Washington State Doctrine for Health and Medical Preparedness, Response, and Recovery

v. 9.0

Washington State Department of Health

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This doctrine was developed in consultation with the Washington State Public Health and Medical Disaster Advisory Group.

Public Health and Medical Disaster Advisory Group

Snohomish Health District
Kitsap Public Health District
Thurston County Public Health and Social 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
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 for Washington State
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

Drafts of the doctrine were provided to all tribal governments, local health jurisdictions, healthcare coalitions, and a wide range of response partners for input and comments. In addition, the Department of Health conducted four statewide webinars on the document, soliciting feedback from partners on changes, additions, and suggestions for improving clarity. The thoughtful comments and recommendations received during this collaborative process have added great value to this effort.

Introduction

The Washington State Doctrine for Health and Medical Preparedness, Response, and Recovery (the doctrine) defines a set of fundamental principles which guide our statewide public health and medical emergency preparedness, response, and recovery program (a summary is presented in Attachment A). 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 improving statewide capabilities, 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 (DOH), local health jurisdictions, tribal governments, and healthcare organizations 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 a clear purpose for our preparedness, response, and recovery program based on principles that will not vary from year to year, or disaster to disaster.

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, response, and recovery program including:

- development of statewide response and recovery capability;
- regional networks;
- policy-level decision making tools and systems;
- clarity around access to interstate, federal, and international assistance;
- equity in preparedness, response, and recovery actions; and
- robust logistics capabilities including statewide mutual aid systems.

These indicators point to a statewide system that is unified and resilient; one that is fully capable of mobilizing resources; setting priorities; coordinating preparedness, response, and recovery actions across jurisdictions; and saving lives anywhere in Washington, whenever the need arises.

Purpose and Scope

This doctrine serves not as a set of regulations nor mandates, rather as guidance for the preparedness, response, and recovery efforts of the Department of Health, local health jurisdictions, healthcare organizations, 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; ongoing transition of healthcare organizations through consolidation and continued implementation of the Affordable Care Act; and the diversity of short- and long-term priorities among stakeholders. However, developing and sustaining 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 predictability, 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 the Centers for Disease Control and Prevention providing preparedness grant funds to states in the summer of 2002, preparedness was not a resourced activity in most local or state health departments. Healthcare preparedness was not an established program at the state or national levels until the Department of Health and Human Services initiated the Hospital Preparedness Program in 2004.

Since 2002, our statewide program for enhancing public health and medical preparedness capabilities has passed through three phases of activity. During the first phase, from 2002 to 2005, dramatic changes occurred in public health departments across the country as the threat and potential consequences of bioterrorism spurred action.

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 established immediately. Each health 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. Healthcare organizations, however, received no additional resources to support capability development and coordination with public health, in spite of emerging threats. Consequently, little coordination or planning occurred between public health departments and healthcare organizations.

During the second phase, from 2005 to 2010, public health and healthcare organizations received a wealth of additional resources to support development of response and recovery capabilities. Concurrently, the threat of a severe influenza pandemic associated with H5N1, along with the tragic consequences of Hurricanes Katrina and Rita and their disproportionate impacts on the most vulnerable in our society, 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, and healthcare organizations’ needs for enhanced capabilities and system-wide coordination. We also gained flexibility in applying 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 public health departments in Washington to make dramatic staff reductions, some by up to 50%. Healthcare preparedness priorities shifted away from purchasing equipment to support individual facilities, in favor of building and sustaining capabilities to improve information flow, decision making, and access to resources during emergencies. 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. In addition, emerging infectious diseases such as the Ebola outbreak highlighted the need for a more comprehensive and sophisticated approach to managing public health crises, one that focuses on prioritization, partnerships, and innovation.

Beginning in 2014, DOH implemented sweeping changes to the statewide public health and healthcare preparedness, response, and recovery 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 and recovery capabilities. In this fourth phase, we have collectively focused on core response and recovery 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, response, and recovery programs. Disasters have occurred with greater frequency and complexity in recent years challenging public health departments, tribal governments, healthcare organizations, and response partners in unanticipated ways. Local public health capacity has been dramatically reduced across the state. Organizational and policy changes have impacted the capabilities of local, state, and federal public health agencies. Reduced state and local government capacity, along with reduced federal grant funds, seem persistent while the capabilities and structure of healthcare organizations, in light of continuing system consolidations, continue to be in flux.

