

# 2019

Annual Report  
Division of Emergency Preparedness and Response



## A Year in Review: July 2018 – June 2019

JANUARY 2020



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

**Publication Number**

821-097

For more information or additional copies of this report:

Steffen Burney  
Emergency Preparedness and Response  
Washington State Department of Health  
101 Israel Road SE  
Olympia, WA 98501

360.236.4051

[steffen.burney@doh.wa.gov](mailto:steffen.burney@doh.wa.gov)

*On the cover: Members of the Department of Health Receipt, Stage, and Store (RSS) Task Force load simulated antibiotics into a Department of Transportation plane to be delivered across the state during the 2019 Transportation Relay Exercise (T-REX).*

# Contents

- Executive Summary..... 1
- Response Team Capabilities ..... 2
- Local Training Needs Assessment..... 5
- Budget..... 6
- Serving the Whole Community..... 7
- In memory of Lori Lynn Van De Wege ..... 9

*This page intentionally blank.*

## Executive Summary

The Washington State Department of Health (DOH) Division of Emergency Preparedness and Response (EPR) works to improve statewide ability to respond to outbreaks of infectious disease and other public health emergencies.

Our Incident Management Team (IMT) engages staff across the agency in coordinated response to public health emergencies. During the 2018–2019 budget period, the IMT activated to respond to measles, winter weather, and radiation incidents.

In addition to these activations, we also:

- Conducted the largest full-scale exercise in DOH history.
- Assessed and addressed local health jurisdiction training needs.
- Completed projects to improve our capacity to improve emergency response outcomes for vulnerable or at-risk populations.

Effective preparedness and response requires strong federal, international, state, local and tribal relationships. Our emphasis on building these relationships has led many to consider us a national leader in public health preparedness, specifically in statewide strategic planning, healthcare coalition building, risk communication, and developing cross-border alliances.

This work is funded by the Public Health Emergency Preparedness (PHEP) grant from the Centers for Disease Control and Prevention (CDC), and the Hospital Preparedness Program (HPP) grant from the Assistant Secretary for Preparedness and Response (ASPR) at the U.S. Department of Health and Human Services (HHS).

This year in review summarizes the budget and statewide activities, exercises, planning and activations EPR conducted so that DOH can fulfill our agency's purpose of saving lives and protecting the people of Washington.

## Response Team Capabilities

During the 2018–2019 Budget Period, the Department of Health (DOH) continued to grow our response operations capabilities with our agency response teams. The Incident Management Team (IMT) expanded its roster with both internal employees and external partners, adding a wealth of knowledge and experience to the team. Our section chiefs meet on a regular basis to continue the development of their teams and improve processes to make the IMT as efficient as possible. At the agency level, a workgroup meets to discuss and formalize policy, procedures, and other items to ensure the continued success and improvement of the IMT.

---

*DOH continues to ensure we are ready for any disaster.*

IMT members have responded to real world incidents and participated in trainings and exercises. They have supported responses nationwide through the Emergency Management Assistance Compact (EMAC), bringing back lessons learned to improve our internal processes. Additionally, the IMT used EMAC to request assistance with a long response to a measles outbreak,

and received staff resources from the North Dakota Department of Health and the State of Idaho Department of Health. DOH continues to expand the types and number of state-level response teams, to ensure we are ready for any disaster. We have initiated development of the following additional teams:

- State Medical Assistance Team to support medical response operations during disasters.
- State Nursing Strike Team to provide nursing support to healthcare and mass care operations during disasters.
- Pharmacy Response Team to provide chronic disease support to people in mass care environments during disasters.
- Drug Response Team to provide immediate technical assistance to jurisdictions across Washington who experience a sustained surge in fatal or non-fatal drug overdoses or closure of pain clinics.
- Behavioral Health Strike Team to assist impacted communities with mental and spiritual care support in addition to building community capacity to address long-term effects of disasters.
- Family Assistance Center Strike Team to augment local health jurisdiction (LHJ) efforts in managing and staffing a family assistance center during responses where family reunification is necessary.

