

Office of Emergency Preparedness and Response

Response team capabilities

During Budget Period 1 (BP1) we made great strides in advancing our response operations capabilities with our agency response teams. The Type III All Hazards Incident Management Team (IMT) continues to expand its roster with internal employees and external partners that add a wealth of knowledge and experience to the team. Additionally, our section chiefs now 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 has been established to discuss and formalize policy, procedural, and other items to ensure the continued success and improvement of the IMT.

IMT members have been called upon in real world responses, participated in trainings and exercises, and have been nationally deployed through the Emergency Management Assistance Compact several times, providing invaluable experience to bring back and improve our internal processes.

Response team readiness



257 response team members

- Incident Management Team: provides overall incident management at the state level, or in support of tribal governments or local health jurisdictions, for any type of disaster. **57 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. **28 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 material during disasters. **99 members**
- Medical Countermeasures Strike Team: deploys to impacted tribes or local jurisdictions to support vaccination and medical dispensing operations. **20 members**
- Pediatric Strike Team: comprised of pediatric healthcare providers across the state, this team deploys under state missions to support impacted hospitals in caring for pediatric patients during disasters. **20 members**

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
- **Statewide Ambulance Strike Team:** to organize, coordinate, and mobilize ambulance resources from across the state 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 persons in mass care environments during disasters

3 Emergency Management Assistance Compact (EMAC) deployments

- Hurricane Harvey- Texas
- US Virgin Islands Recovery Deployment
- Kilauea Volcano Deployment- Hawaii



Kilauea Volcano Team- June 2018

2 Incident Management Team activations

- 2017 Wildfires (September 2017)
- Hepatitis C Outbreak (May 2018)

New Healthcare Coalition model

On January 12, 2018 DOH conducted a workshop with the state's six healthcare coalitions (HCC), several healthcare organizations, and local health jurisdictions to develop a new model for healthcare preparedness in Washington State. Workshop members were charged with restructuring the current healthcare coalition model to account for increasing expectations by our federal funders, reduced resources, and healthcare infrastructure that spreads across multiple regions and states. Draft models were developed, and Secretary of Health John Wiesman made the final determination on a new structure: a shift to a two HCC structure that will be fully implemented during the next budget period.

We now have **2** healthcare coalitions in Washington State



Site visits with local health jurisdictions

All LHJs receive site visits from DOH every two years. The purpose of these visits is to discuss successes and challenges that LHJs experience in becoming better prepared, and to identify additional assistance DOH can provide. DOH conducted 16 LHJ site visits during BP1. Common needs identified during the visits included:

- a statewide document library/repository;
- guidance documents and plan templates;
- training opportunities to account for staff turnover; and
- guidance on public health essential elements of information.

16 local health jurisdiction site visits conducted

Training and exercise

EPR started the planning process for the Transportation Relay Exercise (T-REX) 2019 medical countermeasures distribution full scale exercise. This exercise will evaluate the state's ability to distribute medical countermeasures statewide during a public health emergency. This will be the largest exercise ever conducted by DOH, and will occur in partnership with all 35 local health jurisdictions, participating tribal governments, state agencies, federal agencies, health care systems, pharmaceutical distributors, and private corporations.



29 exercises and **3** trainings courses were completed

Emergency plans

During BP1, DOH completed seven agency level response plans and two statewide response plans. Over the past four years, 17 of 29 agency level response plans and seven of ten statewide response plans have been completed, and appropriate personnel have been trained on the plans through seminars.

This year

7 agency level plans were completed

2 state level plans were completed

In total

29 agency level plans have been completed

10 state level plans have been completed

Uniform Emergency Volunteer Health Practitioners Act

Senate Bill 5990 was signed into law in March 2018 establishing the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA). This act enables healthcare providers from within Washington or out of state to register with the state managed health and medical volunteer registration system, deploy under a state mission during disasters, provide needed medical care to the public during these incidents, and receive liability and workers compensation protections during response. SB 5990 complements RCW 38.52, which defines the parameters of local emergency volunteer programs. DOH will work in conjunction with LHJs to identify and register healthcare providers at the state level to augment state level response teams, and to provide support to LHJs and healthcare facilities during disasters.



SB 5990 was signed into law by Governor Inslee on March 22, 2018.

Budget

Total by grant

PHEP total: **\$12,115,099**

DOH	LHJs	Tribes/Tribal Assoc.	Other partners
\$4,936,596	\$6,572,393	\$527,060	\$79,050

HPP total: **\$5,297,887**

DOH	HCCs	Healthcare partners
\$1,316,891	\$1,583,505	\$2,397,491

Total by jurisdiction

DOH Total	LHJs Total	Tribes/Tribal Assoc. Total	Other partners Total
\$6,253,487	\$8,155,898	\$527,060	\$2,476,541

Total
\$17,412,986

Tribal government medical countermeasure exercises

The Office of Emergency Preparedness and Response, in partnership with the American Indian Health Commission (AIHC), conducted 9 regional table top exercises for the purpose of strengthening collaboration and mutual aid between tribes, local public health and emergency management, and to enhance the statewide ability to manage and distribute medical materiel during public health disasters.

9 regional table top exercises conducted with the American Indian Health Commission

Statewide pharmacy MOU

The Washington State Pharmacy MOU incorporates existing pharmacy infrastructure into local emergency response structures. By utilizing assets across the whole community, local health jurisdictions can address the health and medical needs of affected populations during a public health incident, emergency, or disaster. DOH is further expanding our reach with pharmacies by coordinating with the Washington State Pharmacy Association to develop an MOU with tribal governments, tribal pharmacies, and independent pharmacies.

91% of people in WA are within 5 miles of a pharmacy with a signed MOU

645 pharmacy locations have a signed MOU