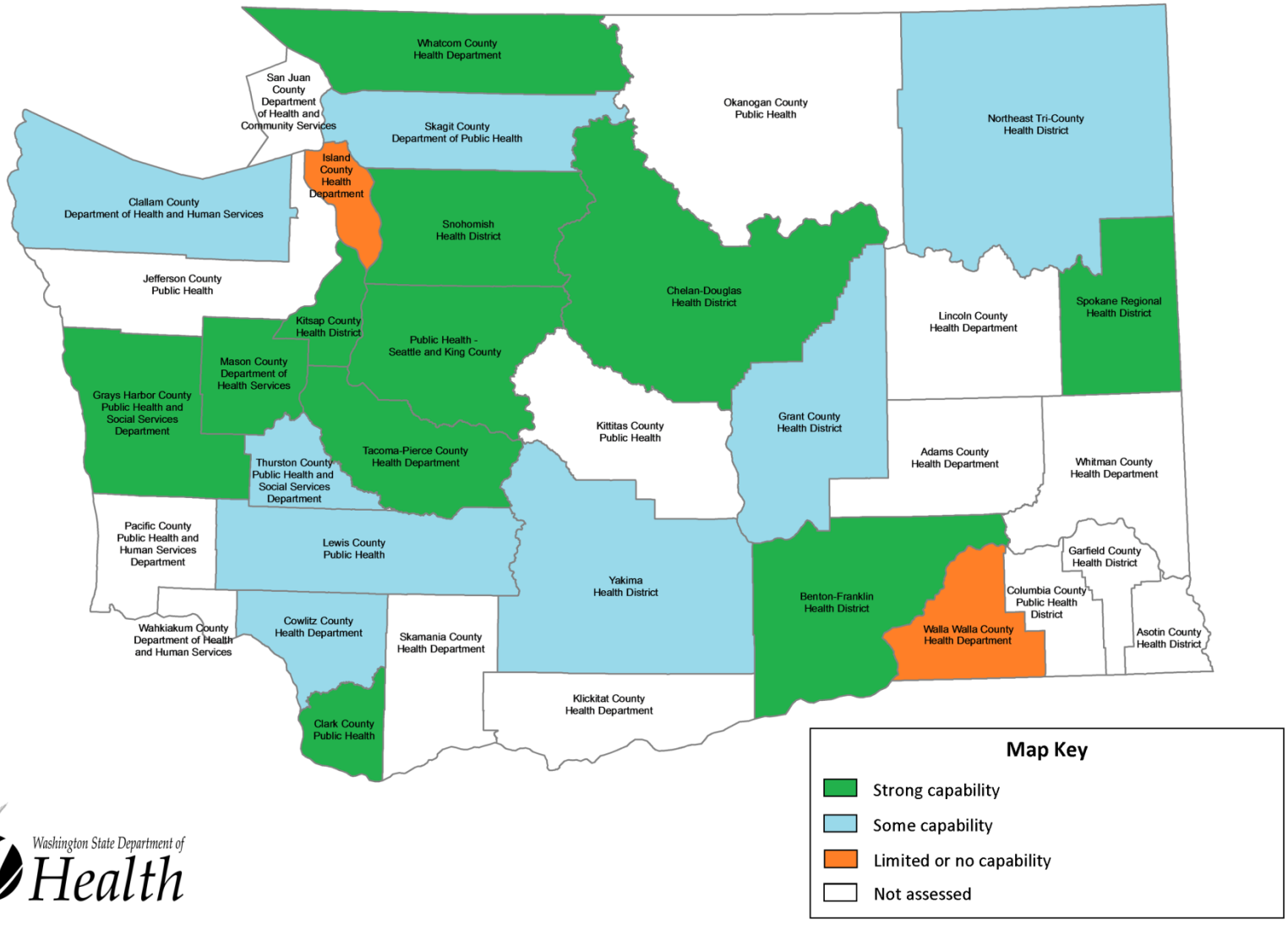
Capability 3: Emergency Operations Coordination



Washington State Department of Health

Capability 3: Emergency Operations Coordination

Washington Capability definition: The ability to establish an Incident Command System in the department to provide leadership during a public health emergency, to coordinate with the emergency management agency or agencies in the jurisdiction on issues related to the public health emergency, and to maintain systems for requesting and receiving assistance from the state or other local health jurisdictions.

Summary

The 21 medium-sized and regional lead Local Health Jurisdictions (LHJs), and one stand-alone healthcare coalition surveyed described being able to respond to a public health and medical emergency, with a little over half of them able to meet Capability 3, in which they would need to establish an Incident Command System to provide leadership during a public health emergency.

