary, assist with immediate first aid and rescue efforts.

C. LIMITATIONS

1. In the event of any act of an emergent nature not of an immediate threat to personal health, the Island County Comprehensive Emergency Management Plan (CEMP) is the primary source for information on Policy and Procedure for emergency response.

2. Depending on the type and severity of the bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency the County Health Department's response may be limited by such factors as, but not limited to the following:

- Damage to facilities and infrastructure
- Transportation services
- Staff reluctance to respond
- Department's lack of surge capacity (number staff and required expertise)
- Communication difficulties.

3. The Director of Emergency Support has Mutual Support Agreements (MAAs) with various local emergency response agencies. The use of MAAs can mitigate some event limitations. However, the circumstance of each situation or event dictates the extent that agreements can be implemented. The only written support agreement that Island County Public Health presently has is with the county's emergency dispatch service (ICOM), a 911-phone service providing 24/7 call-up for on-call department of health emergency support personnel.

4. Region 1 Bioterrorism Preparedness and Response personnel are presently working on region-wide surveillance and communication support programs, training and procuring needed personnel and hardware to accommodate identified needs within the region, with the understanding that all assets will be made available region-wide. Required personnel and equipment needs have been identified, but are not yet fully available.

5. **Event detection:** At present laboratory and emergency room reporting are the major means of event detection. Reporting from local physician offices has markedly improved, but is still occasionally lax, even on notifiable disease reporting. This is a perennial occurrence, and is a barrier to timely action in the event of a truly emergent biological event.

III. SITUATION

A. Infectious Diseases of Highest Concern

Infectious diseases pose a significant public health threat to the residents of Island County. Any of a number of known infectious diseases might be used in a bioterrorist attack, emerge as a naturally occurring disease outbreak, or result from a natural disaster or human accident. The control of infectious diseases involves early detection so that effective control measures can be implemented.

See Appendix IV.

1. Naturally occurring infectious diseases of highest concern

These diseases can be broadly grouped by the following five clinical presentations:

- a. **Enteric.** Enteric diseases are caused by a variety of bacterial, viral, and protozoan agents; and are responsible for most of the common disorders of the gastrointestinal track. Diseases having an enteric presentation may include, but are not limited to: Campylobacter, cholera, Giardia, salmonella, shigellosis, and E. coli.
- b. **Respiratory.** Respiratory diseases can be caused by a host of viral or bacterial organisms. Diseases having a respiratory presentation may include, but are not limited to: anthrax, influenza, diphtheria, mumps, and pertussis.
- c. **Rash Diseases.** A number of diseases have rashes as their primary symptoms. These diseases include, but are not limited to: chicken pox, measles, monkey pox, and smallpox.
- d. **Neurological.** A number of diseases cause paralysis or encephalitis. These include, but are not limited to: botulism, polio, rabies, and West Nile Virus (WNV).
- e. **Other.** Diseases having other symptoms include, but are not limited to: HIV/AIDS, malaria, plague, and tularemia.

2. Bioterrorist agents of highest concern

According to the CDC, the following infectious diseases have been identified as most likely to be used in a bioterrorism event:

- a. **Category A – Agents:** High priority, Category A infectious agents pose a risk to national security because they can:
- Be easily disseminated or transmitted from person to person resulting in high mortality rates and have the potential for major public health impacts Might cause public panic and social disruption
 - Require special action for public health preparedness and response

These agents may include, but are not limited to: anthrax, botulism, plague, smallpox, tularemia, or viral hemorrhagic fevers.

- b. **Category B – Agents:** Category B infectious agents are moderately easy to disseminate and:
- Result in moderate morbidity rates and low mortality rates
 - Require specific enhancements of CDC’s diagnostic capability and enhanced disease surveillance

These agents include, but are not limited to: brucellosis, clostridium perfringens, food safety threats, Q fever and ricin.

- c. **Category C – Agents:** Category C infectious agents include emerging pathogens that could be engineered for mass dissemination in the future. They are considered high priority because of their:
- Availability
 - Ease of production and dissemination
 - Potential for high morbidity and mortality rates
 - Major impact posed to public health

These agents include, but are not limited to: emerging infectious disease threats such as Nipah virus, Hanta viruses, tick-borne hemorrhagic fever and encephalitis viruses, yellow fever viruses, and multi-drug-resistant Mycobacterium tuberculosis.

B. Chemical Agents of Highest Concern

Chemical agents are highly toxic chemicals used for the purpose of poisoning victims. The primary use of such weapons is to create mass casualties.

Chemical agents are divided into the following categories:

- Choking Agents, such as ammonia, chlorine, and phosgene
- Blood Agents, such as arsine and cyanide
- Blister Agents, such as mustard gas, lewisite, and phosgene
- Nerve Agents, such as sarin and VX

Each agent can be fatal in very small amounts and may affect large sections of the general population. These agents are both toxic and incapacitating to both humans and animals.

ALL PERSONNEL RESPONDING TO A CHEMICAL AGENT EVENT MUST TAKE CARE TO BE WELL PROTECTED WITH THE PROPER PROTECTIVE EQUIPMENT, AS WELL AS TAKING PRECAUTIONS AGAINST A SECONDARY EVENT.

C. Radiological Agents of Highest Concern

Radiological materials can pose both an acute and long-term hazard to humans. In many ways, radiological agents can result in similar effects as chemical agents. A major difference is that radiological agents do not necessarily have to be inhaled or come in direct contact with the skin to do damage. Some types of radiation such as x-rays can penetrate significant layers of protective material.

Assessment of a radiological event is critical. Response protocol will depend on accurate and timely assessment of the total amount of radiation received (dose), dose rate (how fast the dose is received) and specific type of radiation.

The three concerns during an incident are:

- Whole body exposure
- Ingestion or inhalation of radioactive material
- Contamination by contact with radioactive material

Incidents involving either an explosion or fire will elevate the potential for the ingestion or inhalation because the material is spread in the form of small fragments, dust, or smoke.

D. Natural Disasters

Western Washington is subject to a number of natural disasters (earthquakes, storms, fires, tsunamis, etc.) that could cause death and injury, and severely disrupt the region's basic services (power, water, sewer, and septic). Public health will not be the lead agency in responding to natural disasters, but it has an important supporting role in ensuring infectious diseases do not result from the breakdown in basic services. See Appendix VII.

E. Dangerous and Hazardous Spills, and Other Accidents

A wide array of accidents could impact public health, including oil or chemical spills (both on land and in the waters contiguous to Island County), and the accidental release of toxic or radiological substances. As with naturally occurring disasters, public health will not be the lead agency in responding to such an incident, but it will have a key role in assessing and responding to the impact on public health. See Appendix VIII.

IV PLANNING ASSUMPTIONS

- A.** A significant public health emergency (including bioterrorist, chemical, radiological, or communicable disease incident) will present public health with a number of significant challenges. Items to be addressed include those related to communicable diseases, isolation and quarantine, mass care and sheltering, weather related dangers, safe water, food, sewage control, and other health problems.
- B.** A public health emergency (including a bioterrorist, chemical, radiological, or communicable disease incident) could result in environmental and public health hazards to community, including response personnel, health care providers, and the general public. Hazards may also involve the local water supplies, crops, livestock, and food supply.

See Attachments 2, 3 and 4 to Tab A to Appendix IV.

- C.** The potential for disease and injury may increase disruption of, or increased demand for sanitation services and facilities, loss of power, and mass of people in shelters.
- D.** Staff from public health and other community partners will be identified and trained in their roles as outlined in the local emergency response plan.
- E.** No single agency at the local, state, federal, or private sector level, possesses the authority and expertise to act alone on the many difficult issues that may arise in response to a threat or act of terrorism – particularly if Weapons of Mass Destruction (WMD) are involved.
- F.** A terrorist incident will create a need for special response considerations unlike any other emergency event.
- G.** A terrorist incident is an intentional act designed to maim, or kill members of the general public, or to inspire fear in the general public, or a specific group of people.
- H.** A WMD event could include, but is not limited to: radiological, biological or chemical agents that are extremely toxic and lethal, and not typical of

hazardous substances generally found at a hazardous materials (HAZMAT) incident.

- I.** The county may have future exposure to hazards not listed heretofore, as well as other hazards not yet developed.
- J.** Implementation of this plan can mitigate or reduce the impact of any biological, chemical or radiological event that will impact the local and surrounding jurisdictions.
- K.** Comprehensive emergency management planning includes activities to mitigate, prepare for, respond to and recover from the effects of a bioterrorist, chemical, radiological incident, communicable disease outbreak, or public health emergency.
- L.** The Health Department and local government officials recognize their responsibilities with regard to public safety and accept them in the implementation of this plan and in responding to any biological, chemical, radiological incident, communicable disease outbreak, or public health emergency will do so in accordance with RCW 38.52.110, regarding utilization of public and private resources.
- M.** In situations not specifically addressed in this plan, the Health Department and other emergency management officials will improvise and carry out their responsibilities to the best of their abilities under the circumstances.
- N.** This plan assumes the responsibility for caring for approximately 50,000 residents in Island County (approximately 30,000 additional active duty and dependent military personnel receive care through Naval Hospital Oak Harbor.) However, a public health emergency occurring in the summer months may have to deal with significantly higher numbers given the presence of tourists and day/weekend visitors from the Seattle area. Additionally, a public health emergency impacting the Seattle/Tacoma metropolitan area may result in a large number of residents from those areas traveling to Island County for shelter and care.
- O.** During an emergency, regional military personnel may be available to support civilian public health emergency response efforts once critical military support missions have been completed.
- P.** A significant number of Health Department staff members may not be able to report to work in an emergency situation.
- Q.** An emergency situation may significantly impact the county infrastructure (power, telephone, Internet).

V DIRECTION AND CONTROL

A. Role of Health Officer

During an emergency involving public health, the Island County Health Officer, or his/her designee, will serve as the Health Lead in Unified Command according to the Incident Command System. Operating from the county EOC, the Health Officer, or his/her designee, will decide public health policy, maintain contact with other agencies, develop public health priorities, lead public health event response, and delegate tasks as needed in any public health emergency.

1. The Health Officer will serve as the Incident Commander during emergencies that primarily involve naturally occurring infectious disease situations.
2. In the event that an infectious disease is found to have resulted from a bioterrorist act, a Unified Command Structure involving Public Health, Law Enforcement and Emergency Management will be created to address the problem.
3. Terrorist events involving other Weapons of Mass Destruction (WMD), including chemical and radiological agents, are considered criminal acts and will be managed by a Unified Command Structure involving Public Health, Law Enforcement and Emergency Management.
4. The emergency response addressing natural disasters, dangerous and hazardous spills, and other accidents will also normally be directed by an agency other than Public Health, such as fire or law enforcement. However, Public Health has a major role to play as a supporting agency.

B. Role of Public Health Emergency Coordination Center (ECC)

The Public Health Emergency Coordination Center (PHECC) will provide a central point of coordination between the County EOC and the Health Department for any event that has impact on the health of the general public. The Public Health ECC will be the central point of communications, command and control, and dissemination of information to the County EOC

regarding public health, and will be the management center for all public health emergency response activities.

C. Role of the County Emergency Operations Center (EOC)

The County Emergency Operations Center (EOC) coordinates the multi-agency response to any hazard as outlined in the Island County Comprehensive Emergency Management Plan (CEMP).

D. On-Scene Incident Management

On-scene incident management is accomplished through the Incident Command System (ICS) and is coordinated with the Public Health ECC and the County EOC. The Health Department will use the ICS system in all public health emergencies.

E. Use of the Incident Command System (ICS)

An ICS chain of command structure will be established to manage all public health emergency response activities. The ICS Command Staff shall include:

1. Public Health Incident Commander

The Incident Commander has overall control of the event. In a small event, he or she may assume the responsibility of all components of the system. In larger or more complex events, the Incident Commander may assign other personnel to the Command Staff.

2. Public Health Public Information Officer (PIO)

The Public Information Officer (PIO) handles all media inquiries and coordinates the release of information to the general public through the media.

3. Public Health Safety Officer (Optional)

The Safety Officer for public health monitors safety conditions within the Public Health Emergency Coordination Center (ECC), or other site used during an event, and develops measures for ensuring the safety of all assigned personnel.

4. Public Health Liaison Officer

The Liaison Officer is the on-scene contact for other agencies or volunteers assigned to the event response.

5. Public Health Planning Section Chief

The Planning Section Chief is responsible for the assessment of the event, determining resources needed, and establishing a plan for approval by the incident commander that responds to the needs of the public and mitigates the existing threat. The Planning Section Chief coordinates with the Operations Section Chief for preparing reports to the County EOC.

6. Public Health Operations Section Chief

The Operations Section Chief is responsible for directing the activities of personnel responding to and implementing the plan established by the Planning Section. The Operations Section may be subdivided into various functional divisions, with a supervisor leading each division. Operations Section divisions may include, but are not limited to: Epidemiologic Investigation, Disease Control, and Education. These divisions may be further divided into teams, as required. For example:

- The Epidemiologic Investigation Division may have separate Case Management and Contact Management Teams.
- The Disease Response Division may have separate teams for Isolation and Quarantine, Immunization, Decontamination / Disinfection, and Treatment.

The Operations Section Chief will also be responsible for accounting for the whereabouts and activities of all assigned personnel.

7. Public Health Logistics Section Chief

The Logistics Section Chief is responsible for coordination of the transportation and movement of personnel, equipment, and supplies. If the County EOC is activated, this position will work closely with its counterpart in the EOC.

8. Public Health Finance/Administration Section Chief

The Finance/Administration Section Chief is responsible for tracking incident costs and reimbursement accounting. Accurate records are

required for maintaining compliance with grants and contracts and justifying reimbursements for personnel salaries and expenses. If the County EOC is activated, this position will work closely with its counterpart in the EOC.

