

Annual Report

July 2016 - June 2017



**Office of Emergency
Preparedness and Response**



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For more information or additional copies of this report:

Office of Emergency Preparedness and Response

PO Box 47960

Olympia, WA 98504

360.236.4032

Overview and Table of Contents

The Office of Emergency Preparedness and Response (EPR) strengthens all-hazards preparedness capabilities within DOH and supports local, state, tribal and non-profit partners in preparing for, responding to, and recovering from the health impacts of disasters. The quality of our work and the proficiency of our efforts affect every person in Washington and reflect the character of our organization. This responsibility to our communities implores us to strive for excellence in our work. This report summarizes accomplishments of EPR from July 1, 2016 to June 30, 2017.

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Message from Michael Loehr, Chief Emergency Preparedness and Response

The Washington State Department of Health continues to evolve into a disaster response agency. Over the past year, we have increased our frequency and level of response trainings and exercises; refined response plans; accepted a leadership role in establishing specialized medical surge capacity across a four-state region; restructured our healthcare coalitions; and established a new Agency Coordination Center.

These, and other milestones, were accomplished all while responding to six real-world disaster incidents. We must continually refine and improve our response capabilities in order to match the complexity and intensity of tomorrow's incidents. We must do this in close partnership with Tribal Governments, Local Health Jurisdictions, health care and community based organizations, the private sector, and many other organizations. It's all about saving lives and protecting all people in Washington from the health threats of public health emergencies.

Accomplishments

Exercises

- Incident Management Team Oil Train Drill 11/4/16
- Radiological Emergency Preparedness Workshop in Richland 3/7/17
- Columbia Generating Station Full Scale Exercise 3/14/17
- Radiation Emergency Workers Assistance Center Richland 4/15/17
- Radiation Emergency Workers Assistance Center Richland 5/6/17
- Alaska Frozen Contagion Ebola Virus Disease Full Scale Exercise 5/16
- Tranquil Shift Ebola Virus Disease Full Scale Exercise 5/17
- Infectious Disease Ebola Virus Disease Exercise 5/23/17
- CyberGuard Prelude 5/24/17
- Navy Kitsap Radiation Full Scale Exercise 6/18
- Statewide Ebola Virus Disease Tabletop Exercise 2/17

Activations

- Lead in Drinking Water 07/16 – 08/16
- Western Washington Windstorm 11/16
- Twin City Radiological Incident 12/1/16
- Multi-County Mumps Outbreak 12/16 – 01/17
- Hanford Tunnel Collapse 05/17
- Seattle Pain Clinic Closures 7/28/16 - 8/18/17



11
exercises
conducted



6
IMT
activations



446
people
trained



8
plans
completed

During these activations we mobilized 12 distinct emergency response capabilities and multiple state-level response teams including the Incident Management Team (IMT), Radiological Response Team, Epi Strike Team, and the Continuity of Operations Policy Team.

- 2 Strategic National Stockpile graduates.
- 2 Homeland Security Exercise and Evaluation Program graduates.
- 7 National Level Advanced Training Environmental Health Training graduates.