Training was the single largest request for support from the Department of Health (DOH) and also the best practice (conducting regular drills and tabletop exercises, having staff do position specific and leadership training) that the most LHJs identified. Several LHJs have experienced turnover in the last few years and as a result, their new staff are not trained in ICS and have little to no experience in activations.

LHJs would like to have more training offered, especially in Eastern Washington. At the top of the list is the request for DOH to either lead exercises (with the LHJs participating) or for DOH to train the LHJs on how to conduct exercises, which has been challenging due to the time required and funding. There was a desire to train in ICS specific positions, participate in tabletop exercises, and take courses such as L-380 and ICS 300 and 400.

Adding further complexity to this work, many people who participated in these assessments do not focus on preparedness work as their full time job – they wear many hats and so trying to accomplish everything required by the grants is challenging.

Funding came up as one of the biggest challenges that LHJs are facing. Some positions are difficult to fill due to limited funding available; while some LHJs have had to hire consultants to do their preparedness work. With recent funding cuts, training opportunities have been further limited and the importance of partnering with others (e.g., city, county, tribal partners) is even more critical now.

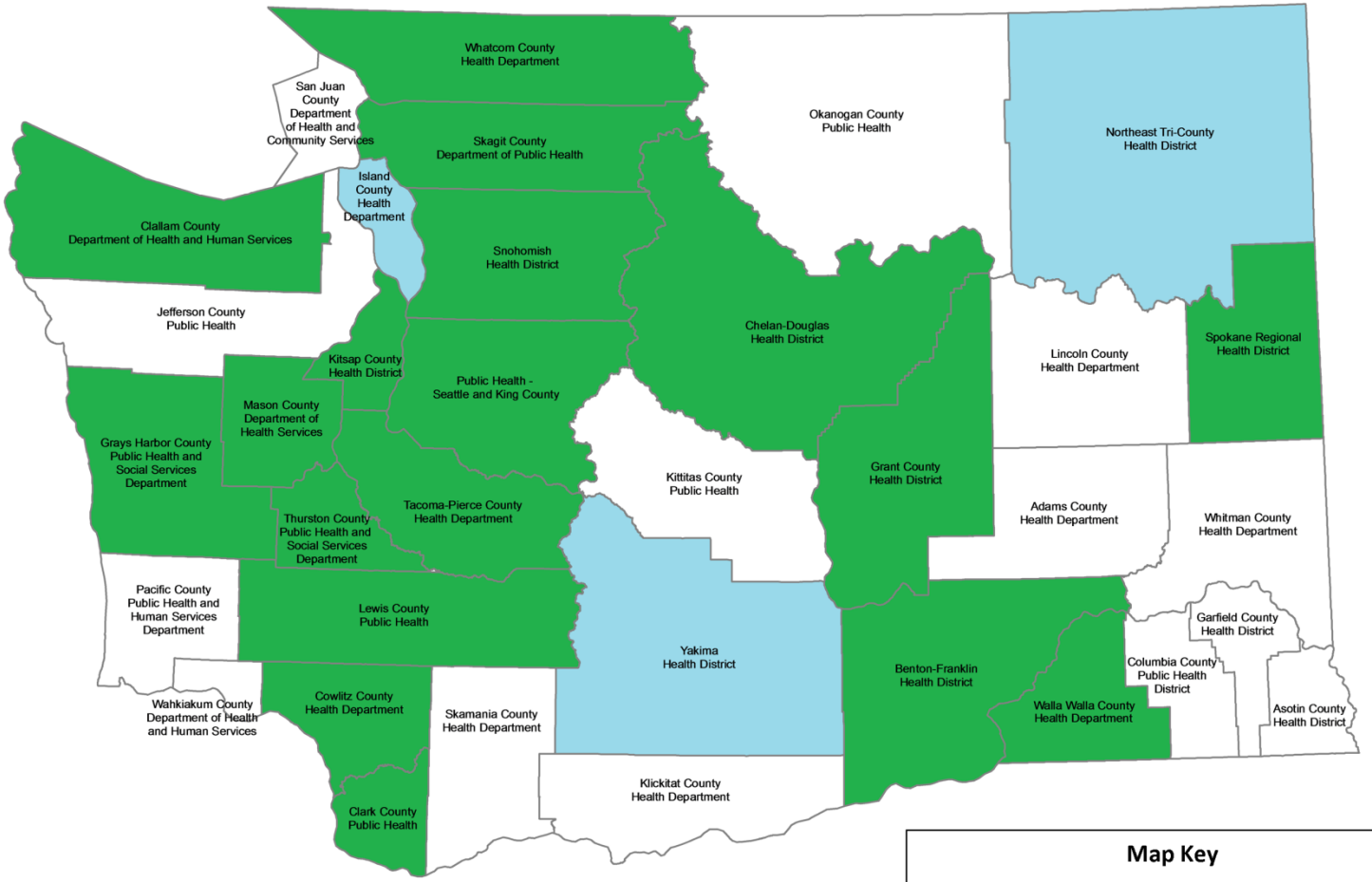
The processes for requesting resources, allocation, and prioritization during an activation need to be standardized and documented so that everyone does it the same way and there is no duplication of efforts. . Additionally, LHJs asked DOH for clear expectations of what success looks like for this capability.

