Washington State Health and Medical Preparedness and Response Doctrine

v. 6.0

Washington State Department of Health
December 2, 2015

This Doctrine was developed in consultation with the Washington State Public Health and Medical Disaster Advisory Group, and was informed by tribal governments, local health jurisdictions, healthcare coalitions, and response partners across the state.

Public Health and Medical Disaster Advisory Group

Snohomish Health District
Kitsap Public Health District
Thurston County Department of Health and Human Services
Clark County Health Department
Tacoma-Pierce County Health Department
Public Health – Seattle & King County
Chelan-Douglas Health District
Benton-Franklin Health District
Spokane Regional Health District
Yakima Health District
Lewis County Public Health and Social Services
Whatcom County Health Department
Northwest Hospital
Swedish Medical Center
MultiCare Health System
Region 9 Healthcare Coalition / Lincoln County Health Department
Washington State Hospital Association
Northwest Portland Area Indian Health Board
American Indian Health Commission
Washington Military Department
Washington Department of Social and Health Services
U.S. Department of Health and Human Services, Region 10
University of Washington, Northwest Center for Public Health Practice

Introduction

The State of Washington Health and Medical Response Doctrine (doctrine) defines a set of fundamental principles which guide our statewide public health and medical emergency preparedness and response program. Through times of stability or change, the doctrine provides a common frame of reference, serving as our “True North” for decision making, policy development and priority setting. These principles provide a comprehensive approach to statewide preparedness, and have been shaped through practical experience, wisdom, and collective knowledge gained over many years by both staff and policy makers.

In the midst of constant change, the Department of Health, local health jurisdictions, tribal governments, and healthcare facilities continually work to protect the health and safety of the public during disasters. We do this by detecting and investigating disease outbreaks, and containing their spread; providing medicine and lifesaving care to those in need; maintaining a safe and healthy environment; informing and educating the public on taking safe actions; and supporting each other as members of one response team. At this juncture, though, it is necessary to establish clarity, build confidence, and light a path forward, one which will not vary from year to year, or disaster to disaster. This doctrine serves that purpose.

This doctrine is intended to guide planners and policy makers in developing capabilities, investing resources, and engaging partners and the public. At its foundation is the premise that successful response and recovery to disasters depends upon trust among public, private, and non-profit partners; innovation and flexibility in our approach; and a commitment to saving lives and protecting the health and safety of everyone in Washington.

This doctrine highlights several indicators of a successful preparedness and response program including:

- regional response networks;
- statewide mutual aid agreements across key sectors;
- multi-agency response teams;
- clarity around access to interstate, international, and federal assistance;
- equity in preparedness, response, and recovery actions;
- and robust logistics capabilities.

These indicators point to a statewide response system that is unified, integrated, and resilient; one that is fully capable of mobilizing resources and saving lives anywhere in Washington, whenever the need arises.

Purpose and Scope

This doctrine guides the preparedness and response efforts of the Department of Health, local health jurisdictions, healthcare facilities and systems, healthcare coalitions, tribal governments, and emergency management partners.

Building and reinforcing a statewide public health and medical response and recovery system poses enormous challenges and exposes areas of potential conflict among partners. The complexity of this effort is heightened by the number of partners involved, the distinct differences in resources and expertise across rural, suburban and urban areas, and the diversity of short- and long-term priorities among stakeholders. However, achieving a unified, statewide response system that is based on the concepts of partnership, shared resources, and trust creates opportunities to succeed well beyond the individual abilities of each organization.

In order to realize such results, leaders must understand and commit to a set of unifying principles that will withstand both economic and political change, and remain relevant in the dynamic threat environment in which we live. This doctrine provides clarity and focus among competing priorities and establishes a central point around which we can unify efforts. Most importantly, it establishes a degree of certainty, and thus confidence, that our path forward is true.

Background

Public health preparedness began in the United States, in earnest, following the events of September 11, 2001 and the subsequent anthrax attacks a month later. Prior to federal grants being released by the Centers for Disease Control and Prevention in the summer of 2002, preparedness was not a resourced activity in most local or state health departments. Consequently, local, state and federal capabilities were extremely limited.

Since 2002, our statewide preparedness program has passed through three phases of activity. During the first phase, from 2002 to 2005, dramatic changes occurred in health departments across the country as the threat and potential consequences of bioterrorism spurred preparedness efforts. Public health preparedness objectives, however, were established at the federal level. Federal funding and deliverables were compartmentalized into specific categories, and focused exclusively on bioterrorism. State and local health departments received large grants along with high expectations from the public and policy makers that capability would be immediately established. Each department had to create a program, hire staff, identify partners, build capability, and satisfy funders while responding to ongoing “white powder” incidents, SARS, and other public health threats.