Trainings

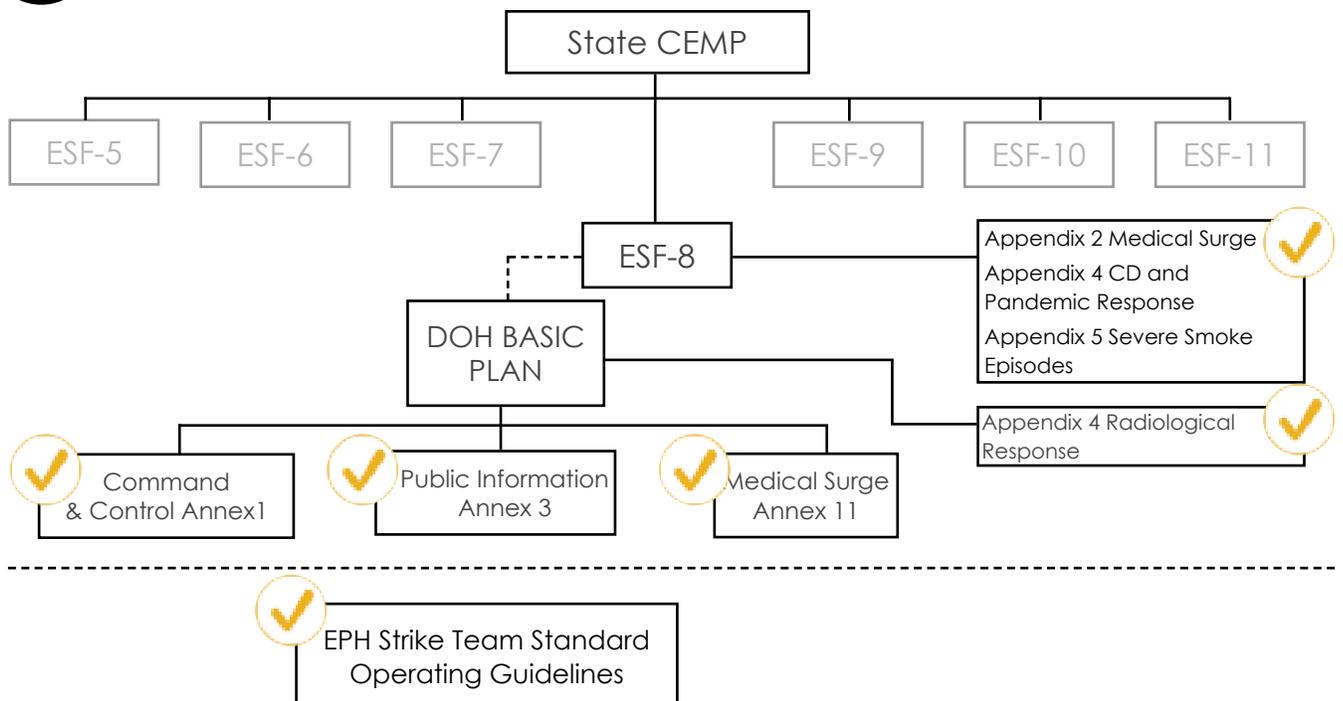
- Conducted 12 trainings for response operations: 169 attendees.
- Conducted 11 health and medical trainings: 277 attendees.
- L-380: 6 attendees.
- L-381: 7 attendees.
- 0-305 with Region 3 IMT: 5 attendees.
- FEMA Advanced Leadership: 2 graduates.
- 1 New Master Exercise Practitioner.

Emergency Response Plans Completed

- DOH Annex 1 Command and Control 11/1/16
- DOH Annex 3 Public Information 12/1/16
- DOH Annex 11 Medical Surge 6/26/17
- DOH Appendix 4 Radiological Events 1/1/17
- DOH Environmental Health Strike Team Standard Operating Guidelines 9/15/16
- ESF8 Appendix 2 Medical Surge 6/26/17
- ESF8 Appendix 4 Communicable Disease and Pandemic Response 11/1/16
- ESF8 Appendix 5 Severe Smoke Episodes 6/29/17



Response Plans Completed



New Agency Coordination Center

When Secretary Wiesman solidified the Department of Health as a responder agency, it became apparent that the Agency Coordination Center (ACC) was no longer sufficient to meet the agency's needs.

In 2016, we upgraded the ACC. Construction began in June and finished in August. We tested the room in September and officially unveiled the new ACC on October 1, 2016. The upgrade was a cost-share between EPR and DOH. DOH gained an extra conference room for large meetings and new equipment when the agency is not responding to an incident. Each room is independent of each other or can be combined as a single room.



NEW DOH ACC
completed 2016

Tribal Reinvestment Process Established

This process, developed in 2016, convenes a tribal advisory panel consisting of tribal public health partners to score submitted projects and provide recommendations on final project awardees. Four projects were funded for the FY17 Tribal Reinvestment period for a total of \$235,887.

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\$235,887

funded for
Tribal Reinvestment

On-site Medical Surge Assessment

In 2017 EPR completed a project that is the first of its kind in the nation, a complete on-site medical surge assessment of every hospital in the state. DOH contracted with industry leader Russell Phillips and Associates to conduct this work, which included site visits to every clinical care area and review of every inpatient room to determine the true medical surge capability, including the internal and external resources required to support the surge.

This allows tremendous response flexibility at the facility, local, regional and state levels as we can further understand how our state could maximize healthcare capacity.



FIRST
on-site
medical
assessment
in the
nation



Activation Highlight

Lead in Drinking Water

07/16 – 08/16

The DOH Incident Management Team was activated on July 22, 2016, in response to lead in drinking water as a threat to public health. This response was unique from other responses because the IMT did not have any operational objectives; rather it was tasked with supporting a Unified Command in Tacoma, Washington and DOH personnel assigned to an Incident Command lead by Seattle Public Utilities. Our role was to provide clear DOH policy, state-level public information, technical direction, situational awareness, and coordination between the involved response partners. Other response partners were Tacoma Public Utilities, Tacoma-Pierce County Health Department, Tacoma Public Schools, Snohomish County Health District, and Snohomish County Public Utilities.