Several LHJs mentioned a desire to have a centralized site where they could find all of the information on Public Health Emergency Preparedness – whether it was SharePoint or another web-based tool that could be accessed remotely. Information sharing, especially any tools developed that could be shared across jurisdictions, was a recurring theme during the visits.

Best Practices

- Having an established revision cycle for emergency response plans and a method for including local Emergency Management agency and tribal input.
- Created an ESF8 response plan to aid in big incidents where public health coordination is needed. This tool helps to **walk a person through the ESF8 coordination function** for people that aren't necessarily public health professionals.
- An ESF 8 "user guide" has been created for staff to use when deployed to county ECC.
- **Document legal authorities during an emergency** in a brochure or binder.
- Expand website to include communications in Spanish.
- Created **algorithm** to decide whether or not ICS should be activated to address public health issues.
- Build relationships with **local Medical Reserve Corps (MRC)** and have them try to recruit in the smaller areas of the region.
- **Use MRC volunteers** to help staff the command and general staff when needed.
- 4 hour shifts for Cascadia Rising exercise at county EOC and in the office in order to get as many staff involved and have practice.
- Focus on **information sharing and resource coordination** – first go to healthcare partners to get needed items. Think of this as a private sector EOC to augment healthcare capabilities and reduce the number of times that healthcare entities need to go to the government for resources.

Capability 4: Public Information and Warning



Washington State Department of Health

Capability 4: Public Information and Warning

Washington Capability definition: The ability to alert the public to a public health emergency and to provide the public with information about the crisis in order to keep them informed and to help them make healthy choices during crises.

Summary

The importance of communicating in multiple languages was addressed by several LHJs that had either hired staff who could speak additional languages (such as a bilingual PIO), and/or provided translated materials to reach a broader audience.

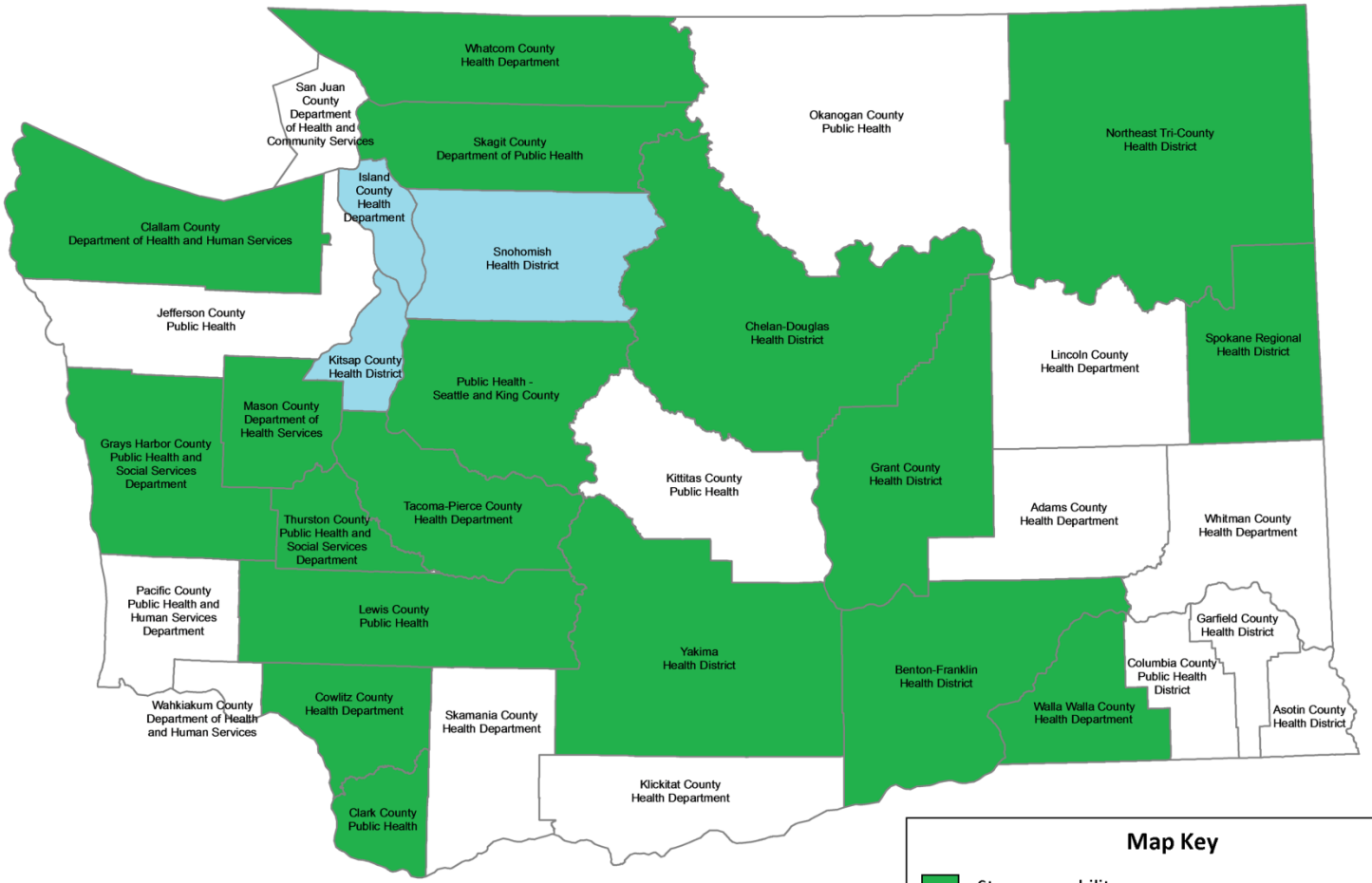
A common request from many LHJs was to offer media as well as social media training on how to manage the communications during an activation. This may have been due to the fact that some LHJs do not have their own Public Information Officer (PIO), but plan to either assign on the spot, or to use outside PIOs from other organizations (e.g., sheriff's department, health officer, county, etc.)