During the second phase, from 2005 to 2010, public health received a wealth of additional resources to support state and local health jurisdictions, tribal governments, and healthcare facilities. Concurrently, the threat of a severe influenza pandemic from H5N1 galvanized us into action, and shifted our focus to an all-hazards approach. We built a vast array of capabilities reflecting public health’s new role in emergency response. We also gained flexibility to apply federal funds toward state and local priorities, matching our work to key vulnerabilities in our communities.

The third phase, from 2010 to 2014, encompassed a period of reduced resources and increasing threats. By July 2014, public health and healthcare preparedness funding had dropped by 47% from its peak several years earlier. The Great Recession, beginning in late 2008, forced many health departments in Washington to make dramatic staff reductions, some by up to 50%. Logistically intensive capabilities built in past years no longer seemed sustainable at the local level. Yet climate change, our reliance on critical infrastructure and technology, the convenience of global travel, and ongoing economic constraints presented us with new threats and vulnerabilities. A fresh approach to preparedness and response, one that focused on prioritization, partnerships, and innovation was needed.

Beginning in 2014, the Department of Health implemented sweeping changes to the statewide health and medical preparedness program. The program became much more response-focused, and the process for allocating grant resources was transformed. Emphasis was placed on statewide, regional and systems-based efficiencies, and partnerships were expanded, especially with organizations that directly improved response. In this fourth phase, we have collectively focused on core response capability, strategic use of resources, and long-term sustainment through innovative partnerships.

The dynamic nature of our political, economic, and natural environment has brought about frequent and, at times, dramatic change to public health and healthcare preparedness programs. Disasters have occurred with greater frequency and complexity in recent years challenging health departments, tribal governments, healthcare facilities, and response partners in unanticipated ways. Incident activations have ranged from weeks to months. Local public health capacity has been dramatically reduced across the state. Organizational and policy changes have shifted the approach and capabilities of the Department of Health. Reduced government capacity, along with reduced federal grant funds, seems persistent while the capabilities of healthcare systems and the very essence of how healthcare is provided continue to be in flux.

Washington State Health and Medical Response Doctrine

What We Strive For

Protecting public safety ♦ Preparedness through partnership ♦ Resilient recovery

Our Guiding Principles

Principle 1

Assure preparedness activities protect public health and safety during disaster response and recovery.

- Protect public health and safety.
- Develop and sustain response capability.
- Positively affect health outcomes in disasters.

Principle 2

Establish and strengthen core response and recovery capabilities

- Core capabilities across Washington State
- Develop response teams to support public health and medical disasters, and mobile teams.
- Standardize mutual aid among partners and improve logistics.

Principle 3

Establish and expand partnerships with public, private, and non-profit sectors to enhance preparedness, response, and recovery capabilities.

- Resilience through partnerships.
- Leverage the expertise, resources, and good will of partners to meet disaster response needs.
- Seek new opportunities to partner with private and non-profit organizations.

Principle 4

Acknowledge the value of health equity in our planning, partnerships, communications, policies, and actions across Washington state

- Equity across Washington.
- Prepare for and respond to the needs of people in Washington.
- Strengthen partnerships with those who serve our most vulnerable people.

Principle 5

Engage, inform, and influence decision makers and response partners of public health and healthcare priorities.

- Influence at all level.
- Raise awareness of preparedness programs among decision makers at all levels.
- Use data to highlight best practices and address gaps.

Principle 6

Assure preparedness and response policies, priorities, and funding allocations are collaborative and transparent to all stakeholders

- Transparency and inclusion.
- Use experience of partners to support decision making.
- Proactively adjust course based on opportunities and challenges.

Washington State Department of Health

Protect public health and safety

1. ***Assure preparedness activities protect public health and safety during disaster response and recovery.***

   Preparedness activities frequently focus on developing plans, training staff, conducting exercises, and establishing partnerships with other organizations. Since 2003, these activities have strengthened awareness and coordination between the Department of Health, tribal governments, healthcare coalitions, and across local health jurisdictions. However, we must also be capable of initiating, coordinating, and leading a comprehensive health and medical response during disasters. We must develop capabilities that, when deployed during response and recovery, positively affect health outcomes of those impacted by disasters.