F. Role of Community Partners

Coordination with Island County community partners during an emergency situation will normally be effected through the county EOC in accordance with the policies and procedures laid out in the Island County *Comprehensive Emergency Management Plan (CEMP)*. These partners will normally support public health as follows:

1. Coroner

The Island County Coroner will:

- Assume overall responsibility for the care, identification, and disposition of the dead and notification of next-of-kin during and after disasters.
- Determine the manner and cause of death and issues the death certificate.
- Maintain a current list of mortuaries, morgues, and other facilities for the care of the dead. Coordinates with these services.
- Select suitable facilities for emergency morgues and ensure that qualified personnel are assigned to operate them.
- Keep all necessary records and furnishes the Public Information Coordinator with a periodically updated casualty list.
- Obtain additional supplies, as needed. Includes: body bags, tags, special manpower, etc. Additional requests should be made through normal emergency management channels.

2. Emergency Management

The Island County Department of Emergency Management (DEM) provides emergency management services to Island County. Additionally, the DEM will:

- Provide on-scene support to the incident Commander and overall incident coordination and support through the EOC, as required and appropriate.
- Implement the Island County *CEMP*, and provide the means for coordinating capabilities, resources, and assets needed to respond to and recover from a disaster.
- Serve as the liaison between local agencies and the State of Washington Military Department, Emergency Management Division (EMD).

- Coordinate county resources as needed to support public health activities.

3. Emergency Medical Service (EMS)

Local EMS agencies will:

- Provide pre-hospital care during mass casualty incidents. Public EMS providers are responsible for establishing medical operations at incident sites; including triage, and treatment and transport of victims.
- Ensure Basic Life Support (BLS) and Advanced Life Support (ALS) systems are organized and coordinated to provide prompt, adequate, and continuous emergency care to disaster victims. Support includes, but is not limited to: identification and coordination of medical resources, identification of potential sites and support staff for temporary emergency clinics, emergency care at shelters and congregate care facilities, and coordination of medical transportation resources.
- Make full use of existing local, regional, or inter-regional EMS assets, resources, and services through existing mutual aid agreements.
- Report instances of suspicious illness to the Health Department.
- Support emergency public health activities, as required.

4. Fire

Local fire agencies are responsible for:

- Hazardous materials (HAZMAT) response and/or coordination of response.
- Patient and first responder decontamination.
- Incident command of fire and Emergency Medical Service (EMS) operations.
- Support law enforcement in evacuation operations.

5. Whidbey General Hospital

Whidbey General Hospital (WGH) will:

- Provide medical care.
- Serve as the designated Disaster Medical Coordination Center (DMCC) for Island County. WGH will notify the Health Department of public health emergencies.
- Participate in Public Health education and information programs, and disease surveillance and response activities (e.g. notifiable condition reporting, disease investigation, disease treatment, isolation and quarantine, mass vaccination and prophylaxis dispensation operations).
- Resupply EMS with consumable medical supplies

- Mobilize staff to provide teams to respond to mass casualty incidents and to support mass vaccination efforts.

6. Law Enforcement

The Island County Sheriff's Office, Local law enforcement agencies, and the Washington State Patrol (WSP) will:

- Coordinate investigative activities and evidence handling with the Health Department when criminal acts are suspected (e.g. terrorist acts involving biologic or chemical agents, food tampering, etc.).
- Transport lab specimens to the Washington State Department of Health Public Health Laboratory (WAPHL) when the specimen is a suspicious substance that constitutes a credible threat, or when the specimen may constitute a threat to the public health.
- Provide perimeter and facility security, and access, traffic, and crowd control.
- Serve as the lead agency for evacuation operations.
- Coordinate with the Federal Bureau of Investigation (FBI), and other federal law enforcement organizations when criminal acts are suspected.
- Support the Health Officer, or his/her representative, by enforcing isolation and quarantine activities.
- Manage the bodies of deceased victims at the scene of an incident until the Coroner arrives to claim and relocate bodies. Law enforcement officials may be requested to assist the Coroner with victim identification.

7. Island Transit

Upon request, Island Transit may provide emergency transportation and shelter in response to an emergency.

8. Mental Health

Island County Human Services coordinates Substance Abuse Services, Developmental Disability Services, Mental Health and local volunteer agencies and activities to provide mental health services as needed.

9. Navy Region Northwest

When consistent with Department of Defense (DoD) missions and priorities, Navy Region Northwest commands will support local emergency response activities in accordance with the procedures

contained in Island County and the Washington State *CEMPs*, and the *Federal Response Plan (FRP)*.

10. Tribes

There are no tribal activities in Island County

G. Role of Washington State Partners

Detailed roles and responsibilities for specific state agencies, and procedures for requesting assistance from those agencies, are listed in the Island County and the Washington State *CEMPs*.

H. Role of Federal Partners

Detailed roles and responsibilities for specific federal agencies, and procedures for requesting assistance from those agencies, are listed in the Island County and the Washington State *CEMPs*, and the *FRP*.

VI CONCEPT OF OPERATIONS

Public Health is the responsibility of the Local Health Jurisdiction (LHJ), and within Island County the responsibility for emergency response to a public health emergency rests primarily with the Health Department and its community partners. In most instances, the first line of defense in a public health emergency will be the LHJ, hospitals and local health care providers, and the local Emergency Medical Services (EMS). This community health team will be responsible for identifying an emerging public health emergency and conducting the initial emergency response operations. Requests for assistance from entities outside Island County (neighboring counties, Washington State, and federal entities) will be channeled through the Island County and Washington State Emergency Operations Centers (EOCs).

A. General

1. Pre-Event Phase

a. Mitigation and Planning Activities

A public health emergency may quickly overwhelm the existing local Health Department staff. For the most effective and efficient response to any event, attention to the following tasks is important:

1. Effective preparedness planning and training by all local Health Department staff, including gaining knowledge of additional resources that are available within the county and by way of Mutual Aid Agreements with community partners outside jurisdictions within Public Health Region 1 (San Juan, Skagit, Snohomish and Whatcom Counties).

2. Establishing and fostering strong cooperative relationships with key community partners, including:
 - Health care providers, including hospitals and clinics (Whidbey General Hospital, Whidbey Community Physicians, Oak Harbor Internal Medicine, Whidbey Medical Clinic, Coupeville Clinic and other single physician clinics)
 - The Island County Emergency Medical Services (EMS) Council
 - Local government (Island County, City of Oak Harbor, City of Coupeville, City of Langley)
 - The Island County Department of Emergency Management (DEM)
 - The Island County Coroners Office and local funeral homes
 - Mental Health
 - Law enforcement
 - Fire agencies
 - Local Navy commands
 - The Red Cross, other volunteer organizations, and local religious groups
 - Neighboring LHJs (San Juan, Skagit, Snohomish Health District)
 - State Partners (Department of Agriculture, Department of Ecology, Department of Health, Department of Transportation, Emergency Management Division, National Guard, Washington State Patrol, etc.)
 - Federal Partners (Centers for Disease Control and Prevention [CDC], Department of Defense [DOD], Department of Health and Human Services [DHHS], Department of Homeland Security [DHS], Environmental Protection Agency [EPA], Federal Bureau of Investigation [FBI], etc.)

3. Developing the ability to provide critical public health information during an emergency by establishing various and redundant communications systems such as, but not limited to:
 - Reliable voice and data communications between the Health Department and other agencies

- “Back-up Communications” in the event of failure or overloading of primary system
- 4. Developing procedural checklists and protocols for staff to use in various public health emergency response scenarios.
- 5. Prepare and maintain fact sheets that provide general information on bioterrorist agents and infectious diseases.

b. Disease Surveillance and Reporting

Public Health surveillance is the ongoing systematic collection, analysis, interpretation, and dissemination of health data to appropriate community partners. Ultimately, the purpose for conducting public health surveillance is to understand the ongoing pattern of disease occurrence and the potential for disease in a population so that the Health Department can effectively investigate, control and prevent disease in that population. However, public health surveillance is not limited to diseases for which effective control measures have been developed and can be justified for two additional purposes:

- First, through surveillance additional information can be developed concerning the natural history, clinical spectrum, and epidemiology of a disease (who is at risk, when and where it occurs, the exposures or risk factors that are critical to its occurrence). This knowledge may lead to the development of prevention and control measures.
- Second, surveillance provides a baseline of data that can be used to assess prevention and control measures when they are developed and implemented.

2. Response Phase

There are a number of ways by which the Health Department could find itself in an emergency situation:

- A local, regional, or state-wide infectious disease emergency
- Events at the national or international level warrant emergency response; for example, the outbreak of smallpox anywhere in the world would constitute a global public health emergency
- A natural disaster in Island County or the Puget Sound region
- A dangerous or hazardous substance spill, or other accident in Island County or the Puget Sound region
- A terrorist attack, or hostile act by a belligerent nation

The Health Department could learn of the emergency situation through:

- Monitoring local health through applicable disease surveillance, reporting, and notification systems
- Monitoring international health developments through the news media, applicable web sites (World Health Organization [W.H.O.], or the Centers for Disease Control and Prevention [CDC], or Health Alert Network
- Notification via the National Oceanic and Atmospheric Administration (NOAA), National Weather Service (NWS) weather radio system
- Phone call or e-mail from appropriate county, state, or federal entity
- Obvious occurrence of a natural disaster, dangerous or hazardous spill, or major accident affecting public health

a. Alerts and Notifications

It is crucial that responding agencies share information quickly and securely during a public health emergency, including any bioterrorist, chemical, radiological, or communicable disease incidents. The Health Department must have communications systems in place that will:

- 1) Include procedures and connections for securely receiving and transmitting health alerts and other communications.
- 2) Define who is authorized within the Health Department to develop, transmit, receive, and take other action regarding communications within the Health District or to the general public.

b. Epidemiology

Epidemiology is considered the science of public health and is the study of the distribution and determinants of health problems in specified populations and applying the learned information to control the health problems. Communicable Disease personnel will be responsible to perform and support epidemiological investigations. During an event, the Incident Command System – Operations Section Chief will supervise the investigation and response efforts of the Health Department’s epidemiology tasks. See Appendices IV, V, and VI for further details regarding specific responses.

Well-developed surveillance and epidemiologic capacity is the foundation on which LHJs will detect, evaluate, and design effective responses to terrorism events. Not only will this capacity facilitate the initial detection and response in a terrorism event, it will be essential to monitoring the impact of these events and the effectiveness of public health responses.

Epidemiologic expertise is critical to judging whether the incident involves biological or chemical agents introduced as a terrorist act, or is a consequence of a natural phenomenon or an accident. Expertise is also critical in determining the likely site and time of the exposure; size and location of the population exposed; prospect for delayed exposure or secondary transmission of an infectious agent; and whether any people should receive prophylaxis (either medications or vaccines) and, if so, which population groups.

Timely and accurate information and analysis must be coupled with effective and rapid dissemination of information to those who need to know (e.g., response partners and the public) to instill confidence in both the short and long-term response of the affected community.

c. Controlling the Incident

During a public health emergency involving a bioterrorist, chemical, radiological, or communicable disease incident, the Health Department may be part of a larger response team. In order to provide additional support to the county team, local, regional, state, and federal agencies may be involved. The magnitude of the event will determine the depth of involvement of other agencies.

d. Laboratory Services

The Washington State Department of Health Public Health Laboratory (WAPHL) provides a critical capacity for identifying a potentially infectious agent during any public health emergency involving a bioterrorist agent or a communicable disease. The Health Department has protocols in place for:

- Collecting and handling specimens
- Identifying and establishing type of testing
- Established chain of custody for transporting specimens between labs
- Communications between the Health Department and the WAPHL

See Appendix IX for further details

e. Patient Care and Movement

Patient care and movement will be determined at the time of the event, according to the type of organism or agent involved, and in accordance with the *Regional Hospital Plan – Preparedness and Response for Bioterrorism*. The determination will be made by the Command Staff within the Incident Command System and under the direction of the Health Officer. See the Island County CEMP and the *Regional Hospital Plan – Preparedness and Response for Bioterrorism* for further information regarding patient care and movement to designated hospital facilities.

f. Mass Vaccinations and Chemoprophylaxis

Mass vaccination or prophylaxis will follow local Health Department, DOH, and CDC guidelines and protocols, and are dependent on the organism or agent involved. See Tab H to Appendix IV for mass vaccination protocols and procedures.

g. Mental Health

The Emergency Mental Health Response System (EMHRS) is responsible for mental health support in an emergency. Mental health assets include school district response teams, the Red Cross and other volunteer groups, religious organizations, Compass Health, Region 1 Regional Support Network (RSN), and the Critical Incident Stress Management Team (for first responders). The EMHRS is activated via calling Island County Human Services Director, and counselors are assigned to respond to the emergency. EMHRS counselors will provide crisis intervention support, not therapy.

h. Veterinary Support

The Washington State Department of Agriculture (WSDA) has provided guidelines for the emergency management of events affecting the health, safety, and welfare of animals. See Attachment 4 to Tab A to Appendix IV for WSDA and Island County guidelines and procedures on animal emergency response.

i. Mortuary Support

The Island County Coroner’s Office is the lead agency for activities concerning the deceased as a result of a disaster or emergency, including care, identification, and disposition of the dead; and documenting the number of confirmed dead. The

Island County Department of Emergency Management (ICDEM) coordinates local support for mortuary services and serves as the liaison between local agencies and the State Emergency Management Division. The Health Department will support the Coroner and the ICDEM, as necessary, to ensure the handling of dead bodies does not become a public health concern, especially if the bodies contain infectious disease agents.

j. Food and Waterborne Disease Response

Food-borne disease outbreaks will follow DOH and local Health Department guidelines and protocols, and are dependent on the organism or agent involved.

k. Isolation and Quarantine

Isolation and quarantine are public health strategies that aim to protect the public by preventing exposure to infected or potentially infected individuals; thereby stopping the spread of disease. At his or her sole discretion, the local health officer may issue an emergency detention order causing a person or group of persons to be immediately detained for purposes of isolation or quarantine.

Isolation refers to the separation of people who have a specific infectious illness from healthy people and the restriction of their movement to stop the spread of that illness.

Quarantine generally refers to the separation and restriction of movement of people who are not yet ill, but who have been exposed to an infectious agent and are therefore potentially infectious.

See Tab G to Appendix IV.