A question about whether or not DOH could store a library of templates on a cloud based system was raised, with another LHJ asking if DOH could store templates from other LHJs in addition to the templates provided by DOH.

Best Practices

- Hired bilingual PIO (Spanish speaking) in addition to English speaking PIO.
- Communications staff uses **Last Pass** to access all redundant systems rather than sharing passwords with agency.
- LHJ PIO uses **Wiggio** to share with other county PIOs during events. It is a free platform to share information in the county.
- Have their own **cable channel and hotline.**
- Use **GovDelivery** instead of email, and offer categories to subscribe to (i.e., News, advisories, and alerts.)
- Developing a mobile PIO kit, and have a hotspot (for wireless internet access) all the time.
- Creating a risk communication team that can be deployed to LHJs; emphasis more on practical use. Will be cloud-based and on thumb drives.

Capability 6: Information Sharing



Washington State Department of Health

Capability 6: Information Sharing

Washington Capability definition: The ability to establish contact with and share essential elements of information, with key response partners during public health emergencies and the ability to share key public health and healthcare information with appropriate response partners during public health emergencies.

Summary

Many LHJs use WASECURES for information sharing. LHJs want to expand access to WA SECURES to all LHJ employees and Coalition representatives.

Having excellent social networks, both on and offline, are very important and key players know each other personally, which is valuable in these public health activations.

The LHJs look to DOH to create procedures and guidelines for when and how to share information.

They want to continue to coordinate with Emergency Managers to bring partners together to develop contact lists, provide training, etc.