Core capabilities everywhere

2. *Establish and strengthen core response and recovery capabilities.*

Developing response capabilities for public health disasters can be an overwhelming task. During a major disaster, we may be called upon to address disease surveillance, lab testing, fatality management, behavioral health response, medical surge response in support of healthcare facilities, environmental health response to air and water quality impacts, emergency operations, risk communications, and many other issues. While some of these capabilities may be rarely mobilized, every public health and medical incident involves a core set of response functions. These functions include making decisions; collecting, analyzing and disseminating information; monitoring threats and impacts; communicating with the public; and managing and mobilizing resources anywhere in Washington, whenever the need arises.

In order to accomplish this, we must:

- develop multi-jurisdictional response teams that can provide structure and support during public health and medical disasters;
- expand our knowledge of supply chain operations and form partnerships with key organizations that can provide resources during health and medical disasters;
- standardize mutual aid among all public health and healthcare partners;
- enhance logistics capabilities.

By preparing the Department of Health, local health jurisdictions, tribal governments, and healthcare regions around a core set of response and recovery capabilities, we are better able to track our progress against a common set of performance measures. In addition, we can better support each other during disasters when our response tools and capabilities are consistent. Finally, we establish reasonable and achievable preparedness and response expectations of ourselves and each other.

Resilience through partnerships

3. *Establish and expand partnerships with public, private, and non-profit sectors to enhance preparedness, response, and recovery capabilities.*

Preparing for, responding to, and recovering from disasters are fundamental responsibilities of every health jurisdiction, tribe, healthcare organization, and state agency in Washington. Yet, these are part of a much larger common purpose: improving community resilience. We must:

- leverage the expertise, resources, and good will of partners across Washington to support any health jurisdiction, healthcare facility, or tribe in need;

- incorporate the capabilities of pharmacies and large healthcare systems to mobilize resources and support patient care during crises;

- leverage strong ties with the U.S. Department of Health and Human Services, and neighboring states and provinces, and incorporate them into preparedness, response, and recovery efforts;

- seek new opportunities to include private employers, critical infrastructure providers, and non-profit organizations where their capabilities will benefit our communities most.

Equity across Washington State

4. ***Acknowledge the value of health equity in our planning, partnerships, communications, policies, and actions.***

   We prepare for and respond to the needs of all people in Washington. Consequently, we will strengthen partnerships with organizations that serve the needs of our most vulnerable community members. Our response plans addressing medical evacuations, medication dispensing, communicating public information, quarantine and isolation of patients, and all other health and medical consequences must account for the needs and challenges faced by vulnerable persons. In addition, our approach to developing capability and implementing response measures will account for the unique challenges and limitations faced by rural, medium sized, and urban jurisdictions, as well as tribal governments.

Influence at all levels

5. ***Engage, inform, and influence decision makers and response partners on public health and healthcare priorities.***

All disasters adversely impact the health and safety of the public. Therefore, we must:

- actively partner with local, state and federal emergency managers, law enforcement, fire departments, elected leaders, healthcare sectors, critical infrastructure agencies, and community based organizations to raise awareness of the health and medical consequences of disasters;

- apply our expertise and credibility at the local, regional, statewide, tribal and national levels to support public health and healthcare initiatives;

- advocate for resources and influence local, state and federal policy around disaster preparedness and response;

- strive to proactively incorporate public health and healthcare partners into planning, response and recovery efforts for all incidents that have health consequences;

- participate in multi-discipline planning efforts, and support response efforts led by our partners;

- use data and practical experience to highlight the vulnerabilities our communities face when disasters strike.

Transparency and inclusion

6. ***Assure preparedness and response policies, priorities, and funding allocations are collaborative and transparent to all stakeholders.***

The collective experience and insight of partners across the state are essential to developing and implementing sound policies. We will anticipate opportunities and challenges, and proactively adjust course to gain the greatest advantage. In doing so, we will:

- incorporate input from and encourage dialogue with a wide range of partners;
- assure decision processes around local, regional, state, tribal, and federal program priorities are clear and inclusive;
- openly share funding methodologies, guiding principles, and allocation strategies with partners.