On May 5, 2016, after thirteen operational periods, the Incident Management Team demobilized its response after coming to the conclusion that the structure and enhanced coordination provided by the IMT was no longer needed to support ongoing planning and preparedness efforts for the Lead Response.



Restructuring Health Care Coalitions

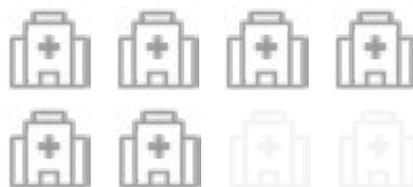
During the summer of 2016, DOH initiated an inclusive process with health care coalition (HCC) leads and health care partners regarding necessary adjustments to the statewide health care preparedness structure. Multiple in-person meetings, conference calls, and written proposals resulted in a transition from eight HCCs to six beginning in July 2017. The Region 2 HCC will merge into the Northwest Healthcare Regional Network (NWHRN), and the Region 4 HCC will become part of the larger health care preparedness effort led by the HCC in Portland, Oregon. Two multi-regional planning zones will be established, led by the NWHRN and the Region 9 HCC, to support HCCs with exercise and tool development, information management, and training needs.

These changes include a complete redesign of the HCC funding model to incorporate the values of fairness, reasonableness, and proportionality. Funding allocations were based on the number of critical healthcare facilities within the coalition boundaries, which is an indicator of the complexity and volume of work required by the HCC to build effective response systems.

Ebola Virus Disease and Other Special Pathogen Diseases Unite

Providence Sacred Heart Medical Center (PSHMC) acts as the Health and Human Services Region X Ebola and Other Special Pathogen Diseases Treatment Center serving the states of Washington, Oregon, Idaho, and Alaska. PSHMC used Hospital Preparedness Program (HPP) Ebola Part B funds to renovate their Special Pathogens Unit (SPU). This renovation of the SPU ensures the infrastructure is ready and policies are in place to accept and care for an EVD/OSPD patient. Included in the renovations is the increased laboratory capabilities and processes to handle highly infectious specimens within the SPU.

SPU clinical staff exercise, train, and evaluate plans in order to maintain readiness to receive a patient within 8 hours of notification. An additional piece of this readiness process is



We consolidated **8** health care coalitions into **6**



maintaining partial space in the SPU for training and education of the SPU Team. This includes quarterly donning/doffing training as well as educational training specific to SPU equipment, procedures, and work flows.

WA SECURES Transitioned to Everbridge

Since 2002, DOH has maintained a statewide secure alerting system (WA SECURES) enabling local health jurisdictions, tribes, and DOH to send and receive alerts and other critical information before and during emergencies. In 2016, DOH transitioned WA SECURES from the previous Intermedix-based system to Everbridge. Communications and alerting technology has rapidly evolved in recent years, and Everbridge allows DOH to capitalize on significant innovations while reducing annual costs by 75 percent.

Everbridge has now been fully implemented and all onboarding procedures are complete. Nine statewide Regional Leads for Everbridge have been trained, allowing for ease of access to further training and technical assistance for local healthcare jurisdictions. DOH has been successfully utilizing WA SECURES to send Health Alert Network notifications to DOH staff and partner agencies using the reporting tool in Everbridge to evaluate the continued growth of the system. Our office continues to meet with stakeholders on a quarterly basis to help provide clear intent on WA SECURES policies and procedures for all users. We are currently identifying methods to highlight the use of WA SECURES and promote the value of the system during emergency situations.

WATrac Transitioned to DOH

The transition of WATrac from Northwest Healthcare Response Network to DOH is complete. WATrac is the statewide hospital bed, patient, and capability tracking system. This system is used by EMS providers, hospitals and other partners across the state on a daily

basis to communicate critical information about health care capacity and capability. DOH manages similar statewide systems (WA SECURES, WEMIS, WASERV), therefore WATrac is consistent with the agency's existing and future responsibilities. As a state agency, DOH can better navigate the complicated liability issues related to protected health information involved in the emerging patient tracking module, and significant cost savings can be realized through state-level system administration.

Updates have been made to the WATrac login page to provide accurate contact information for WATrac users. Monthly bed count drills are conducted to ensure all health care partners remain familiar with WATrac reporting. The WATrac Advisory Committee has voted on and approved a charter to help provide clarity to the overall mission and use of the system. EPR continues to work to develop policy and procedures around patient tracking during Mass Casualty Incidents (MCI) and Non-MCI with the help of partner agencies.