## **7 teams, 374 members**

**Incident Management Team:** provides overall incident management at the state level, or in support of tribal governments or LHJs, for any type of public health emergency. *119 members*

**Construction Review Services Strike Team:** conducts structural assessments to determine functionality of healthcare facilities following disasters. *9 members*

**Epidemiology Response Team:** conducts epidemiological investigations and disease surveillance during outbreaks. *47 members*

**Environmental Health Strike Team:** deploys to impacted jurisdictions to advise tribal or local officials on environmental health threats and remediation measures. *24 members*

**Receipt, Stage, and Store Task Force:** manages state-level logistical operations and distribution of medical materiel during disasters. *81 DOH members, 60 Department of Corrections members*

**Medical Countermeasures Strike Team:** deploys to impacted jurisdictions to support vaccination and medical dispensing operations. *16 members*

**Pediatric Strike Team:** comprised of pediatric healthcare providers across the state. Deploys to support impacted hospitals in caring for pediatric patients during disasters. *18 members*

## **Incident Management Team (IMT) activations, 2018–2019**

- Clark County Measles (January–March 2019)
- Inclement Weather—Snow (February 2019)
- Puget Sound Measles (May 2019)
- Harborview Medical Radiation Activation (May–July 2019)

## **Emergency Management Assistance Compact (EMAC)**



*Measles IMT in the DOH Agency Coordination Center.*

DOH used the EMAC to request assistance from other states for a prolonged response to a measles outbreak in Clark County. We received assistance from the North Dakota Department of Health IMT (Feb. 2019).



## 2019 Transportation Relay Exercise (T-REX)

The T-REX exercise was the largest full-scale exercise the Department of Health has ever conducted. For 18 months, DOH led all planning and exercise design



*Members of the DOH RSS Task Force and Department of Corrections position pallets for loading onto trucks at the state's Primary RSS Facility located in western Washington.*

efforts for the exercise. Throughout the planning and design phase, we coordinated with over 65 local, state, federal, tribal, and non-profit organizations. The exercise included concurrent operation of two Receipt, Stage, and Store (RSS) warehouses, one in western Washington and one in eastern Washington.

We conducted 7 workshops, 13 table top exercises, several drills, trainings, and a functional exercise in preparation for the T-REX full scale exercise. We established, validated, and tested a new

RSS warehouse facility in western Washington, and we formed a new partnership with the Washington State Department of Corrections to lead the statewide RSS function for all future large scale incidents.

Distribution activities on the day of the exercise were completed several hours ahead of schedule, validating the state's ability to complete statewide distribution within 24 hours of receiving medications from the Strategic National Stockpile.



*The DOH RSS Task Force loaded simulated antibiotics into a Department of Transportation plane to be delivered across the state.*

We successfully tested a new capability for LHJs and tribal governments to pick up medications directly from the RSS facility, thereby reducing delivery times to those jurisdictions. We also successfully tested real-time, web-based resource tracking systems to maintain situational awareness on transport and arrival of all medication shipments.

We successfully completed three airborne missions in partnership with the Washington State Department of Transportation, delivering medications to remote locations on the Olympic Peninsula.

This exercise validated much of the hard work and coordination that occurred over the preceding 18 months, and it highlighted opportunities to further improve statewide efficiency of medical resource management.