3. Recovery Phase

a. Impact Assessment / Evaluation

In the event of a hazardous substance spill, the Incident Commander and Command Staff shall ensure that an assessment / evaluation of adverse impacts is conducted. This assessment / evaluation will consider impacts to natural resources and potential risks to public health and safety, and will identify those actions needed to control,

contain, remove, or remediate a hazardous substance release and/or its impacts to the environment and public health.

b. Environmental Remediation and/or Restoration

Environmental restoration will be determined at the time of the event by the Incident Commander and the Command Staff, based on local Health Department, DOH, Department of Ecology, EPA, and CDC protocols for the organism or agent involved. The County Health Officer will give final approval for all protocols performed.

c. Re-Entry Authorization

Re-entry authorization into an area contaminated by an infectious disease or a toxic substance will be determined at the time of the event by the County Health Officer. Determination will be based on local Health Department, DOH, and CDC protocols for the organism or agent involved. The County Health Officer, or his/her designee, will give final approval for all protocols performed.

d. Preparation for Subsequent Infectious Disease Outbreak

Conduct an epidemiological assessment and review of the infectious disease outbreak to ensure control measures are sufficient to prevent future recurrences of the disease.

B. Public Information

1. Public Information Officer

Within the Incident Command System, the Incident Commander will appoint a Public Information Officer (PIO). All communications, media briefings and notices to the general public will be handled by the PIO. The PIO may serve as the Health Department's authorized spokesperson, or may delegate this responsibility.

The PIO will ensure that all communications for public distribution have been reviewed and approved by the Incident Commander prior to the release of information.

During an event, the PIO will coordinate with local hospitals and medical providers as appropriate to disseminate information to the public. The PIO will work with the Region 1 Public Information

Services staff to ensure connections to the Health Alert Network (HAN) and provide secure connections when determined appropriate.

If the County EOC is activated, the public health PIO will ensure that all public health-related communications for public consumption are reviewed by the public health Incident Commander, prior to delivery to the county EOC for release by the County Public Information Coordinator.

2. Joint Information Center (JIC)

During an event, the Incident Commander will, in person or by designee, coordinate with the local hospitals, private providers, and laboratories to assure the flow of information between agencies is both accurate and timely.

During an event, the Incident Commander will, in person or by designee, coordinate with the County Department of Emergency Management (DEM) to assure the flow of information between the Incident Commander and the County EOC.

The County EOC director, Incident Commander, and PIO will coordinate the physical location of the Joint Information Center and determine what agencies will be represented within the JIC. The Health Officer, or his/her designee, will assist the PIO in gathering and verifying all information regarding public health. The PIO will coordinate, verify, and have final approval of all information prior to release to the public/media from the Health Department JIC.

C. Communications and Computers

The Health Department will prepare communications mechanisms to routinely translate scientific and health information for communities and policy makers, provide timely and accurate public information and advice to policy makers during an event, and coordinate logistical communications within the internal and external response system.

The Health Department will be linked to equipment or organizations that can provide two-way communications during an event.

Cell phones will be assigned to senior management, emergency planning staff personnel and/or teams assigned to fieldwork.

Personnel who will have the responsibility to communicate urgent messages will be trained in “emergency communications.”

The Health Department will establish and maintain, secure and accessible information systems for rapid communication, analysis and interpretation of health data and public access to health information.

The Health Department will have connections with the Health Alert Network (HAN) to focus on:

- Secure connections and communications with providers, state and local health agencies;
- Ensuring that a variety of communications systems are available during an emergency;
- Protection of data and information systems;
- Providing critical public health information to the general public and special populations.

A broadcast fax system will be established and maintained in order to provide fax capabilities to:

- Hospitals and clinics
- Health care providers
- Law enforcement agencies
- EMS
- Veterinarians
- Schools
- Other community partners

A provider contact database will be established and maintained, containing the following information:

- Contact name
- Specialty
- License status
- Primary and alternate phone numbers
- Fax number
- E-mail address
- Mail and physical address

Group e-mail lists will be established and maintained by local health districts that will include all health district lead personnel and community partners.

As the service becomes available through Washington State Department of Health (DOH), the Health Department will establish and maintain a

connection to the Washington State Electronic Communication, Urgent Response, and Exchange System (SECURES). This system will be used for urgent communications and collaboration for public health emergency response partners in Washington State. It will provide a secure web portal for ongoing coordination and collaboration on training materials, resources and protocols for bioterrorist events, and a rapid and redundant call-down of designated public health emergency responders.

D. Administration, Logistics, and Personnel

1. General

During and after an emergency/disaster event, normal fiscal and administrative functions and regulations may need to be temporarily modified or suspended in order to support emergency operations in a timely manner. When a State or Federal emergency has been declared, certain emergency costs may be reimbursed if properly documented.

2. Policies

All Health Department organizations will designate staff that will be responsible for documenting disaster operations and expenditures.

During emergency operations, nonessential administrative activities may be suspended, and personnel not assigned to essential duties may be assigned to other departments to provide emergency support.

All Health Department organizations shall keep an updated inventory of its personnel, facilities, and equipment resources.

3. Administration

During an emergency or disaster, administrative procedures may have to be suspended, relaxed, or made optional in the interest of protecting life or property.

Normal procedures, which support or do not interfere with timely accomplishment of emergency tasks, will continue to be used. Those emergency administrative procedures that depart from “business-as-usual” will be described in detail in Health Department standard operating procedures (SOPs).

4. Fiscal

Health Department procedures will be developed to:

- Support the acquisition of all supplies, equipment, and services necessary to support the emergency response activities of the Health Department
- Address coordination with the County EOC Finance Section, if activated.
- Maintain complete and accurate records of all purchases, all properties commandeered to save lives and property, and an inventory of all supplies and equipment purchased in support of the emergency response.

5. Logistics

During an emergency, the Health Department will first use available resources; however, those assets will probably be quickly exhausted. To provide continued support, the Health Department will:

- Develop and maintain lists of health-related supplies needed for emergency situations.
- Identify potential sources of health-related supplies that can be accessed quickly during an emergency.
- Maintain an inventory of supplies on-hand that could be used in an emergency situation, and develop processes for accurately monitoring the inventory of supplies during an emergency situation.
- Develop processes for rapidly procuring large amounts of supplies in a short amount of time.

Emergency Health District logistical procedures will be based on existing procedures, but will address coordination with the county EOC for logistical support.

6. Personnel

Existing Health Department procedures will be used to deal with the illness, injury, or death resulting from a staff member's involvement in emergency response activities.

Procedures will be developed for:

- Tracking staff time spent on emergency operations to provide documentation for potential cost reimbursement.
- Maintaining oversight, in an emergency situation, of the location and activities of personnel assigned to perform emergency response duties.
- Managing volunteer personnel, including individuals assigned to the Medical Reserve Corps (MRC).

VII PLAN MAINTENANCE

A. Training

Training regarding this plan will be performed regularly as staff time and personnel permit. Training schedules will be posted in a manner that all concerned personnel may be informed. State and federal guidelines will be used to determine timelines of training.

B. Drills and Exercises

This plan will be exercised, evaluated, and updated at least once annually, or as required by County policies and procedures.

C. Recommending Changes

Post exercise and/or incident debriefing will be utilized to review effectiveness and need for revision of this plan.

D. Periodic Reviews and Updates

This plan will be reviewed and updated at least annually, per local Health Department, DOH and/or CDC guidelines. All partners will be notified in writing of any and all updates.

VIII PLAN APPROVAL

This plan has been reviewed for accuracy and compliance with Island County Island County Public Health guidelines, and operates within Island County CEMP guidelines.

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ANNEX I

FAMILY EMERGENCY PLAN

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ANNEX I FAMILY EMERGENCY PLAN

A. PREPARING FOR AN EMERGENCY: A FAMILY GUIDE

An emergency situation, whether resulting from a naturally occurring disaster or a terrorist attack, could come without any warning. The best way to prepare is to have a disaster plan in place. Your family should create a plan that includes emergency contacts, identification information, meeting locations, disaster supply kit and more. Be sure to practice your plan. The prospect of an emergency does not mean you have to change your life — just be prepared.

1. Identifying Meeting Locations:

Most families are not together 24 hours a day. You should consider how family members would find each other in a disaster situation. Meeting location points should be identified for the most commonly frequented location, such as work or school. For example, if a crisis occurs at school, a location for both parents and children to meet should be in your plan.

2. Before, During and After an Emergency

a. Before

- Be alert and aware of your surroundings.
- Take precautions when traveling. Be aware of conspicuous or unusual behavior
- Do not accept packages from strangers. Do not leave luggage unattended.
- Learn where emergency exits are located.
- Be ready to enact your Family Disaster Plan

b. During

- Building Explosion – leave as quickly and calmly as possible.
- If items are falling from above – get under a sturdy table or desk.
- Fire – stay low to the floor and exit as quickly as possible. Cover nose and mouth with a wet cloth. If a door is hot to the touch, do not open it – seek an alternate escape route. Stay below the smoke at all times.
- Earthquake – DROP, COVER, and HOLD. At the first indication of movement, “DROP” to the floor or ground. It will soon be impossible to stand upright during the earthquake. Getting to the floor or ground will prevent being thrown there. Seek protective “COVER” under or near desks, tables, or chairs in a kneeling or sitting position. “HOLD” onto the table / chair legs to prevent it from moving away from you during the quake.

c. After

- If you are trapped in debris, use a flashlight. Cover your mouth with a piece of cloth. Tap on a pipe or wall so that rescuers can hear where you are. Use a whistle if available and shout as a last resort – shouting can result in inhalation of dangerous amounts of dust.
- Assisting victims – untrained persons should not attempt to rescue people in a collapsed building. Wait for emergency personnel to arrive.
- Chemical Agent – authorities will instruct you to either seek shelter and seal the premises or to evacuate immediately.

3. Develop a Family Emergency Contact list

Put these contact numbers on your refrigerator and in your wallet or purse:

- 911
- Out-of-town Family Contact
- Schools
- Work
- Neighbors
- Island County Dept of Emergency Management (360) 679-7300 ext. 443

4. Family Disaster Plan

Make sure your family plan covers the following:

- Discuss the type of hazards that could affect your family.
- Determine escape routes from your home and places to meet; including a child's school, a neighbor, or a public place.
- Have an out-of-state friend as a family contact; so all your family members have a single point of contact. Have at least two ways of contact... email, telephone, etc.
- Make a plan now for what to do with your pets if you need to evacuate.
- Post emergency telephone numbers by your telephones and in your wallet or purse, and make sure your children know how and when to call 911.
- Stock non-perishable emergency supplies and a disaster supply kit.
- Take First Aid, CPR, and disaster preparedness classes.

5. Disaster Supply Kit

Prepare a family disaster supply kit with the following items:

- Water – at least 1 gallon per person for 3 to 7 days.
- Food – at least enough for 3 to 7 days.
- Blankets / Pillows, etc.
- Clothing
- First Aid Kit / Medicines (a grab-and-go kit)
- Special Items – for babies or elderly
- Toiletries
- Moisture wipes
- Flashlight / Batteries
- Radio – battery operated and NOAA weather radio.
- Cash – Banks and ATMs may not be open or available for extended periods.
- Keys
- Toys, Books and Games
- Important documents
- Tools
- Vehicle fuel tanks filled
- Pet care items
- Duct tape

C. ADDITIONAL INFORMATION

For additional information, please see the following website

1. Island County Emergency Management

<http://www.islandcounty.net/sheriff/dem/>

2. The American Red Cross

<http://www.redcross.org/services/disaster/beprepared/>

3. The Federal Emergency Management Agency

<http://www.ready.gov/>

ANNEX II

DIRECTION AND CONTROL

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ANNEX II DIRECTION AND CONTROL

A. ISLAND CO. PUBLIC HEALTH EOC ORGANIZATION

1. During a bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency, the Director of Emergency Management (DEM) will maintain the protocol and policies to operate an Emergency Operations Center (EOC). The EOC will be a central area with workspace and communication facilities for the Incident Command Staff. All response and recovery activities will be coordinated and managed from this location in the basement level of the Island County Annex, Room B-100.
2. All communications with the general public will be distributed through the Public Information Officer (PIO) or appropriate designee from a central point in the Island County EOC.
3. The Island County EOC will have adequate facilities for personnel not only to conduct their activities in response to the event, but also for taking adequate rest and meal breaks.
4. The Island County EOC will be established in an area that will afford adequate protection for staff from the effects of the event.
5. The Island County Health Department will provide support to, and take guidance from the Island County EOC in any and all public health emergencies. At no time while the County EOC is operational will the Health Officer act independently from the County EOC.
6. Guidelines for the conduct of Health Department staff who will report to and work in the EOC, and duties of the EOC staff can be found in the local Health Department Emergency Response Plan.