Continuity of Operations Planning Program

DOH COOP planners have reviewed, updated, or developed COOP plans at the agency, division, and office levels, in order to meet the standards set within the Governor's Directive surrounding continuity planning, and to ensure the continued performance of mission essential functions and essential supporting activities during emergencies or disasters.

All COOP plans are on pace to be completed by December 30, 2017.



Activation Highlight

Multi-County Mumps Outbreak 12/16 – 01/17

The DOH IMT was activated in response to a multi-county mumps outbreak from December 9, 2016 to January 6, 2017. As of April 29, 2017, a total of 680 cases of mumps were reported in Washington State.

This response was significant because the DOH IMT and counties responding to this outbreak had to communicate and outreach to the Marshallese community living in Washington as they were disproportionately impacted by the disease. The DOH IMT demonstrated effective use of communication channels and effective partnerships to reach the Marshallese community.



Successfully Managed Unstable Funding Situation

BP5 was a volatile year regarding public health preparedness resources in Washington State. DOH managed a mid-year, unannounced reduction of nearly \$1 million. CDC swept this funding from Washington State and several other states to support the Zika response. In order to balance our budget, we reduced state-level expenditures and implemented several cost-saving measures, all while retaining level funding for all local health jurisdictions and tribal governments. Although the \$1 million reduction in core preparedness funding was ultimately restored, Washington State was one of a handful of states that did not receive categorical funding to support Zika response activities. In addition, the administrative burdens of reprogramming budgets, managing restored funding, and justifying unplanned financial losses and expenditures adversely impacted the program.

Shifted Emphasis of Investment from Community Preparedness to Response

Overall, the statewide public health and health care preparedness programs are shifting toward developing advanced, resilient response capabilities that can be mobilized anywhere in Washington State. Investment decisions reflected this approach by emphasizing response-focused contract activities with local health jurisdictions and health care coalitions, and through the development of state-level response teams and logistical capability.

Funding Summary

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Breakdown by grant

PHEP DOH **5,065,337**

PHEP LHJs & HCCs **6,605,965**

PHEP Tribes **461,060**

HPP DOH **2,205,270**

HPP LHJs & HCCs **2,086,770**

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DOH Received

\$7,270,607

+

LHJ and HCC Received

\$8,692,735

+

Tribes Received

\$461,060

.....

TOTAL

\$16,424,402

AIHC Mutual Aid Project

Throughout this budget period, the American Indian Health Commission (AIHC) facilitated a collaborative process to develop Mutual Aid Agreements (MAAs) between interested tribes and local health jurisdictions in Washington's Public Health Emergency Planning Regions 1 and 3. The project also facilitated a process to revise the operational plan for Region 2's existing Tribal-Public Health Mutual Aid Agreement. Funding for the project was provided through the Tribal Reinvestment Funds from DOH and was completed in June 2017.

Highlights:

- 22 tribes will have had the opportunity to participate in a regional MAA
- Agreements and operational plans that reflect lessons learned by 7 tribes and 3 LHJs (in Region 2) are in place in 3 Regions
- Training materials are available online. [For more information visit American Indian Health Commission](#)

Additional Partners

- Washington Association of Community and Migrant Health Centers
- Home Care Association of Washington
- Washington Poison Center
- Department of Social and Health Services
- Washington Emergency Management Division (Washington Military Department)
- Regional Emergency Medical Services and Trauma Care Councils
- Washington State Patrol
- Department of Enterprise Services
- Department of Agriculture
- Spokane County/Spokane County Fair & Expo Facility
- Washington State Hospital Association
- University of Washington Northwest Center for Public Health Practice
- Washington Association of Coroners and Medical Examiners
- Providence Sacred Heart Medical Center and Children's Hospital



Activation Highlight

Twin City Radiological Incident 12/1

On December 1, 2016, three trucks carrying scrap metal were sent back to Twin City Metal in Kennewick from Schnitzer Steel in Burbank, WA after one of the trucks tested positive for radiological contamination. The contaminated material (1 powder coated metal piece and one painted piece) was taken by a Hazardous Materials Management and Emergency Response (HAMMER) employee to Volpentest HAMMER Federal Training Center, where it was safely stored. The rest of the truckload was quarantined at Twin City Metal.

This event was a potentially emerging crisis where unidentified pieces of radioactive material might have been inadvertently obtained by members of the public exposing our community's most vulnerable people to potentially dangerous levels of radiation. The rapid and professional actions taken by the Department of Health Radiation Environmental Monitoring Strike Team, US Department of Energy, Mission Support Alliance, and the Benton-Franklin Health District allowed for a rapid assessment and stabilization of the situation. The event provided a rare opportunity for our team to learn more about coordinating efforts around a radiologic event.