Cross-Walk to Foundational Public Health Services

Foundation for Public Health Services (FPHS) constitutes a framework for public health organizations to provide a core level of services in a consistent manner across the state. FPHS includes six Foundational Capabilities that should be provided to everyone in Washington. These capabilities are:

A. Assessment (Surveillance and Epidemiology)
B. Emergency Preparedness (All Hazards)
C. Communication
D. Policy Development and Support
E. Community Partnership Development
F. Business Competencies

The Emergency Preparedness Capability is further defined within FPHS as:

1. Ability to develop and rehearse response strategies and plans, in accordance with national and state guidelines, to address natural or manmade disasters and emergencies, including special protection of vulnerable populations.

2. Ability to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.

3. Ability to activate the emergency response personnel in the event of a public health crisis; coordinate with federal, state, and county emergency managers, and other first responders; and operate within, and as necessary lead, the incident management system.

4. Promote community preparedness by communicating with the public in advance of an emergency about steps that can be taken before, during, or after a disaster.

In developing the Doctrine Principles, consistency with the Emergency Preparedness Capability within FPHS is critical. The Doctrine directly links to the Emergency Preparedness Capability, and supports the overall intent of FPHS. Below is a cross-walk between the Doctrine Principles and the Emergency Preparedness Capability. Each principle was assessed for consistency with and support of the four Emergency Preparedness Capability components.

Foundational Public Health Services: Emergency Preparedness Capability

Doctrine Principles	Ability to develop and rehearse response strategies and plans, in accordance with national and state guidelines, to address natural or manmade disasters and emergencies, including special protection of vulnerable populations.	Ability to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.	Ability to activate the emergency response personnel in the event of a public health crisis; coordinate with federal, state, and county emergency managers, and other first responders; and operate within, and as necessary lead, the incident management system.	Promote community preparedness by communicating with the public in advance of an emergency about steps that can be taken before, during, or after a disaster.
	Assure preparedness activities protect public health and safety during disaster response and recovery. (*Principle 1*)	**Assure preparedness activities protect public health and safety during disaster response and recovery. (*Principle 1*)**	**Assure preparedness activities protect public health and safety during disaster response and recovery. (*Principle 1*)**	**Establish and expand partnerships with public, private, and non-profit sectors to enhance preparedness, response, and recovery capabilities. (*Principle 3*)**
	Establish and expand partnerships with public, private, and non-profit sectors to enhance preparedness, response, and recovery capabilities. (*Principle 3*)	**Establish and strengthen core response and recovery capabilities. (*Principle 2*)**	**Establish and strengthen core response and recovery capabilities. (*Principle 2*)**	**Acknowledge the value of health equity in our planning, partnerships, communications, policies, and actions. (*Principle 4*)**
	Acknowledge the value of health equity in our planning, partnerships, communications, policies, and actions. (*Principle 4*)	**Establish and expand partnerships with public, private, and non-profit sectors to enhance preparedness, response, and recovery capabilities. (*Principle 3*)**	**Establish and expand partnerships with public, private, and non-profit sectors to enhance preparedness, response, and recovery capabilities. (*Principle 3*)**	**Assure preparedness and response policies, priorities, and funding allocations are collaborative and transparent to all stakeholders. (*Principle 6*)**
	Assure preparedness and response policies, priorities, and funding allocations are collaborative and transparent to all stakeholders. (*Principle 6*)	**Engage, inform, and influence decision makers and response partners on public health and healthcare priorities. (*Principle 5*)**	**Acknowledge the value of health equity in our planning, partnerships, communications, policies, and actions. (*Principle 4*)**	
			Engage, inform, and influence decision makers and response partners on public health and healthcare priorities. (*Principle 5*)	

Applying the Doctrine

This doctrine is a collective obligation by state and local public health agencies, tribal governments, healthcare organizations, and response partners to achieve a unified, integrated and resilient health and medical response system across Washington. Effectively implementing this doctrine involves extensive outreach and a commitment to action.

First, we must ensure the principles herein are broadly understood by staff and leaders in public health, healthcare facilities, and tribal governments. In addition, we should communicate our doctrine's principles and concepts frequently to a wide range of partners, all of whom intersect with our preparedness and response efforts.

Subsequently, we should create new partnerships and strengthen existing ones to advance statewide preparedness and response capabilities in accordance with this comprehensive approach. Finally, we must reference and apply these principles to our work in policy development, priority setting, and resource allocation.

When fully implemented, this doctrine will provide us with clarity of purpose in building and reinforcing statewide health and medical response capability. We will continually adapt to a complex and dynamically changing world, and acknowledge our interdependence on each other and the systems around us. We will apply evidence-based strategies to ensure credibility in our decisions and actions, and strive to do our very best for those we serve.