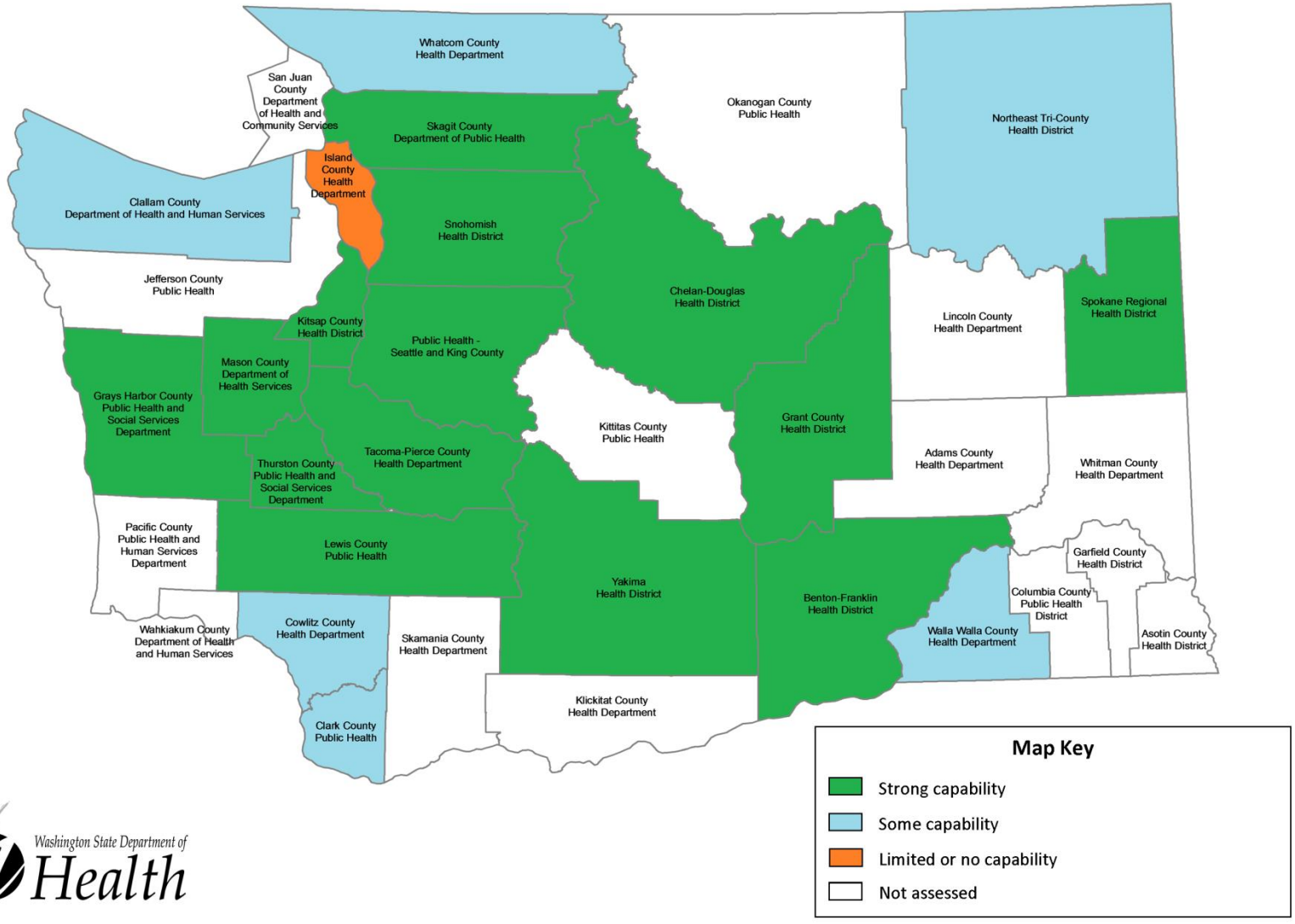
The desire for some kind of information library among LHJs and the state was repeated; this might fall under the same request for a SharePoint or similar web-based resource.

Some LHJs struggle with communicating with child care facilities that are regulated by the Department of Social and Health Services (DSHS) and the Department of Early Learning (DEL) rather than by DOH and have requested help from DOH to reach out to state agency partners.

Best Practices

- Good documentation in communication manual.
- **Chat room** capability in WATrac.
- Region hired one epidemiologist to travel to each county and provide training and providing epidemiological expertise. She spends one day a week in each region.
- Have started using SECURES broken down into categories of medical responder disciplines and Health and human services categories.

Capability 8: Medical Countermeasures Dispensing



Washington State Department of Health

Capability 8: Medical Countermeasures Dispensing

Washington Capability definition: The ability to rapidly provide medical countermeasures to people in the local health jurisdiction during a public health emergency.

Summary

Some LHJs have plans in place, but no capacity or ability to test the plans, making it difficult to address any gaps as the gaps are unknown at this time.