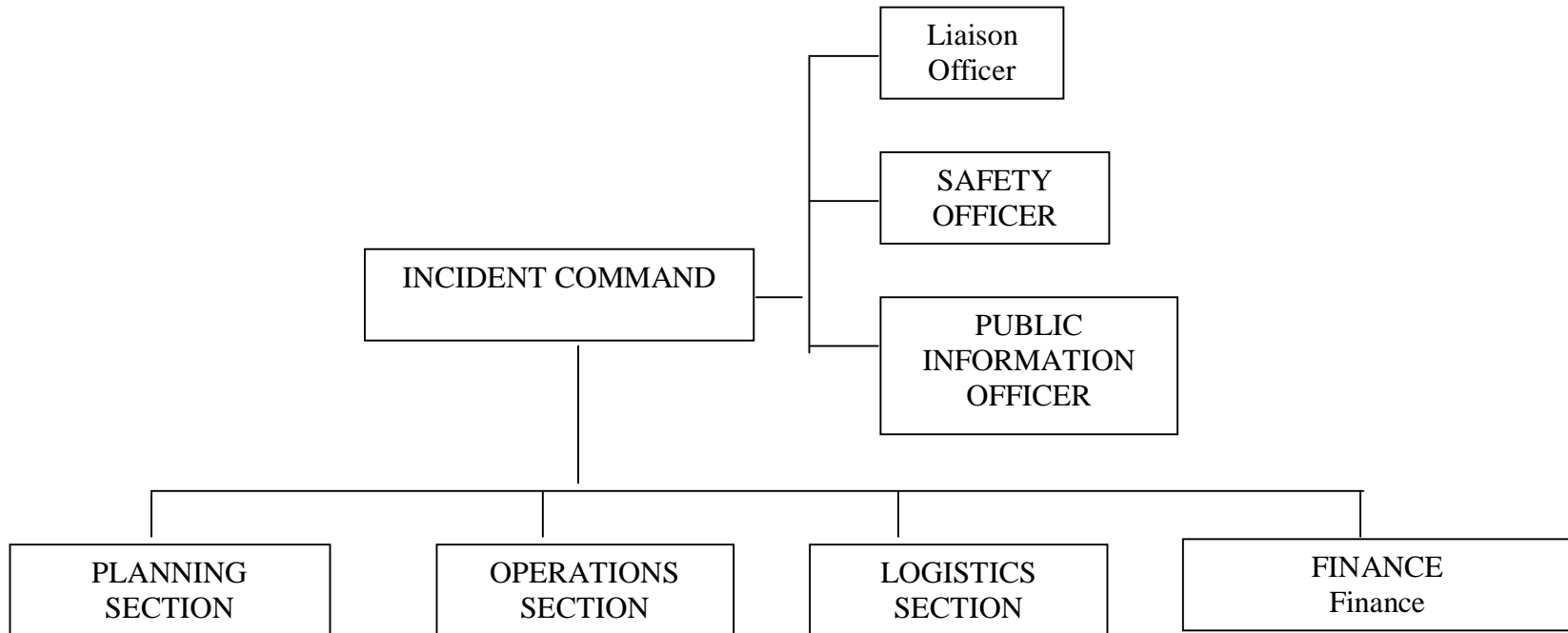
B. PUBLIC HEALTH/ESF #8 - REPRESENTATION IN THE COUNTY EOC

1. A copy of the Island County Public Health Local Emergency Response Plan is available to the County Department of Emergency Services. In addition, the ESF# 8 of the County Comprehensive Emergency Management Plan (CEMP) will have reference to the County Public Health Local Emergency Response Plan.
2. The County Public Health Officer or his/her designee will be assigned to the County EOC to act as liaison or Incident Commander between this plan and the efforts of the County EOC as outlined in the County EOC guidelines.

C. PUBLIC HEALTH REPRESENTATION IN ON-SCENE INCIDENT COMMAND SYSTEM

1. On scene Incident Command representation will depend on which agency will have the “lead/co-lead” in the current event.
2. If the event is an actual bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency wherein a crime has been committed, the “local law enforcement agency” will be the lead agency. In this case, Island County Public Health will be represented on the Command Staff by the County Health Officer or his/her designee(s) who will be involved in various aspects of the response, including, but not limited to:
 - Planning Section
 - Logistics Section
 - Operations Section
3. A typical Incident Command Structure is shown on the following page.

Bioterrorism/Communicable Disease Outbreak/Public Health Emergency Command and Control Schematic



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ANNEX III

PANDEMIC FLU RESPONSE

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ANNEX III PANDEMIC FLU RESPONSE

A. INCIDENT COMMAND SYSTEM

1. As in other events, the Incident Command System is to be utilized in response to a Pandemic Flu response effort. This system is a field-tested emergency management tool that has proven successful in overcoming such conflicts as: Who is in charge, and how do we organize our response when multiple agencies are involved.

2. When the County Health Department determines that an influenza outbreak has reached “pandemic” proportions, the County Health Officer will assure that the Health Department’s response will be in compliance with the guidelines established in the “Notifiable Condition Reporting and Surveillance Manual” provided by the Washington State Department of Health. This manual can be found online at: www.doh.wa.gov/notify.

B.

The intent of this document is to offer guidance to those in public health leadership positions who will be relied upon to minimize the risk of pandemic influenza to citizens of Island County.

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II. INTRODUCTION:

Infectious disease and public health experts agree that the risk for an avian influenza (H5N1) pandemic is one of the most ominous threats that humankind faces. Should genetic changes occur in the H5N1 influenza virus that would facilitate person-to-person transmission, a devastating pandemic could quickly spread across the globe. Although many physicians and scientists study medical and public health interventions, another critical issue has not received as much intense focus, and that is potential effects on the global economy and business practices that such an event would have. This plan takes these issues into consideration.

The world has been plagued with pandemic influenza outbreaks since at least the late 1500's, occurring at the rate of about three per century. They occur as pandemics because the causal agent is a novel virus, new to mankind... no one has immunity to the virus for that very reason. The United States has experienced 3 such pandemics since 1917, the most devastating being the 1917-18 "Spanish Flu" epidemic responsible for upwards of 675,000 deaths in the United States, and perhaps 50,000,000 worldwide.

The H5N1 virus is new. We have no vaccine to prevent the illness, and will not have an effective vaccine for the first several months of the pandemic. This is markedly different from the seasonal influenza that we see every year, and for which mankind has considerable immunity, either from the disease itself or from getting the annual 'flu vaccine'. Moreover, we have no reliably effective medication for treating the H5N1 illness, from which more than 55% of those hospitalized and confirmed as having the illness have succumbed to date. (The 'exposure rate' remains unknown.)

Experts have been estimating the impact of a future pandemic based on historical data, but there is no way to really predict the severity of such a widespread and infectious disease. **According to estimates for the U.S.:**

- Up to 200 million persons will become infected
- Between 38-89 million will become clinically ill
- Between 18- 42 million will require outpatient care
- Up to 733,000 may be hospitalized
- As many as 90 – 207,000 will die from influenza and related complications

The U.S. Health & Human Services Department has presented a guidance document for states and local governments as a directive to integrate pandemic planning efforts with other emergency efforts being drafted by various agencies to prepare for emergent situations (Department of Health & Human Services Pandemic Influenza Response & Preparedness Plan: August 2004). This document stresses a high priority for planning, stating that:

"Outbreaks can be expected to occur simultaneously throughout much of the U.S., preventing shifts in human and material resources that usually occur in the response to other disasters. Localities should be prepared to rely on their own resources to respond. The effect of influenza on individual communities will be relatively prolonged (weeks to months) in comparison to other types of disasters."

The roles of the State and Local health jurisdictions have also been delineated by the recently passed legislation, Engrossed Substitute Senate Bill 6366, which requires compliance with 14 specific items in 7 areas of responsibility. These items are addressed in the body of this Plan.

(continued)

Island County Public Health Pandemic Influenza Plan

As a general comment to readers of this plan, the only truly reliable preventive measures available at present are three-fold, despite the overall intent of the state directive.

1. **Washing one's hands** (effectively reducing transmission of disease an estimated 42%)
2. **Covering one's cough...** if coughing wear a surgical mask and go home.
3. **'Social distancing'**... staying at least 3 feet away from anyone, avoiding crowds and public gatherings, and staying home if sick.

From a public health point of view, until a vaccine and/or specific medicines to combat the illness become available, the foregoing practices are of paramount importance in combating the spread of the highly pathogenic strain of the H5N1 virus once it reaches Phase 6 (see below).

Phases of a Pandemic

(Established by the World Health Organization)

STAGES OF PANDEMIC

In order to plan for a pandemic, it is useful to have a series of possible " trigger points" that can be referred to during the planning process. Below are several incremental guides to the stages of a pandemic, both at the global and local levels.

GLOBAL STAGES OF AN EMERGING PANDEMIC

Phase 6

 = Current Phase (as of July 25, 2009)

Inter-pandemic period:	Description of this phase:
<i>Phase 1</i>	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
<i>Phase 2</i>	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Pandemic alert period	
<i>Phase 3</i>	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread
<i>Phase 4</i>	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
Pandemic period	
<i>Phase 5</i>	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (<i>substantial pandemic risk</i>).
<i>Phase 6</i>	Pandemic: increased and sustained transmission in general population.

III. PURPOSE OF THE PLAN:

The Pandemic Influenza Response Plan for Island County provides guidance to ICPH staff and regional partners regarding detection, response and recovery from an influenza pandemic. The Plan describes the unique challenges posed by a pandemic that may necessitate specific leadership decisions, response actions, and communications mechanisms.

Specifically, the purpose of the plans is to:

- Define preparedness activities that should be undertaken before a pandemic occurs that will enhance the effectiveness of response measures.
- Describe the response, coordination and decision making structure that will incorporate ICPH, the health care system in Island County, other local response agencies, and state and federal agencies during a pandemic.
- Define roles and responsibilities for ICPH, local health care partners and local response agencies during all phases of a pandemic.
- Describe public health interventions in a pandemic response and the timing of such interventions.
- Serve as a guide for local health care system partners, response agencies and business in the development of pandemic influenza response plans.
- Provide technical support and information on which preparedness and response actions are based.

During an influenza pandemic, ICPH and regional partners will utilize the plan to achieve the following goals:

- Limit the number of illnesses and deaths
- Preserve continuity of essential government functions
- Minimize social disruption
- Minimize economic losses

The Plan is being integrated with other ICPH preparedness plans and activities, and will be coordinated with the plans of the community, state and federal partners, using the protocols defined in the Department of Health and Human Services (HHS) directives, the National Incident Management System (NIMS), and the Incident Command System (ICS) of managing emergent situations.

In Island County, our partners in emergency management are all members of the Island County Emergency Management Council. Representative members of this Council have been meeting monthly for the past several years under the coordination of the Deputy Director of Emergency Services to facilitate planning, local drills and mutual support for emergent situations.

IV. SCOPE OF THE PLAN:

This Plan is an annex to the Emergency Support Function 8 (ESF-8) of the Island County Comprehensive Emergency Management Plan (CEMP) and of the ICPH Emergency Response Plan. These plans provide a broad description of the responsibilities, authorities, and actions associated with public health emergencies.

The Plan primarily focuses on the roles, responsibilities, and the activities of ICPH. However, specific responsibilities for key response partners are included to highlight points of coordination between agencies during a pandemic. It is expected that health care facilities and health care professionals, essential service providers, local government officials, and business leaders will develop and incorporate procedures and protocols addressing influenza preparedness and response activities into their emergency response plans.

This plan currently does NOT address measures that would be taken to contain an outbreak of the avian influenza virus in birds or other animal populations occurring Island County. Federal and State departments of agriculture are primarily responsible for surveillance and control of influenza outbreaks in domestic animals, although agricultural control measures interface with public health actions to prevent transmission into humans.

V. PLAN ORGANIZATION:

Each tab denotes one phase of the pandemic plan. The phases are designated in accordance to the World Health Organization (WHO) Phase Definitions* and include:

1. Action Chart

- a. The action chart is arranged in accordance with the Island County Pandemic Flu Plan Overview with a summary of the activities to be conducted by the identified entities.

2. Notifications

- a. Each phase includes a list of agencies and individuals who will need to be notified regarding Island County Public Health activities during that phase.

3. Policies & Procedures

- a. A list of the policies, procedures, tasks, forms, references and other guidance documents that may be applicable to the activities of the department during that phase.
- b. Copies of the applicable policies, procedures, etc that may be used during that phase.

4. Response Activities: (those actions taken to save lives, prevent injury and disease, provide for continuance of essential government services, and prevent or limit property damage.)

- a. Summary of the specific response activities to be conducted during this phase.

5. Control & Prevention: (those actions that may include the dissemination of public information, communication and liaison between agencies)

- a. Summary of specific control and prevention activities to be conducted during this phase.

6. Recovery: actions to be taken to restore normalcy after an incident.

- a. Summary of specific recovery actions taken by Public Health staff members following an incident.

*(The **Pandemic Flu Plan Overview** for Island County summarizes the principles of this plan in the document by this name found on the [Island County Public Health subject index](#) web site.)

VI. PLANNING ASSUMPTIONS:

- a. Current estimates predict that the next pandemic virus will arrive in Island County within 1 – 6 months of identification of the virus having become transmissible human to human.
- b. The first peak in illness will occur within 2 – 4 months after the virus arrives here.
- c. A pandemic usually has two or more waves occurring in the same year or in successive influenza seasons.
- d. Each wave of illness will last 6 – 8 weeks.
- e. A substantial proportion of the workforce will be unable to work due to illness in themselves or of family members.
- f. The healthcare workforce will likely be more severely impacted because of increased exposure. Medical workforce may face 25-35% absenteeism due to illness and/or quarantine measures.
- g. Health care services will be overwhelmed. The hospital and clinics will have to modify their operational structure to respond to high patient volumes and maintain functionality of critical systems. Demand for inpatient beds and assisted ventilators will increase by 30% or more, and prioritization criteria for access to limited services and resources will be needed.
- h. Traditional infection control measures should help at the onset of the initial wave, but may have limited impact as the pandemic progresses.
- i. Essential community services are likely to be disrupted.
- j. Supplies of preventive and therapeutic resources will be limited and are likely to be depleted in the first wave of the illness.
- k. Although traditional influenza vaccine will not be effective against a new strain, vaccination for “seasonal influenza” should reduce the risk that bird or animal and human viruses would mix in the same person.
- l. Development of pandemic virus will take approximately 6 months (and so will likely not be available during the first wave).
- m. In Island County, individuals may seek vaccine and anti-virals in Canada, potentially causing border disruption of shortages in BC (if available).
- n. Island County has a unique geographical configuration that may create challenges in distribution of supplies.
- o. There are currently no “priority groups” targeted for receipt of limited resources, but consideration for such must be a planning priority.

It is clear that sometime in the future, Island County will experience the effects of pandemic influenza. No one can predict exactly when this will happen, but experts say it may be imminent. The purpose of the Island County Public Health Pandemic Preparedness Plan is to enhance the already existing Comprehensive Emergency Response Plan that has been developed for our community.

VII. KEY PANDEMIC PREPAREDNESS & RESPONSE PRINCIPLES:

Develop countywide disease surveillance programs, coordinated with state and federal efforts, to detect pandemic influenza strains in humans and animals

- I. A heightened local surveillance system, coupled with state, national, and international surveillance efforts and laboratory testing, serves as an early warning system for potential pandemics and a critical component of pandemic response plans.
- II. Local surveillance during a pandemic outbreak provides important information regarding the severity of disease, characteristics of the affected population, and impacts on the health care system.