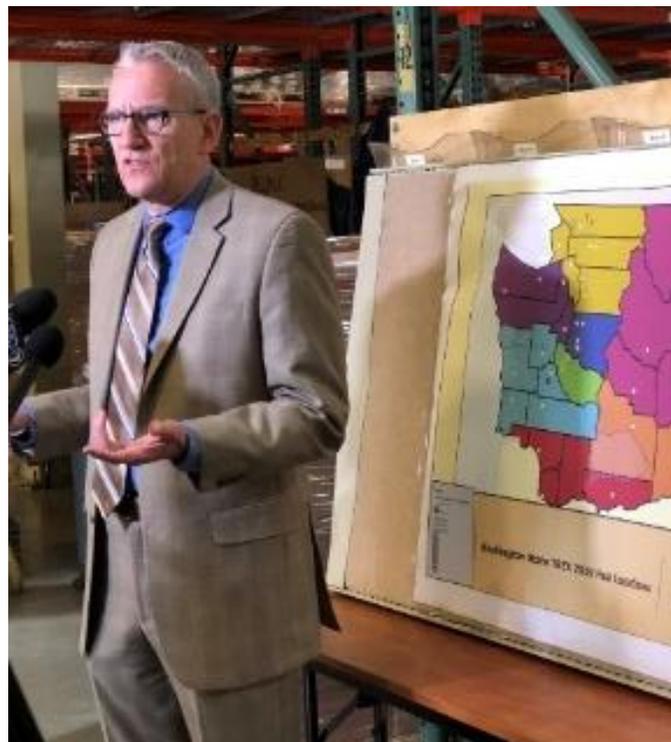
## Local Training Needs Assessment

Attention was focused on identifying training needed to bolster the capabilities of LHJs and tribal governments in regards to Foundational Public Health Services response. We assembled a workgroup comprised of local partners and tribal governments to develop a Training Needs Assessment survey for a pilot group of LHJs and tribal governments. After looking at the preliminary data from the survey, we worked with two of the pilot LHJs to prioritize their training needs and determine how to best deliver that training.

An interactive webinar on resource ordering was delivered to Walla Walla Public Health and their key partners. The training was developed by DOH Division of Emergency Preparedness and Response (EPR) in conjunction with the Region 8 Regional Emergency Response Coordinator (RERC) and the state Emergency Management Division's (EMD) logistics manager.



*Michael Loehr, then Chief of Emergency Preparedness and Response speaks to media during T-REX 2019.*



*DOH Secretary John Wiesman, DrPH, MPH, describes to members of the media the need to test the statewide distribution model to ensure lifesaving medications reach those in need during emergencies.*

## Budget

DOH's emergency preparedness and response work is funded by two grants from the U.S. Department of Health and Human Services: Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP), and Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Cooperative Agreements.

During 2018–2019, DOH HPP and PHEP funding totaled \$17,352,834.

**Table 1: PHEP funding**

	<b>Grant amount</b>
Department of Health	\$5,015,816
Local Health Jurisdictions (LHJs)	\$6,515,923
Tribes/Tribal Associations	\$527,060
Other Partners	\$56,300
<b>PHEP Total</b>	<b>\$12,115,099</b>

**Table 2: HPP funding**

	<b>Grant amount</b>
Department of Health	\$1,371,743
Healthcare Coalitions (HCCs)	\$3,364,307
Healthcare Partners	\$501,685
<b>HPP Total</b>	<b>\$5,237,735</b>

## Serving the Whole Community

DOH's Division of Emergency Preparedness and Response (EPR) and Incident Management Team (IMT) work to ensure that everyone in a community can receive services and communication during a disaster. By collaborating with subject matter experts and community partners, we completed multiple projects to improve our ability to plan and respond inclusively. Some of the key projects include:

### Inclusive Response Framework

EPR developed an Inclusive Response Framework which improves the IMT's ability to meet the needs of impacted communities. This framework empowers the IMT to adapt to the needs of a community by identifying potentially vulnerable populations, capturing access challenges for those populations, and implementing solutions to improve access to communication and services. An eight-hour training on the framework and associated concepts has been developed and is mandatory for each IMT member.

---

*Key projects have improved our ability to plan and respond inclusively.*

### EPR CLAS Training

EPR partnered with the DOH Center for Public Affairs (C4PA) to develop and deliver a Culturally and Linguistically Appropriate Services (CLAS) training to the EPR team. This training is designed to educate EPR staff on how at-risk populations experience disproportionate impacts from disasters; what drives those impacts; and what actions can be taken to address and mitigate those impacts through preparedness, response, and recovery activities. In addition, it identifies program management components to ensure alignment and support of DOH's Equity and Social Justice and CLAS initiatives.

### Hazard Vulnerability Profiles

Vulnerability profiles have been created for several hazards to which DOH regularly responds during IMT activations. These profiles capture the at-risk populations for the hazard, considerations for the IMT regarding vulnerability or access challenges for these groups, and potential modifications to ensure access to services and communication. These profiles are based on hazard vulnerability research and collaboration with subject matter experts across DOH.

## **Inclusive Emergency Planning Guide**

This guide was developed as a reference for DOH staff to effectively integrate inclusion and access considerations as they develop plans for incident response. The guide is informed by an extensive review of best practice documentation and academic research on vulnerability and emergency management. The guide includes a population checklist designed to capture common planning considerations and modifications for each group to provide a foundational inclusive baseline in our planning efforts.



## In memory of Lori Lynn Van De Wege

Deputy Chief of Emergency Preparedness and Response

*Daughter – Sister – Mother – Grandmother*

*Mentor – Colleague – Dear Friend*