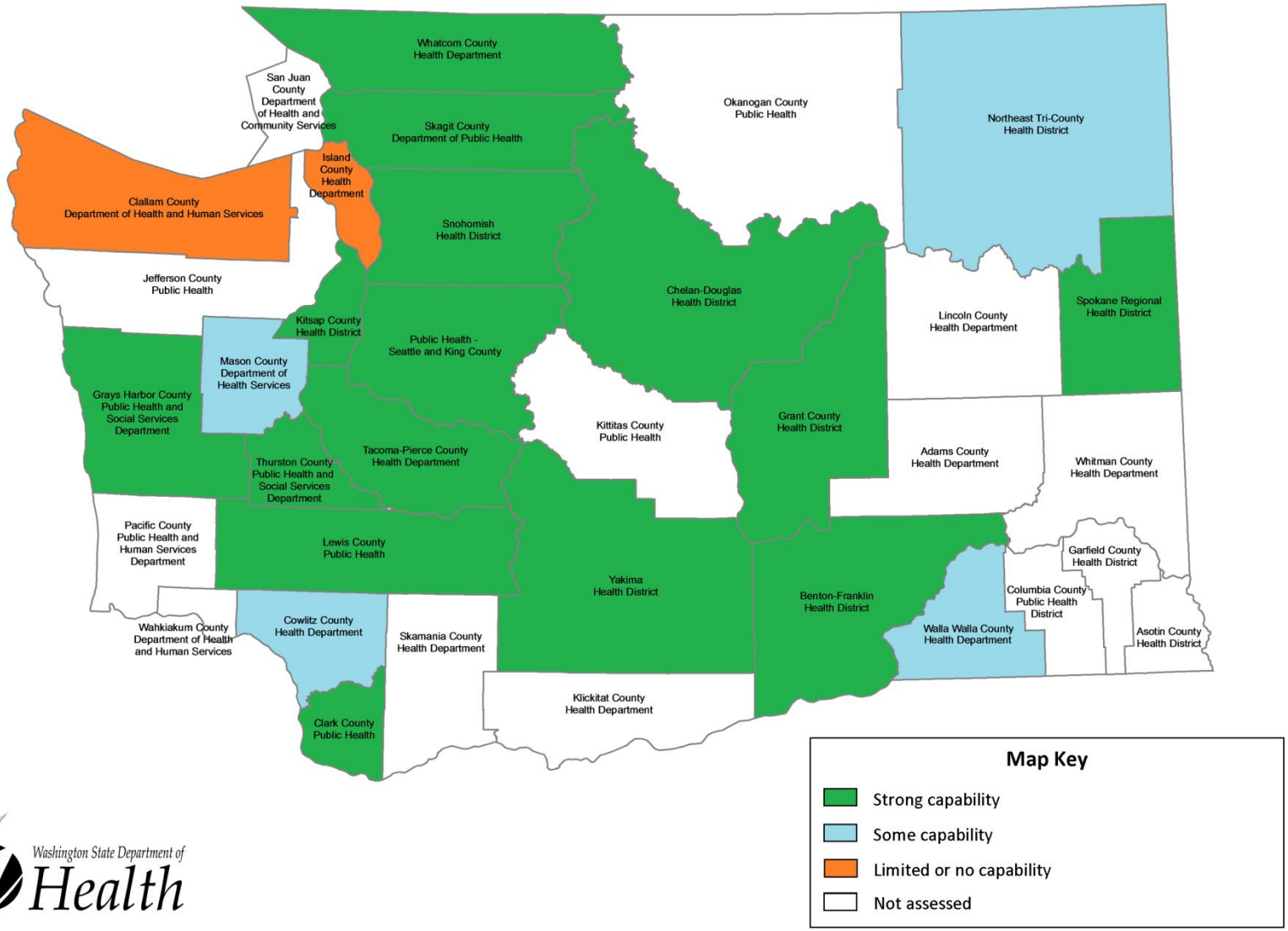
LHJs really like and are very supportive of the DOH Pharmacy MOU program, and see the value in having pharmacies join the program to assist with medical countermeasure dispensing.

Some counties have very few chain pharmacies; there are only a few privately owned. They would like to know what plans are for DOH to deal with those smaller pharmacies. They would like to be included in the planning.

Best Practices

- Use WA Immunization Information System.
- Created a plan for both hearing impaired and blind populations.

Capability 10: Medical Surge



Washington State Department of Health

Capability 10: Medical Surge

Washington Capability definition: The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

Summary

One of the biggest challenges faced by LHJs is to get the public to understand public health emergency management.