Ensure mass vaccination plans and protocols are in place to rapidly administer vaccine and monitor vaccine effectiveness and safety.

- I. Demand for vaccine will significantly exceed supply during the pandemic, and may not be available at all for the first several months. Priority groups must be established by Island County Public Health (ICPH), based on national recommendations from the Department of Health and Human Services (HHS) and in collaboration with the Washington State Department of Health to provide guidance regarding the use of vaccine in Island County when supplies become available. During a pandemic, however, ICPH will consider national guidelines and local epidemiological data to adjust and finalize priority groups as necessary.

Establish guidelines for the utilization of antiviral medications by medical staff for treatment and prevention of influenza.

- I. Antiviral medications can both prevent and treat influenza infection. However, this is not a proven for this novel virus. Prophylaxis of individuals would need to continue throughout the entire period of exposure, possibly weeks to months. Treatment, if begun within a day or two of exposure can decrease the severity of illness and resulting complications.

- II. The current supply of influenza antiviral medications is extremely limited and production cannot be rapidly expanded
- III. Educating Physicians, nurses, and other health care workers before and during the pandemic on the appropriate use of antiviral drugs will be important to maximize the effective use of antiviral medications.
- IV. Local protocols for prioritizing the use of antiviral medicines will be developed by ICPH in consultation with the Washington Department of Health, and will be based on federal guidelines from the Centers for Disease Control (CDC).

The Pandemic Severity Index (PSI)

Severity level is initially based on case-fatality ratio (CFR), a single criterion that will likely be known even early in a pandemic when small clusters and outbreaks are occurring. Other measures, such as excess mortality, could be factored in later. Two events would prompt the CDC director to designate a pandemic category: the World Health Organization (WHO) declaring a phase 6 pandemic level and the US government declaring a stage 3, 4, or 5 alert.

The pandemic severity index levels are:

- Category 1, CFR of less than 0.1%
- Category 2, CFR 0.1% to 0.5%
- Category 3, CFR 0.5% to 1%
- Category 4, CFR 1% to 2%
- Category 5, CFR 2% or higher

The PSI has been a missing aspect to pandemic preparedness. The pandemics of 1957 and 1968 both fit into Category 2, whereas the severe pandemic of 1918-19 qualified as a Category 5. This factor must be considered when planning community mitigation actions, as the designated Pandemic Level (1 thru 6) does not consider the Pandemic Severity Index, i.e., Pandemic Level 6 with a Severity Index Level 1 only means wide-spread disease with minimal morbidity and mortality consequences.

Develop capabilities to implement non-medical measures to decrease the spread of disease throughout Island County as guided by the epidemiology of the pandemic.

- I. Emphasizing infection control measures in health care and long-term care facilities, as well as workplaces, other community settings and the home can limit the spread of influenza among high-risk populations and health care workers.
- II. **Voluntary isolation** of ill persons either in a health care facility or at home is an infection control measure that will be implemented throughout all stages of a pandemic.
- III. Due to the fact that influenza is highly infectious and can be transmitted by people who appear to be well, **quarantine of exposed individuals** is likely to be a viable strategy for preventing the spread of the disease in the community only during the first stages of a pandemic.

- IV. **Social distancing** measures such as limiting public gatherings and closing schools, colleges, universities, large child care centers, libraries, houses of worship, stadiums, and recreational facilities are intended to decrease opportunities for close contact among persons in the community, thereby decreasing the potential for influenza transmission among people and possibly slowing the spread of a pandemic. Decision makers must consider the scope of their legal authorities, social and economic impacts, anticipated effectiveness and current epidemiology of the pandemic prior to implementing these measures.
- V. During a pandemic, Public Health may recommend that people use public transportation only for essential travel, or use alternative means of transportation if available. There is no intention to restrict or close public transportation systems, other than partial service reductions necessary due to the potential shortage of drivers or limitations of fuel supply.

Assist local health care system partners, response agencies, elected leaders, the business community, and community based organizations with pandemic preparedness planning aimed at maintaining the provision of health care services, sustaining essential community services, and limiting the spread of disease throughout the duration of a pandemic.

- I. An influenza pandemic will place a substantial burden on inpatient and outpatient health care services. Demands for medical supplies, equipment, and hospital beds may exceed available resources for several weeks.
- II. Strategies to increase hospital bed availability during a pandemic include deferring elective procedures, implementing more stringent criteria for hospital admission, earlier discharge of patients with follow-up by home health care personnel, and establishing alternate care facilities in non-traditional sites.
- III. As demands for health care resources and services increase sharply, illness and absenteeism among health care workers will further strain the ability to provide quality care.
- IV. Absenteeism during a pandemic among critical infrastructure agencies, first response agencies, businesses, and community-based organizations must be accounted for in business continuity plans.

Communicate with and educate the public, health care providers, local government and community leaders, and the media about the consequences of influenza pandemic and what each person can do to prepare.

- I. Influencing public behavior toward basic infection control measures (hand washing, using alcohol hand gel, respiratory etiquette, staying home when sick, and avoiding unnecessary contact with other persons during a pandemic) will be a key factor in limiting the spread of influenza during a pandemic.
- II. Communicating clear, concise and accurate information about influenza, the course of the pandemic, and response activities, will increase awareness, reduce public panic and speculation, and sustain confidence in the public health system.

VIII. RESPONSIBILITIES (Phase-level ACTION CHARTS):

The following pages are “Action Charts” that delineate the Phases of the Pandemic (defined by the World Health Organization — WHO), and depicted on page 4 as they pertain to response activities within the Island County Public Health Department.

The ICPH Pandemic Influenza Response Plan is comprised of:

- **Notifications:** a list of those community, state and federal partners that would be notified regarding the ICPH activities in response to emergency situations.
- **Response:** those actions taken to save lives, prevent injury and disease, prevent or limit property damage, and maintain continuity of government and infrastructure.
- **Control & Prevention:** those actions taken that are more specific to the incident such as designation of the spokesperson for the department, dissemination of information to the public, and establishment of communication linkages and liaison activities.
- **Recovery:** those actions taken to restore normalcy after an incident. This would include evaluation of the department’s response and control & prevention activities, with subsequent revision of the Plan derived from lessons learned.

(CONTINUED)

Island County Public Health Pandemic Influenza Plan

Phase 1

ICHP is aware of the following:

- No new influenza subtype detected in humans
- Subtype present in animals that has caused human illness
- Risk of human infections

Notifications	Response	Control & Prevention	Recovery
None required	Pandemic planning	Monitor News and internet sites	Revising plans based on testing & tabletop drills
	Review existing policies	Monitor CDC vaccine info including distribution policies	Monitor new information and regulatory information
	Review SNS planning for receiving, storage & distribution of antivirals	Monitor ILI in long-term care facilities & schools	Continuing monitoring for new information.

Phase 2

ICHP is aware of the following:

- No new influenza subtype detected in humans
- Circulating animal subtype poses a **SUBSTANTIAL RISK** of human disease
- **No cases in US, WA State or BC at this time**

Notifications	Response	Control & Prevention	Recovery
None required	Pandemic planning	Monitor News and internet sites	Revising plans based on testing & tabletop drills
Internal notification of Health Director, Managers, Supervisors, DEM,	Review existing policies	Monitor CDC vaccine info including distribution policies	Monitor new information and regulatory information
Local Hospital Lead, Naval Hospital	Review SNS planning for receiving, storage & distribution of antivirals	Monitor ILI in long-term care facilities & schools	Continuing monitoring for new information.

Island County Public Health Pandemic Influenza Plan

Phase 3

ICHP is aware of the following:

- Novel virus detected in humans
- No evidence of human-to-human spread (or at most rare circumstances of spread to close contacts)
- **No Cases in US, WA State of BC at this time**

Notifications	Response	Control & Prevention	Recovery
Internal notification of Supervisors, Management Team, DEM, County Executive Hospital Contacts Region 1 Staff	Continue meeting with Emergency Response Team Determine response resources	Monitor News and internet sites Enhance flu surveillance and testing Report potential novel virus infection and establish specimen protocols	Continue monitoring and surveillance if situation does not develop further.
DoH Lab	Review existing policies		

Phase 4

ICHP is aware of the following:

- Small clusters with limited Human-to-Human transmission
- Spread is highly localized, suggesting virus is not well-adapted to humans
- **NFirst cases in US, no cases in WA State or BC**

Notifications	Response	Control & Prevention	Recovery
Internal notification of all ICPH staff, DEM, Hospital contacts, County Executives, Labs, Region 1 contacts, Mutual Aid Partners	Set Health Incident at Level III Assign roles to all staff and review family plans Establish PIO for media contacts	Develop provider guidelines Establish phone lines for public Review case tracking and reporting measures. Develop protocols or procedures for public notification, isolation & quarantine, and limiting public events Monitor ports of entry (law enforcement)	Continue monitoring situation Debrief with staff if situation does not develop further Test protocols & procedures Summarize activities

Island County Public Health Pandemic Influenza Plan

Phase 5

ICHP is aware of the following:

- Larger clusters with limited Human-to-human transmission
- **Spread continues to be localized**
- Virus appears to become better adapted to humans, but not fully transmissible
- **Substantial Pandemic Risk**
- **Cases continue in US, and now detected in WA**

Notifications	Response	Control & Prevention	Recovery
Internal notification of all ICPH staff, DEM, Hospital contacts, County Executives, Labs, Region 1 contacts, DoH Mutual Aid Partners	Reconvene county Emergency Response Team Assign Health Incident level IV Set up phone lines Assess available response resources Implement policies. Designate ICPH liaison to EOC Assign roles to all staff, and implement family plans. Establish PIO or media contacts Review SNS plan and contact facilities for mass distribution of vaccine and/or antivirals, if available	Continue to monitor news and the internet Follow DOH guidelines for enhanced surveillance activities Plan to activate tracking system Distribute provider guidelines Implement isolation & control measures Administer vaccine and/or Antivirals (2 doses of vaccine, 1 month apart). (TAB B)	Discontinue special staff assignments Re-evaluate phone messages and internal response Continue monitoring Evaluate effectiveness of messaging services Evaluate effectiveness of Isolation & quarantine Revise protocols as necessary Summarize activities

Island County Public Health Pandemic Influenza Plan

Phase 6

ICHP is aware of the following:

- INCREASED AND SUSTAINED TRANSMISSION IN THE GENERAL PUBLIC

<u>Notifications</u>	<u>Response</u>	<u>Control & Prevention</u>	<u>Recovery</u>
----------------------	-----------------	---------------------------------	-----------------

Internal notification of all ICPH staff, DEM, Hospital contacts, County Executives, Labs, Region 1 contacts, DoH Mutual Aid Partners	Regular ERT meetings Continue Health Incident at Level V Monitor morbidity & mortality rates and report to DoH Work with hospitals to determine alternate care facilities Implementation of Island Mental Health Plan Work with DEM & Hospitals regarding surge capacity and availability of sustained efforts Address any inadequacy of mortuary services	Continue to monitor news and the internet Maintain phone lines Continue antiviral and vaccine as available Maintain case tracking system Follow DOH guidelines for surveillance activities Continue implementation of isolation and control measures	Re-evaluate phone messages and internal responses Monitor signs of stress and fatigue in staff and volunteers Compare need to prepare for second wave Summarize activities
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Island County Public Health Pandemic Influenza Plan

TAB A — AUTHORITIES:

Various state and local public officials have overlapping authorities with regard to protecting public health and safety. The Governor, the State Board of Health, the State Secretary of Health, the County Executive, the local Board of Health, the executive heads of cities and towns, and the Local Health Officer each can implement authorities within the scope of their jurisdiction aimed at protecting public health, including increasing social distancing by closing public or private facilities. During a pandemic, the presence of overlapping authorities will necessitate close communication and coordination between elected leaders and the Local Health Officer to ensure decisions and response actions are clear and consistent.

1. Governor of Washington State

The Governor has authority to proclaim a state of emergency after finding that a disaster affects life, health, property, or the public peace. RCW 43.06.010(12). The Governor may assume direct operational control over all or part of local emergency management functions if the disaster is beyond local control. RCW 38.52.050. After proclaiming a state of emergency, the Governor has the authority to restrict public assembly, order periods of curfew, and prohibit activities that he or she believes should be prohibited in order to maintain life and health. RCW 43.06.220.

2. State Board of Health

The State Board of Health has authority to adopt rules to protect the public health, including rules for the imposition and use of isolation and quarantine and for the prevention and control of infectious diseases. RCW 43.02.050(2). Local boards of health, health officials, law enforcement officials, and all other officers of the state or any county, city, or town shall enforce all rules that are adopted by the State Board of Health. RCW 43.20.050(4).

3. The State Secretary of Health

The State Secretary of Health shall enforce all laws for the protection of the public health, and all rules, regulations, and orders of the State Board of Health. RCW 43.70.130(3). The Secretary also shall investigate outbreaks and epidemics of disease and advise Local Health Officers about measures to prevent and control outbreaks. RCW.43.70.130(5). The Secretary shall enforce public health laws, rules regulations, and orders in local matters when there is an emergency and the local board of health has failed to act with sufficient promptness or efficiency, or is unable to act for reasons beyond its control. RCW 43.70.130(4). The Secretary has the same authority as local health officers but will not exercise that authority unless: (a) the Local Health Officer fails or is unable to do so; (b) by agreement with the Local Health Officer or local board of health; or (c) when in an emergency the safety of the public health demands it. RCW 43.70.130(7).

4. Island County Executive

The Island County Executive may proclaim a state of emergency within the County when, in the judgment of the executive, extraordinary measures are necessary to protect public peace, safety and welfare. Under a state of emergency, the Executive may impose curfews, close any or all private businesses, close any or all public buildings and places including streets, alleys, schools, parks, beaches and amusement areas, and proclaim any such orders as are imminently necessary for the protection of life and property.