Guiding Principles

Protect public health and safety

Guiding Principle 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.

However, we must also be capable of initiating, coordinating, and leading public health and medical response and recovery 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

Guiding Principle 2: ***Establish and strengthen core response and recovery capabilities.***

During disasters, we may be called upon to address disease surveillance, lab testing, fatality management, behavioral health response, medical surge response, environmental health response, emergency operations, risk communications, and many other issues. Mobilizing these capabilities requires:

- a trained and motivated workforce;
- skillful decision making;
- systems for collecting, analyzing and disseminating information;
- abilities to monitoring threats and impacts;
- tools to assess progress toward response and recovery objectives;
- communication with the public; and
- systems for managing resources.

Core capabilities must be developed and available to all jurisdictions across Washington. By unifying preparedness activities performed by DOH, local health jurisdictions, tribal governments, and healthcare coalitions around a core set of response and recovery capabilities, we are better able to track our progress against a common set of performance measures. We can better support each other during disasters when our response tools and capabilities are interoperable. Finally, we establish reasonable and achievable preparedness, response, and recovery expectations of ourselves and each other.

Resilience through partnerships

Guiding Principle 3: ***Establish and expand partnerships with public, private, and non-profit sectors to enhance community resilience.***

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

- leverage the expertise, resources, and good will of partners across Washington to support any local health jurisdiction, healthcare facility, or tribal government in need;
- incorporate the capabilities of pharmacies and large healthcare organizations to mobilize resources and support patient care during crises;
- develop strong ties with local and state emergency management agencies, the U.S. Department of Health and Human Services and other federal agencies, neighboring states, and Canadian provinces and incorporate them into preparedness, response, and recovery efforts; and
- 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

Guiding Principle 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;
- account for the needs and challenges faced by vulnerable persons in our response plans;
- account for the unique challenges and limitations faced by rural, medium- sized, and urban jurisdictions, as well as tribal governments in the development of capabilities and strategies; and
- ensure our approaches are shaped in collaboration with those most vulnerable and affected within our communities.

Influence at all levels

Guiding Principle 5: ***Engage, inform, and influence decision makers and response partners regarding public health and healthcare priorities.***

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

- actively partner with local, state, tribal, and federal emergency managers, law enforcement, fire departments, elected leaders, healthcare sectors, critical infrastructure agencies, and community based organizations to raise awareness of the public 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, response, and recovery;

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

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

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

Transparency and inclusion

Guiding Principle 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:

- incorporate input from and encourage dialogue with a wide range of partners;
- assure decision making processes around local, regional, state, tribal, and federal program priorities are clear and inclusive;
- openly share funding methodologies and allocation strategies with partners; and
- include evaluation and continual improvement in our preparedness, response, and recovery programs.

Cross-Walk to Foundational Public Health Services

Foundational 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 (Definition of FPHS). FPHS includes six Foundational Capabilities that should be available 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 principles for the doctrine, 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. Attachment B is a cross-walk between the doctrine's guiding principles and the Emergency Preparedness Capability. Each principle was assessed for consistency with and support of the four Emergency Preparedness Capability components.

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 and sustain a unified, integrated and resilient public 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.

This doctrine will provide us with clarity of purpose in building and reinforcing statewide health and medical response and recovery 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.

Washington State Doctrine for Health and Medical Preparedness, Response, and Recovery

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.

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

Principle 2

Establish and strengthen core response and recovery capabilities.

- Unify preparedness activities.
- Track our progress.
- Achieve interoperability.

Principle 3

Establish and expand partnerships with public, private, and non-profit sectors to enhance community resilience.

- Leverage the “whole community."
- Strengthen ties with key partners.
- Seek new partnerships with the private and non-profit sectors.

Principle 4

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

- Develop partnerships with organizations that serve populations disproportionately affected by disasters.
- Incorporate the unique needs and challenges that communities face into our response plans.

Principle 5

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

- Raise awareness of the public health and medical consequences of disasters.
- Participate in multidisciplinary planning efforts.
- Apply our expertise to support preparedness initiatives.

Principle 6

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

- Incorporate input from a wide range of partners.
- Assure decision making processes are clear and inclusive.
- Include evaluation and continual improvement in our programs.

Washington State Department of Health

Attachment B