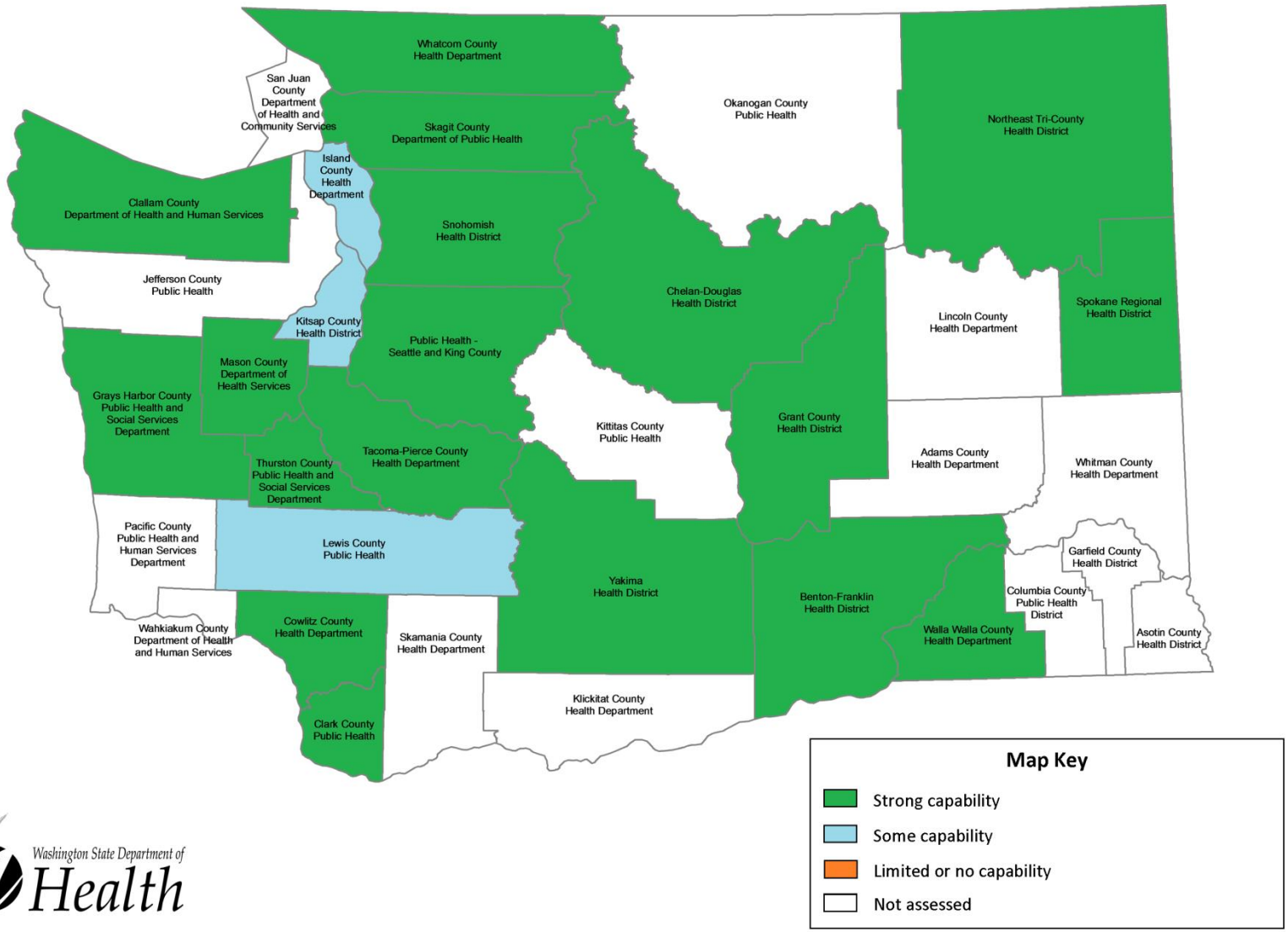
LHJs are also struggling with turnover not only internally, but also with hospital and community health organization partners. When leadership changes, sometimes support for this capability changes as well.

To combat this, most LHJs have regular meetings with key healthcare entities to discuss issues, progress, and ensure better coordination at the local level.

Best Practices

- Use **survey feature in WATrac** to send and gather information, and to be able to share with EM.
- Nursing **students assist** under supervision of R.N.
- Use screening intake form.
- **Triage and Treatment Center Project:** Designed to train clinics to handle triage. In other words, to deal with an influx of patients with problems they're not used to. Training is now five modules: personal preparedness, triage, incident command, lifting and moving, disaster mental health.
- List of healthcare providers able to address functional needs for "at-risk" individuals.
- Established **process for shifting** in and out of conventional, contingency, and crisis **standards of care**. This is taken care of by either the Health Officer or by the medical oversight committee; capture any changes in minutes. Epi staff pushes changes to EMS & Trauma Care Council.
- Directions in the all-hazards plan to vet **volunteers.**

Capability 11: Non-Pharmaceutical Interventions



Washington State Department of Health

Capability 11: Non-Pharmaceutical Interventions

Washington Capability definition: The ability to recommend or implement, if applicable, strategies for disease, injury, and exposure control. Strategies might include Isolation and quarantine, restricting people's movement developing travel advisory/warnings, social distancing, external decontamination, hygiene, and personal protective actions.

Summary

Many LHJs have isolation and quarantine procedures, but no specific facilities. Home quarantine is emphasized. Good epidemiological support that informs public health is helpful.

Some LHJs use highly trained nurses and 24 hour phone lines to accomplish this capability. They contract the epidemiological surveillance and investigations to another LHJ's epidemiologist, and do not have any internal epidemiologists on staff.