5. Island County Board of Health

The jurisdiction of the local Board of Health is coextensive with the boundaries of the county. RCW 70.05.035. The local Board of Health shall supervise all matters pertaining to the preservation of the life and health of the people within its jurisdiction. RCW 70.05.060. The Board shall enforce through the Local Health Officer the public health statutes of the state and the rules promulgated by the State Board of Health and the Secretary of Health. RCW 70.05.060(1). The Board may also enact such local rules and regulations as are necessary to preserve and promote the public health and to provide the enforcement of those rules and regulations. RCW 70.05.060(3).

6. City Executive Heads

Each political subdivision is authorized to exercise emergency functions. RCW 38.52.070. Suburban cities throughout Island County may have explicit emergency powers and authorities in their municipal codes.

7. Local Health Officer

The Local Health Officer acts under the direction of the local Board of Health. RCW 70.05.070. The Local Health Officer enforces the public health statutes, rules and regulations of the state and the local Board of Health. RCW 70.05.070(1). The Local Health Officer has the authority to control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction. RCW 70.05.070(3).

Local Health Officer shall, when necessary, conduct investigations and institute disease control measures, including medical examination, testing, counseling, treatment, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities. WAC 246-100-036(3). The Local Health Officer may initiate involuntary detention for isolation and quarantine of individuals or groups pursuant to provisions of state regulations. WAC 246-100-040 through -070.

The Local Health Officer has the authority to carry out steps needed to verify a diagnosis reported by a health care officer, and to require any person suspected of having a reportable disease or condition to submit to examination to determine the presence of the disease. The Local Health Officer may also investigate any suspected case of a reportable disease or other condition if necessary, and require notification of additional conditions of public health importance occurring within the jurisdictions. WAC 246-100-505(11).

The Local Health Officer shall establish, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and other entities deemed necessary, plans, policies and procedures for instituting emergency measures to prevent the spread of communicable disease. WAC 246-100-036(1).

``The Local Health Officer may take all necessary actions to protect the public health in the event of a contagious disease occurring in a school or day care center. Those actions may include, but are not limited to, closing the affected school, closing other schools, ordering cessation of certain activities, and excluding persons who are infected with the disease. WAC 246-100-020(1). Prior to taking action, the Local Health Officer shall consult with the State Secretary of Health, the superintendent of the school district or the chief administrator of the day care center, and provide them and their board of directors a written decision directing them to take action. WAC 246-100-020(2).

The Local Health Officer's powers are not contingent on a proclamation of emergency by the county Executive or an executive head of a city or town.

Island County Public Health Pandemic Influenza Plan

TAB B — VACCINE ADMINISTRATION PRIORITY POLICY: *

Administration of any vaccine developed to provide protection against a pandemic strain of virus will be administered in Island County on a priority basis in the following manner:

- Pregnant women
- Household contacts of babies under 6 months of age
- Healthcare and emergency medical services (EMS) workers
- Children and young people aged 6 months through 24 years
- People between 25 and 64 years who have chronic medical conditions

But if the demand for vaccine outstrips supplies, said Dr. Anne Schuchat of the Centers for Disease Control and Prevention (CDC), the five groups would be as follows:

- Pregnant women
- Healthcare and EMS workers who have direct contact with patients or infectious substances
- Household contacts of babies younger than 6 months
- Children aged 6 months through 4 years
- Children and adolescents from 5 through 18 years who have risk factors for flu complications

*This is a decision call made by the Health Officer based on (a) providing greatest benefit to curtailing the spread of the disease, and (b) maintaining necessary community infrastructure support for continuity of essential services.

Island County Public Health Pandemic Influenza Plan

TAB C — STRATEGIC NATIONAL STOCKPILE PLAN

**ISLAND COUNTY HEALTH DEPARTMENT
STRATEGIC NATIONAL STOCKPILE (SNS)
DISTRIBUTION PLAN**

PURPOSE

This plan describes the process for requesting, receiving, managing, distributing, and dispensing the contents of the Strategic National Stockpile (SNS). The US Department of Homeland Defense and the US Centers for Disease Control and Prevention (CDC) manage the SNS at the national level; the Washington State Department of Health (DOH) manages the SNS at the Washington State level, and the Island County Health Department manages the SNS within Island County. The SNS is a cache of certain pharmaceuticals, vaccines, and medical supplies to assist states in their response to a localized biological or chemical terrorism event. The SNS has two major components: 12-hour Push Package (12hr PP) and Vendor Managed Inventory (VMI). The provisions of this plan apply to both components of the SNS.

POLICY

A. The Island County Health Officer will request deployment of the SNS from the DOH when the Island County Health Department or their authorized representative determines that it is necessary to protect the public health. (See attachment 1, SNS Request Letter)

B. Within the Island County Health Department, the following individuals may request the deployment of the SNS:

1. County Commissioners or Executive
2. Local Health Officer, or designee
3. Director of Emergency Management
4. Or Alternates as designated by Authorities listed above

C. The State of Washington will request deployment of the SNS from CDC as soon as the Governor or his alternate (in consultation with state and local officials) determines that it is prudent to do so to protect the public health.

D. Within the State of Washington, only the Governor, the Lieutenant Governor, the Secretary of Health, or the State Health Officer may formally request the deployment of the SNS from the CDC.

E. Nothing in this plan should be construed as independent of or bypassing regular emergency management procedures. As such, the request for SNS deployment will be made from the Island County Health Department to the Governor of Washington via the Island County Emergency Operations Center (EOC) and the Washington State EOC.

F. DOH will be responsible for the following SNS activities:

- Assess need for supplemental medications, vaccines, medical supplies, and equipment.
- Formally request the SNS from federal authorities.
- Receive and breakdown the SNS, repackage into individual unit doses, and affix labels.
- Ship SNS elements to the point of delivery (PoD) locations designated by the Island County Health Department.

G. Island County Health Department will be responsible for the following SNS activities:

- Request the SNS from DOH officials at the Washington State EOC.
- Setup PoD locations as the situation dictates.
- Dispense medications and/or immunize residents.
- Be responsible for, and manage SNS assets deployed to the island County Health Department.

ASSUMPTIONS

A. A request for deployment of the SNS will be accompanied by a declaration of a “State of Emergency” and receipt of a mission/incident number from the Washington State EOC.

B. The SNS will need to support approximately 70,000 people in Island County, or potentially 1,000,000 people in Public Health Region 1.

C. Any event necessitating deployment of the SNS may affect residents from multiple local jurisdictions. In fact, deployment of the SNS may be part of a statewide, national, or international response to a public health threat.

D. From the time DOH receives the SNS, it will take approximately 12-24 hours to distribute and deliver its contents to local health jurisdictions (LHJs).

E. Civil unrest may occur, and should be expected in planning procedures. If civil unrest occurs, the law enforcement mobilization plan will be implemented as necessary. Mobilization will be done by local EMS or sheriff's office.

F. Additional supplies and logistical resources (beyond that available to Island County Health Department on a day-to-day basis) will be needed. Procurement of these resources will be coordinated through the Island County EOC in accordance with existing emergency logistics procedures. Medical supplies will be requested through the Department of Health.

G. A successful large-scale distribution of the SNS requires the involvement and participation of a wide-range of community organizations, businesses, and volunteers --- "A Community Response."

COMMAND AND CONTROL

A. Situations requiring the deployment of the SNS will be managed from the Island County EOC in accordance with existing emergency management procedures. Key players involved in the request for SNS deployment, and subsequent immunization or chemoprophylaxis operations (e.g. elected officials, public health, emergency management, law enforcement, fire, EMS, hospital, public works, and public transit authorities) will be represented at the EOC.

B. SNS operations will be managed using the Incident Command System (ICS).

C. During SNS operations, the Health Officer, or designee, will serve as Incident Commander, and will provide professional medical advice concerning response activities needed to combat the disease.

D. The Island County Health Department will be represented at the Island County EOC by a liaison officer who can answer leadership's questions about the SNS and serve as an interface between the EOC and the dispensing/immunization clinics.

E. The following resource sharing agreements are in place to support SNS operations in Island County:

1. The Island County Comprehensive Emergency Management Plan
2. Support Agreement with the City of Oak Harbor Public Works Facility to accept shipment of SNS supplies for protective storage and further distribution among the predetermined dispensing centers within Island County.
3. (Working on Memoranda of Understanding with the three (3) proposed dispensing centers in Island County.)

LIMITATIONS

A. Deployment of the SNS is dependent on an accurate and timely identification of the disease or bioterrorist agent that constitutes the public health threat.

B. Time is required to deliver the SNS to Island County, set up dispensing or immunization clinics, and staff the clinics with trained personnel.

C. The number of medical personnel qualified to administer vaccine or dispense pharmaceuticals, and the number of available volunteers to perform support functions, will limit the rate at which residents are treated.

D. The onset of disease may impact clinic staffing.

E. Other disease response activities (e.g. epidemiological investigation, isolation and quarantine management) will limit the number of public health staff able to participate in SNS operations.

F. Maintaining the potency of SNS pharmaceuticals require they be stored in an appropriate manner in accordance with manufacturer's guidelines.

G. Clinical operations will be limited by clinic space available.

CONCEPT OF OPERATIONS

A. Island County Health Department will request deployment of the SNS as circumstances warrant. The decision-making process leading to that request is addressed in the Island County Comprehensive Emergency Management Plan (CEMP) and Tab B (Decision-making Process) to Appendix 1 (Strategic National Stockpile) to Emergency Support Function 8 (ESF 8) (Health and Medical Services) to the Washington State Comprehensive Emergency Management Plan (CEMP).

B. The request for SNS deployment, while originating from Island County Health Department, will be directed to the Governor of Washington via the Island County EOC and the Washington State EOC (Fax: (253) 512-7203). The Washington State EOC will ensure that the Governor and the Washington State DOH receive copies of the request letter. A template for the SNS request letter is at Attachment (1).

C. Once the SNS has been requested, but prior to approval of SNS deployment, the Island County Health Department will work with Island County Emergency Management Agencies to:

- Provide staffing and logistical support for the vaccination and/or distribution of medicinals.
- Coordinate crowd and traffic control.
- Coordinate transportation for staff and community.
- Coordinate food, and sanitation needs for vaccination/POD clinics.
- Coordinate with other Island County agencies involved in the emergency response.

D. DOH officials will take possession of the SNS and will distribute its elements further to the Points of Distribution (PoDs) specified by the affected LHJ in its SNS request letter. Potential PoDs in Island County are listed in Tab A, Dispensing and Immunization Clinic Sites.

E. Depending upon the disease being addressed and the overall situation, the local Health Officer, or designee, may decide to immunize or provide chemoprophylaxis for populations at risk or the entire population of Island County. In the event that populations at risk are to be treated, small to medium sized clinics appropriate to the geographic area will be activated. Should the entire population require treatment, a small number of high-capacity clinics will be activated.

F. Island County Health Department will staff its dispensing and immunization clinics in accordance with Tab B, Clinic Staffing.

G. Island County Health Department will procure specified equipment and supplies (see Tab C- Equipment and Supplies) in accordance with existing Island County Health Department and Island County EOC procedures.

H. Medical and emergency response providers may receive their immunization or chemoprophylaxis before the general public in accordance with a prioritization determined by the local Health Officer, or designee.

I. LHJs will dispense SNS elements to the public in accordance with Tab D (Dispensing Clinic Operations) and Tab E (Immunization Clinic Operations). Special efforts will be made as indicated to treat individuals who cannot travel to clinic sites (e.g. jail inmates, nursing home patients, shut-ins, disabled, etc.).

J. State and local authorities will coordinate their activities via emergency management channels throughout the incident to ensure additional resources are allocated as required.

K. Labeling of Prescriptions:

1. The Reception Storage, and Staging (RSS) facility operated by DOH will label SNS pharmaceutical prescriptions in accordance with State and Federal regulations. The majority of the information on the labels will be prepared at the RSS by DOH, and the State Health Officer will be identified as the prescriber.

2. Staff at the Island County Health Department clinics will need to annotate the patient's name on the labels when they dispense the drug, or have the recipient write his or her name on the label.

L. The Name, Address, Phone, Health History (NAPH) form will be used to track drugs and drug recipients. Forms will be completed by everyone who receives protective medicine, as well as by parents of minor children or authorized representatives of individuals unable to complete the forms.

M. Security at the vaccination/medication distribution clinics will be provided by local law enforcement and/or LHJ staff and volunteer staff coordinated by the clinic Security Chief.

N. Public information initiatives will be coordinated through the Joint Information Center (JIC), in accordance with existing Island County EOC procedures.

O. All medical wastes will be disposed of following the guidelines provided by DOH.

1. All sharps will be disposed of in rigid sharps containers that will be sealed following use.
2. Appropriate medical waste will be “red-bagged,” and placed in watertight, puncture resistant containers for transportation.
3. Other wastes will be disposed of in the trash at the clinic site.
4. Medical waste will be disposed in accordance with normal procedures. A medical waste contractor will be contracted to provide special pick-up at the clinic site.

P. Cessation of Operations. The decision to return to normal operations will be determined by the Health Officer, or designee, following consultation with Department of Health, local hospitals, health care professionals, and community partners on the status of the event that caused activation of the SNS.

Q. Procedures to be used in monitoring, recovering, and re-deploying the assets of the SNS are found in the Island County Comprehensive Emergency Management Plan (CEMP) and in Tab F (Monitoring, Recovery and Termination) to Appendix 1 (Strategic National Stockpile) to Emergency Support Function 8 (ESF 8) (Health and Medical Services) to the Washington State Comprehensive Emergency Management Plan (CEMP).

R. State, local, and hospital officials have a responsibility to train staff, as appropriate, on the concepts and procedures contained in this plan and in relevant state and federal plans, which support this plan.

Provisions for orientation, training, and drilling of staff are covered in Tab G (*Orientation, Training, and Drills*) to Appendix 1 (*Strategic National Stockpile*) to Emergency Support Function 8 (ESF 8) (*Health and Medical Services*) to the Washington State *Comprehensive Emergency Management Plan (CEMP)*.

The Island County Health Department, supported by DOH and regional training and educational staff, will develop a training plan and program to ensure Island County Health Department and volunteer clinic staffs are aware of the concepts behind the plan and their specific roles and responsibilities.