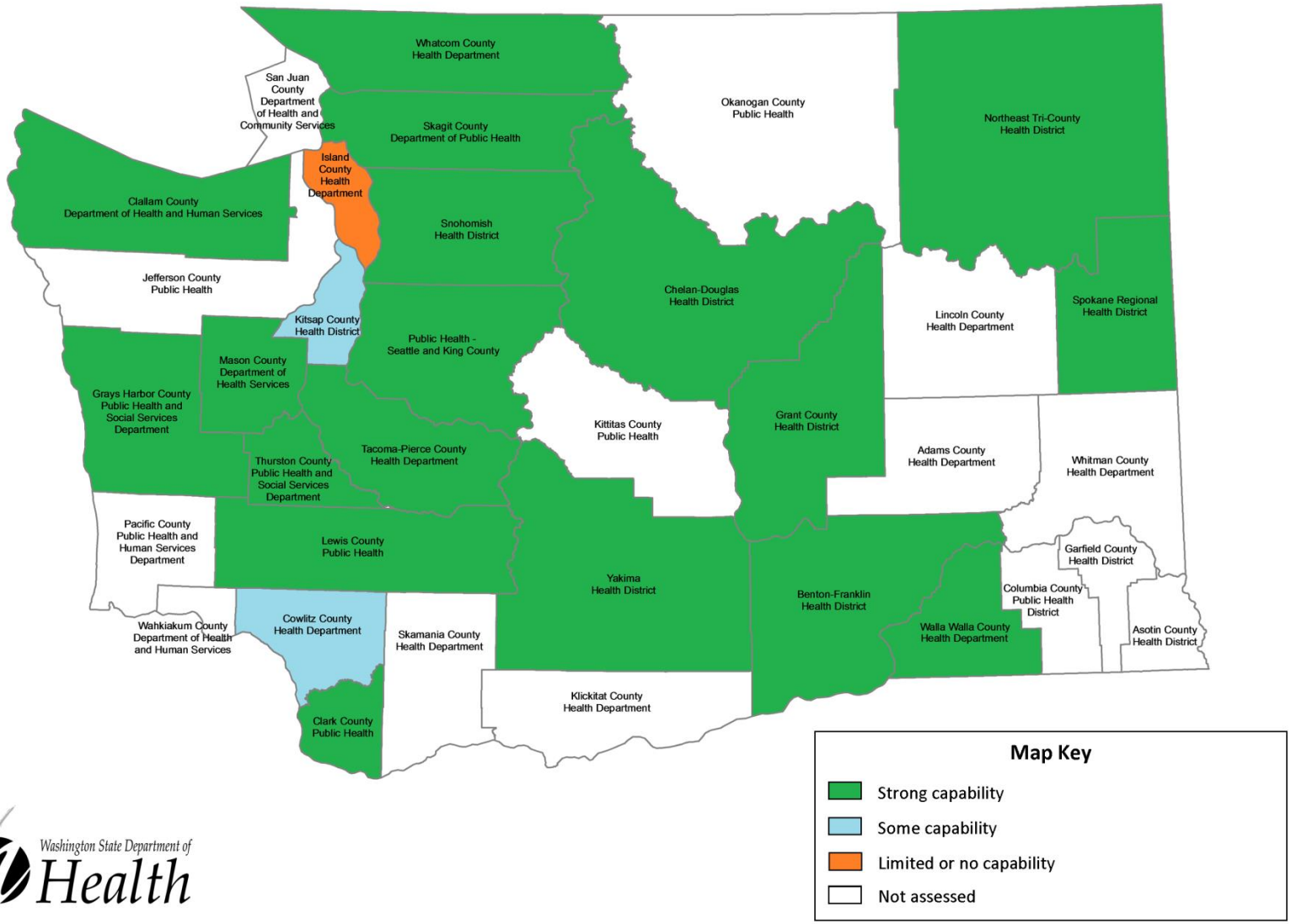
Some LHJs use Memoranda of Understanding (MOUs), some rely on relationships and informal agreements for aid when public health emergencies occur.

Several LHJs, especially the LHJs in more remote areas, rely on informal communication and word of mouth to disperse advisories and other critical information.

Best Practices

- Hold regular conference calls with all Public Health
- Have manuals in cars for when they get calls out of the office.
- 911 dispatch has contact phone numbers for all LHJ staff.

Capability 13: Public Health Surveillance and Epidemiological Investigation



Washington State Department of Health

Capability 13: Public Health Surveillance and Epidemiological Investigation

Washington Capability definition: Public health surveillance and epidemiological investigation is the ability to conduct ongoing disease surveillance, maintain detection systems, and conduct epidemiological investigations in response to public health emergencies.

Summary

Excellent epidemiological support and relationships with stakeholders are the keys to accomplishing this capability. There is a concern among some of the LHJs that with the funding cuts, their traveling regional epidemiologist will not be funded and she is the sole surge capacity for several LHJs. The DOH Epi Task Force may be able to provide assistance to the LHJs during an activation.

A few LHJs expressed their appreciation of the yellow book resource and the willingness of DOH to meet in-person.

Best Practices

- Develop **data sharing agreements** to identify trends, repeat frequent flyers to/from region. This would save time reporting cases already reported elsewhere.
- **Traveling epidemiologist** works 1 day a week in each of the 5 counties and gives classes and works with all 12 hospitals. Also helps to spread information.
- Uses **Essence** syndromic surveillance system.