Because of staffing limitations in Island County Health Department, most clinic positions will be filled by volunteers. Island County Health Department will identify primary and alternate staff for the following positions to act as trainers for volunteers:

- a. On-scene Commander
- b. Logistics Chief
- c. Supply Supervisor
- d. Medical Records Chief
- e. Data Entry Supervisor
- f. Security Chief
- g. Human Resources Coordinator
- h. Operations Chief
- i. Triage Supervisor
- j. Education Supervisor
- k. Registration Supervisor
- l. Pharmacist (from volunteer source)

Effectiveness of training will be evaluated through periodic exercises and drills.

RESPONSIBILITIES

A. The Island County Health Department is the lead agency Island County concerning SNS operations. The Island County Health Department is also

responsible for a periodic review of this plan, training Dispensing and Immunization Clinic personnel, and exercising the plan.

B. Other Island County agencies will perform support functions as assigned in accordance with the local jurisdiction Emergency Operations Procedures and relevant Emergency Operation Procedures. Specific responsibilities include:

1. Law enforcement will provide security and traffic control at clinic sites, in accordance with local EOPs.
2. The Island County Director of Emergency Services will provide vehicles to support required transport of equipment and supplies, in accordance with local EOPs.
3. Director of Emergency Services will direct the Island County EOC and coordinate emergency response activities in accordance with local EOPs.
4. Public transit will transport clinic staff and patients to/from clinic sites as necessary.
5. Fire and Emergency Medical Services (EMS) will support clinic operations, as required and in accordance with local EOPs.

LISTING OF TABS

Tab A, Dispensing and Immunization Clinic

Tab B, Clinic Staffing (still in the planning stage)

Tab C, Equipment & Supplies

Tab D, Dispensing Clinic Operations

Tab E, Immunization Clinic Operations

IX. LISTING OF ATTACHMENTS

1. SNS Request Letter

[LETTERHEAD, AS APPROPRIATE]

[INSERT DATE]

From: [INSERT AUTHORITY WITHIN THE JURISDICTION AUTHORIZED TO REQUEST THE SNS]

To: Governor, State of Washington

Via: Washington State Emergency Operations Center

Dear Governor [INSERT NAME OF CURRENT GOVERNOR],

1. **Island County Health Department** is currently responding to an outbreak of **[INSERT DISEASE/BIOTERRORIST AGENT]**. The Washington State Emergency Operations Center (EOC) has assigned mission number **[INSERT MISSION/INCIDENT NUMBER]** to this incident. Request deployment of the Strategic National Stockpile (SNS) to the Island County Health Department to combat the outbreak.

2. Pharmaceuticals and associated supplies are needed to **[IMMUNIZE/CHEMOPROPHYLAXIS]** **[INSERT TOTAL NUMBER OF INDIVIDUALS TO BE TREATED]**. Specific items needed include:

- a. **[INSERT SPECIFIC DRUGS AND SUPPLIES NEEDED]**
- b. **[INSERT SPECIFIC DRUGS AND SUPPLIES NEEDED]**
- c. **[INSERT SPECIFIC DRUGS AND SUPPLIES NEEDED]**

3. Please deliver the SNS materials to the following clinic site(s):

- a. **[INSERT NAME OF CLINIC & NUMBER OF DOSES REQUIRED AT THAT SITE]**
- b. **[INSERT NAME OF CLINIC & NUMBER OF DOSES REQUIRED AT THAT SITE]**
- c. **[INSERT NAME OF CLINIC & NUMBER OF DOSES REQUIRED AT THAT SITE]**

4. This activity is being managed through the Island County Emergency Operations Center, which can be reached at **(360) 240-5572**.

Sincerely,

[INSERT SIGNATURE BLOCK FOR ENTITY MAKING THE REQUEST]

Copy to:
Washington State Department of Health

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Attachment 1, SNS Request Letter

ANNEX IV

ZOONOTIC DISEASE RESPONSE

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Annex IV ZOOBOTIC DISEASE RESPONSE

A. ZOOBOTIC DISEASE

Zoonotic Disease response will be under the direction of the County Health Office or his/her designee. Such response will be in compliance with the guidelines established in: The Zoonotic Disease Reference Manual, developed by the Zoonotic Disease Committee and the Washington State Department of Health. Further information may be obtained online at: www.doh.wa.gov/

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ANNEX V

FOOD BORNE DISEASE RESPONSE

ANNEX V

FOOD BORNE DISEASE RESPONSE

A. FOOD BORNE DISEASE RESPONSE

Food borne disease response shall be under the direction of the County Health Officer or his/her designee. Such response will be in compliance with the guidelines that have been established by the Department of Health and are found in the following publications:

- *Procedures to Investigate Foodborne Illness*, 5th edition published by the International Association of Milk, Food and Environmental Sanitarian, Inc.
- *Procedures to Investigate Waterborne Illness*, 2nd edition published by the International Association of Milk, Food and Environmental Sanitarian, Inc.
- *Zoonotic Disease Reference Manual*, prepared by the Zoonotic Disease Committee and the Washington State Department of Health.

When a case of Foodborne Illness is reported to the County Health Department, the County Health Officer or his/her designee shall:

- Refer calls to the appropriate staff person for follow up
- Initiate a Foodborne Illness Investigation Report
- Route Foodborne Illness Investigation Report to the Environmental Health Lead person
- The Environmental Health Lead person shall send a copy of the completed Foodborne Illness Investigation Report to:

Data Compiler
Department of Health
Communicable Disease Epidemiology
1610 NE 150th St. K17-9
Seattle, WA 98155-7224

- A copy of the Foodborne Illness Investigation Report is sent to the County Health Department's communicable disease section.

ANNEX VI

**SPECIAL
PROVISIONS
FOR
BIOTERRORISM**

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ANNEX VI SPECIAL PROVISIONS FOR BIOTERRORISM

A. HOMELAND SECURITY ALERT LEVELS

1. As a part of the Homeland Security Act, the following chart shows the various levels of security, their alert color, and response acts.

SECURITY LEVEL	HOMELAND SECURITY ADVISORY SYSTEM
	<p>Homeland Security Chief Tom Ridge unveiled a new color-coded threat advisory system for the United States. The idea was to create a way to convey the risk of terrorist attacks to federal, state, local authorities, and the American people. The coded warning system has five levels that are associated with a suggested protective measure and will trigger specific actions by federal agencies and local law enforcement. Click on each "code" below to see details of the protective measures characterized by the Homeland Security Advisory System.</p>
Red: Severe Condition	<p>Severe risk of terrorist attacks. In addition to the previously outlined protective measures, the following steps may be taken:</p> <ul style="list-style-type: none"> • Assigning emergency response personnel and pre-positioning specially trained teams • Monitoring, redirecting, or constraining transportation systems • Closing public and government facilities • Increasing or redirecting personnel to address critical emergency needs <p style="text-align: right;">Source: Homeland Security</p>

Orange: High Condition	<p>High risk of terrorist attacks. In addition to the previously outlined protective measures, the following steps may be taken:</p> <ul style="list-style-type: none"> • Coordinating necessary security efforts with armed forces or law enforcement agencies • Taking additional precaution at public events • Preparing to work at an alternate site or with a dispersed workforce, restricting access to essential personnel only <p style="text-align: right;">Source: Homeland Security</p>
Yellow: Elevated Condition	<p>Significant risk of terrorist attacks. In addition to the previously outlined protective measures, the following steps may be taken:</p> <ul style="list-style-type: none"> • Increasing surveillance of critical locations • Coordinating emergency plans with nearby jurisdictions • Assessing further refinement of protective measures within the context of the current threat information • Implementing, as appropriate, contingency and emergency response plans <p style="text-align: right;">Source: Homeland Security</p>
Blue: Guarded Condition	<p>General risk of terrorist attack. In addition to the previously outlined protective measures, the following steps may be taken:</p> <ul style="list-style-type: none"> • Checking communications with designated emergency response or command locations • Reviewing and updating emergency response procedures • Providing the public with necessary information <p style="text-align: right;">Source: Homeland Security</p>
Green: Low Condition	<p>Low risk of terrorist attacks. The following protective measures may be applied:</p> <ul style="list-style-type: none"> • Refining and exercising preplanned protective measures • Ensuring personnel receive training on homeland security advisory system, departmental, or agency-specific protective measures • Regularly assessing facilities for vulnerabilities and taking measures to reduce them <p style="text-align: right;">Source: Homeland Security</p>

2. In addition to the foregoing, the following chart shows similar information that deals specifically with “**HEALTH TREATS**”:

THREAT LEVEL	HEALTHCARE RESPONSE
RED SEVERE	<p>Emergency Operations Center</p> <ul style="list-style-type: none"> • Activate EOC and Chief positions. • Increase security staffing. • Decide level of facility lockdown. • Communicate with Public Health Liaison or local EOC. • Brief management and staff, MDs, students, and volunteers. • Activate code alert for full or limited activation based on level of direct threat to facility/community. • Update hospital census website immediately and every 8 hours. • Address media inquiries. Assure public regarding hospital’s readiness/Identify unified incident command system. <p>Operations Section</p> <ul style="list-style-type: none"> • Prepare care for current and future victims. • Discuss surgery availability and plans. • Implement critical stress incident debriefing activities. <p>Planning Section</p> <ul style="list-style-type: none"> • Consider extended staffing plans such as 12-hour shifts • Assure adequate physician staffing. • Call-in needed staff. <p style="text-align: center;">Logistics Section</p> <ul style="list-style-type: none"> • Bring inventories up to par levels. • Support potential/ actual facility utility shutdowns. • Respond to increased needs from Operations Section. <p>Finance Section</p> <ul style="list-style-type: none"> • Activate disaster budget and log to track incurred costs. • Procure necessary supplies and equipment.

ORANGE HIGH	<p>Emergency Operations Center</p> <ul style="list-style-type: none"> • Pre-assign EOC and Chief positions in the event activation is necessary; know their contact numbers and locations. • Increase security presence and surveillance rounds. • Communicate general information to appropriate staff and MDs. • Update hospital census website immediately and every 12 hours. <p>Operations and Planning Section</p> <ul style="list-style-type: none"> • Assure on-call staff are aware of threat and potential staffing needs. • Address stress and anxiety reactions. <p>Logistics Section</p> <ul style="list-style-type: none"> • Directly check equipment and supplies (e.g., PPE, decon tent, dosimeters). • Validate contingency plans and procedures. • Validate surveillance mechanisms operational (e.g., manual log for symptomology, detectors, computer firewalls).
YELLOW ELEVATED	<p>Incident Commander</p> <ul style="list-style-type: none"> • Safety Officer / Incident Commander and other key personnel review emergency management plan and make appropriate revisions. • Re-educate or train additional potential responders (e.g., biological, chemical, and radiological). <p>Logistics Section</p> <ul style="list-style-type: none"> • Validate inventories of equipment and supplies.
BLUE GUARDED	<ul style="list-style-type: none"> • Validate communications with designated emergency response or command locations • Follow-up with any after-action items from drill or real events. • Train potential responders (e.g., biological, chemical, and radiological). • Refine Hazard Vulnerability analyses.
GREEN LOW	<ul style="list-style-type: none"> • Normal operating procedures • Maintain emergency notification lists. • Maintain emergency management plans. • Drill emergency management plan periodically. • Update hospital census website immediately and every 24 hours.

B. PROVISIONS FOR SPECIFIC AGENTS

1. Smallpox

a. Response Teams

Because of the potential use of clandestine supplies of variola virus for bio-warfare or bioterrorism, it is important that all healthcare workers and County Health Department Response Team personnel become familiar with the clinical and epidemiological features of smallpox. Even though strains of the virus used for Bioterrorism might have been engineered so that clinical differences may result, past experience with naturally occurring variola remains the best guide to identification and management of an event that involves smallpox. Response Teams are to be familiar with the guidelines established by the CDC and the Washington State Department of Health, in the *Notifiable Condition Reporting and Surveillance Manual*.

2. Plague and other contagious diseases

Plague and all other reportable contagious diseases, will be responded to, within the guidelines that have been established in the *Washington State Notifiable Condition Reporting and Surveillance Manual*, provided by the Washington State Department of Health. This manual may be found online at: www.doh.wa.gov/notify

3. Biotoxins

Biotoxins and all other reportable contagious diseases will be responded to, within the guidelines that have been established in the *Washington State Notifiable Condition Reporting and Surveillance Manual*, provided by the Washington State Department of Health. This manual may be found online at: www.doh.wa.gov/notify

4. Designated Hospital Facilities

The County Health Officer or his/her designee will identify and designate an appropriate Hospital Facility to be used in response to a bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency. Such identification will be included in this plan. (See Regional Hospital Preparedness and Response for Bioterrorism Plan. Therein, see Local Hospital Emergency Preparedness Plans for further details regarding hospital preparedness and designated hospital facilities.

The Designated Hospital Facility for Island County is:	Whidbey General Hospital, Coupeville, Washington
Contact Name:	<u>Tom Tomasino</u> , CEO
Contact Phone Number:	(360) 678-7656 x4000

ANNEX VII

LABORATORY SERVICES

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ANNEX VII LABORATORY SERVICES

A. Laboratory Services (Lab)

Confirmatory testing for most bioterrorism agents is done at the Washington State Public Health Laboratory. It is highly recommended that each local health jurisdiction have an individual attend the class on shipping and handling of biological specimens: Lab Safety, Shipping & Handling Biohazardous Materials.

The class is offered on a regularly scheduled basis at the Public Health Laboratory (contact PHL.Training@doh.wa.gov) and is also offered by several other commercial firms throughout the country.

1. **Contacts:** The points of contact for shipping of laboratory samples for Island County Health Department are:

PRIMARY:	
Name:	Sally Waters
Work Phone:	(360) 240-5554
Cell Phone:	(360) 969-1899
Pager:	
E-mail:	sallyw@co.island.wa.us
Home Phone:	
Home Address:	
ALTERNATE:	
Name:	Katie Hicks
Work Phone:	(360) 679-7351
Cell Phone:	(360) 914-0839
Pager:	
E-mail:	katieh@co.island.wa.us
Home Phone:	(360) 341-2983
Home Address:	

2. General Procedures: *The following are the general procedures for packaging and transportation of suspected Bioterrorism and other infectious laboratory samples to the Washington State Department of Health Public Health Laboratory.*

- a.** All suspected Bioterrorism specimens that meet the criteria for submission must be coordinated with the local Health Department first and then the Public Health Laboratory by calling **(206) 361-2800** during business hours or **1-877-539-4344**, a 24-hour emergency phone number. *No specimens will be accepted unless the Public Health Laboratory has been contacted prior to arrival of the specimen.*

- b.** In most situations, local law enforcement, HAZMAT, Washington State Patrol or an FBI representative will transport the specimen directly to the Public Health Laboratory located at 1610 150th Street NE, Shoreline WA 98155. (North of Downtown Seattle).

- c.** Driving directions from I 5: Take exit N.E. 145th St. (exit #175); head east on 145th Ave NE; turn LEFT onto 15th Ave NE; turn RIGHT on NE 150th; the Public Health Laboratory will be on your left. *No specimens will be accepted unless the Public Health Laboratory has been contacted prior to arrival of the specimen.*

- d.** In cases where commercial carrier ships the specimen, State and Federal shipping regulations pertaining to infectious substances must be followed.

- e.** The follow URLs provide additional information on safe handling of laboratory specimens:

Bio-safety in the Microbiology Lab:	www.cdc.gov/od/ohs
Guideline for Isolation Precaution:	www.cdc.gov/ncidod/hip
CDC Division of Laboratory Systems (DLS):	www.phppo.cdc.gov/dls/default.asp

B. Packaging specimens for testing at the Washington State Department of Health Public Health Laboratories

1. Infectious substances must be packaged and labeled according to specific instructions and specifications and the packaging material must be certified to meet specific criteria. Material must be packaged “to withstand leakage of contents, shocks, pressure changes and other conditions incident to ordinary handling in transportation.” The figure below shows how to triple package (primary receptacle, watertight secondary packaging, durable outer packaging) upon which the regulations are built.

a. Primary Package

The primary receptacle contains the infectious substance and must be watertight to prevent leakage. These can be made of glass, metal, or plastic and should include screw-top tubes, flame-sealed glass ampules, or rubber-stopped glass vials fitted with metal seals. Screw caps should be fastened with tape for extra safety.

b. Secondary package

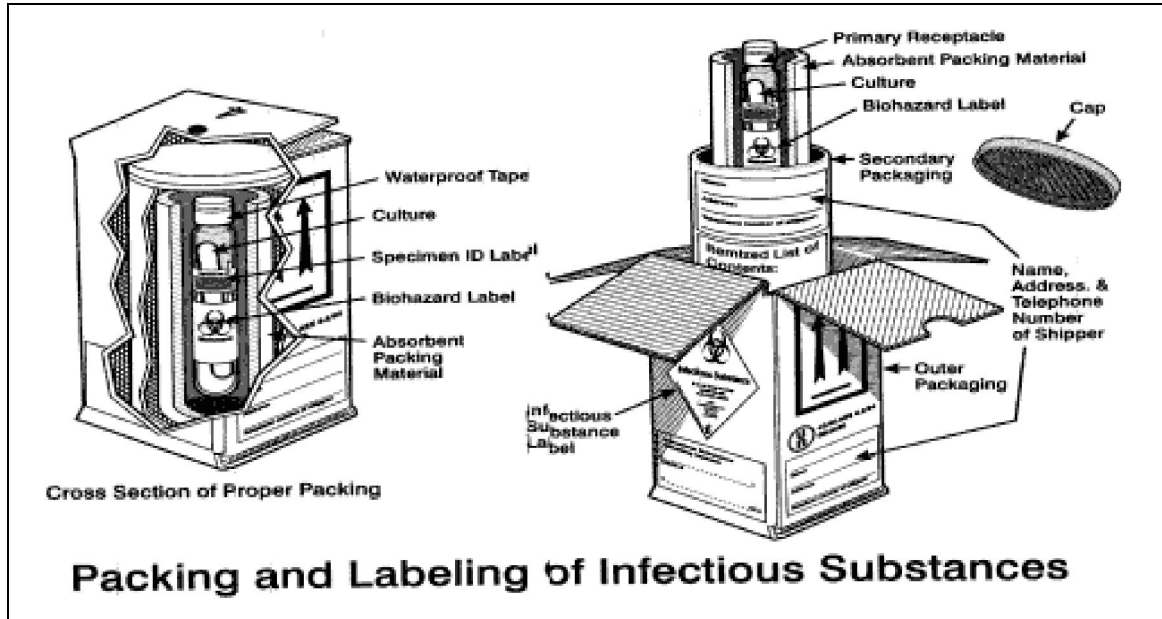
One or more primary receptacles are placed in a watertight secondary package. Absorbent material, sufficient to absorb the entire contents of the primary container(s), must be placed between the primary and secondary package. The secondary package should be labeled with name, address, and telephone number of the shipper.

c. Outside package

The secondary package is placed into the outer packaging, which must be of sufficient strength to contain and protect the contents within. Outer packages must be UN-certified, signified by having a UN specification mark on the outside of the package. Shipping regulations require that an itemized list of contents be placed between the secondary package and outer package.

- 2. Package Systems:** It is recommended you purchase certified package systems in order to comply with regulations.

Below is an example of packing for shipping of samples to the Washington State Public Health Laboratory.



C. Environmental samples

Collection of environmental samples of concern is conducted by HAZMAT teams as part of their response to a contaminated scene. HAZMAT teams should follow their normal procedures for sampling and packaging of the materials. Prior to shipping those materials must be packaged as described above in VI.C 1.

D. Clinical samples

- 1. Collection.** Collection of diagnostic samples is normally done in clinical facilities. Confirmatory testing is done by WPHL. WPHL will perform confirmatory testing for the following diseases: anthrax, botulinum toxin, tularemia, plague,

brucellosis, melioidosis, vaccinia, and various viral studies (call to confirm).

2. **Confirmatory testing for Smallpox** is currently performed only by the Centers for Disease Control and Prevention.
3. Currently **DOH has guidelines** for clinical laboratories for the following diseases: Smallpox, anthrax, Plague, Tularemia, botulinum toxin.

E. Questions on shipping of environmental and clinical samples should be directed to the Washington State Public Health Laboratory at **(206) 361-2865** during business hours or **1-877-539-4344**, a 24-hour number.

F. Shipping supplies, supply inventory, and directions for packaging and shipping for Island County Health Department are maintained at

The individual responsible for maintenance of shipping supplies is:

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ANNEX VIII

PUBLIC INFORMATION

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ANNEX VIII PUBLIC INFORMATION

The points of contact for public information for Island County Health Department is:

Primary:	
Name:	Roger S. Case, MD
Work Phone:	(360) 240-5575
Cell Phone:	(360) 914-0840
Pager:	
E-mail:	rogerc@co.island.wa.us
Home Phone:	(360) 675-9450
Home Address:	
Home E-mail:	rogerc@oakharbor.net
Alternate:	
Name:	Keith Higman
Work Phone	(360) 679-7345
Cell Phone	(360) 914-0842
Pager:	
E-mail	keithh@co.island.wa.us
Home Phone:	(360) 279-0171
Home E-mail:	higmonsonwhidbey@aol.com

A. Boilerplate messages

Standardized messages have been developed by the Washington Department of Health and are available from their web site at: <http://www.doh.wa.gov/bioterr/BioTerEmergResp.htm>. To keep the most current information available, these public information messages

are not part of this annex; they should be obtained and, if needed, modified at the time of need from the web site above. Additional information will be developed as time and needs dictate. Requests for additional public information messages should be made through the Regional Emergency Response Coordinators, State Emergency Response Consultants, or directly through the Department of Health Focus Area F: Risk Communication Leads at (360) 236-4070 or (360) 236-4079. Currently the following information is available from the Department of Health.

1. General Information

- Anthrax Threat Guide for Public Safety Agencies
- Información de Terrorismo Biológico - CDC en Español (Information on bioterrorism from the CDC: Spanish language)
- healthfinder® español (su guía a la información confiable de la salud)

2. Agent-specific Information

The following information is available in both Adobe Acrobat® and Microsoft Word® Format.

- Anthrax
- Botulism
- Pneumonic Plague
- Smallpox
- Tularemia

3. Media contact Information

- **Television**
(KIRO, KING, KOMO)
- **Radio**
KWDB P.O. Box 1455 Oak Harbor, WA 98277
General Manager (360) 675-7320
generalmanager@kwdb.com

- **Newspapers**

Whidbey News Times (360) 675-6611

Jim Larsen, editor

editor@whidbeynewstimes.com

Coupeville Examiner (360) 678-8060

Kasia Pierzga, Publisher

news@whidbeyexaminer.com

South Whidbey Record (360) 221-5300

Brian Kelly, editor

editor@southwhidbeyrecord.com

Stanwood-Camano News (360) 629-8060

Dave Pinkham, publisher/editor

Pinkham@scnews.com

4. Media briefing locations for Island County Health Department/ Island County

a. Location(s):

(Yet to be determined, largely situation dependent)

It is of critical importance to note that accurate and timely transmission of information to the general public can be a great asset in reducing stress levels and quashing rumors. During a Bioterrorism event or major disease outbreak, there will be much stress and various rumors that will be a result of partial information and inaccurate analysis by the general public. The Public Information Officer that understands this critical task will be of great benefit to the Incident Commander and the public.

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ANNEX IX

COMMUNICATIONS

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ANNEX IX COMMUNICATIONS

It is obvious that without good communications, there can be no efficient and accurate way to collect or disseminate information. This situation becomes acute during an emergency. The stress of the event, coupled with the importance of the communications, makes it crucial that both primary and secondary communication systems be identified and put in place during the planning phase.

A. VOICE COMMUNICATIONS

1. PHONES

The telephone system that is used during the course of regular business will be the mainstay of communications during most emergencies. It must be anticipated that during the first few hours of the response to any emergency, the existing system may become overwhelmed with activity – causing a “no dial tone” situation. In anticipation of such a situation, all personnel must remain off of the telephone system, except for the transmission or receipt of communications that are pertinent to the event at hand.

a. Public Networks/PBX

Although Public Networks are similar to normal telephone systems, they have the same shortcomings in that they can be overwhelmed quickly in the early hours of an emergency. County Health Department personnel should be familiar with both systems and know how to access them during an emergency.

b. Wireless (Cell) Phone Systems

Due to the wide spread use of cell phones by the general population, most emergencies will quickly disable the “cell system”. Personnel are encouraged not to use their cell

phones during the first few hours of an event. Remember wireless phones are *not secure* and confidential information should not be discussed on wireless phones.

c. Satellite Phones

Satellite phones, although very efficient and somewhat secure, are expensive to purchase and operate. However, when other systems fail satellite phones can be used to transmit and receive sensitive information. Because of the foregoing cost factors, these phones should not be used for normal communications. Some satellite phones are available from the State of Washington Emergency Management Department.

2. RADIOS

Radio communications is an efficient backup system. A multi-channel VHF/Radio is available to Island County Health Personnel at each of the four health department facilities (North Whidbey, Coupeville, South Whidbey, and Camano). Radio communication is not always secure; thus all transmissions should be carefully worded to prevent giving the wrong impression to the general population that may be listening on “scanners”.

Additional radio equipment and operators are available through ARES/RACES. ARES/RACES is a county-wide volunteer communications organization. Availability and access to this program may be ascertained by calling:

- The Washington State RACES Officer, Ed Bruette at: 360 698 0917
- Washington State Department of Emergency Management Duty Officer at: 1 800 562 6108
- The local EOC manager

B. TEXT/DATA

1. Pagers

Some personal pagers can be used for one-way transmission of text and other data. These devices are, however, dependant on the use of normal telephone systems and networks. The Island County Health Department has designated key members of its staff as Emergency Response Team members, and have equipped each of them with Nextel personal communication devices with full cell phone/ DirectConnect /PIN and SMS messaging capabilities, along with Internet, E-mail and PDA features.

2. Internet

The Internet can be used as a somewhat secure system to transmit and receive text and data. However, the system is usually dependent on normal telephone systems and networks. There are some avenues through ARES/RACES that use wireless communications to handle Internet traffic. For further information call Ed Bruette Washington State RACES Officer at: 360 698 0917.

3. Health Alert Area Network/SECURES

The Health Alert Area Network/SECURES system is being developed at this time. Further information will be placed in this plan as it becomes available.

Abbreviations/ Acronyms/ Terms

RECORD OF CHANGES

Notice to Plan Holders: In order to maintain a current Local Emergency Response Plan, changes will be issued periodically. Please make those changes upon receipt, and record them on this page. If a previous change number shows no entry, you may not have an up-to-date version of the plan.

CHANGE #	DATE MADE	LOCATION/PAGE(S) CHANGED	INITIALS
01	September '03	Original ICHD Emerg. Response Plan	RSC
02	Sept thru Dec. '03...	Version in progress... never distributed	rsc
03	Jan – Feb '04	A work in progress... never distributed	rsc
04	February 24, '04	Reviewed with Is. Co. Disaster Council	RSC
05	February 2005	Whole Plan Revised (SNS plan not incl.)	RSC
06	August 22 2005	Reviewed (SNS plan is separate at present... and under revision)	RSC
07	Aug 2006	Reviewed (SNS combined with plan)	RSC
08	12 February 2008	Reviewed/ revised	RSC
09	25 July 2009	Reviewed/revised	RSC
10	29 July 2010	Reviewed	RSC
11			
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ACKNOWLEDGMENT OF RECEIPT

Emergency Response Plan
For
Island County Health Department
2009

During an emergency situation, notification will be initiated and the plan will be used to help guide a professional response to the event.

Please confirm your receipt of the Local Emergency Response Plan by signing this letter in the space provided and return a copy via mail or fax a copy to:

Island County Health Department
P.O. Box 5000, Coupeville, WA 98239

Acknowledgment of Receipt for the Local Emergency Response Plan:

Name: _____ Signature: _____
(Please Print)

Title: _____ Organization/Agency: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Date: _____

Comments: