

Local

EMERGENCY

Response Plan

~ 2005 ~

For

***San Juan County
Health & Community Services***

PREFACE

RECORD OF CHANGES

Notice to Plan Holders: In order to maintain a current Local Emergency Response Plan, changes will be issued periodically. Please make those changes upon receipt, and record them on this page. If a previous change number shows no entry, you may not have an up-to-date version of the plan.

| CHANGE # | DATE MADE | LOCATION/PAGE(S) CHANGED | INITIALS |
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ACKNOWLEDGMENT OF RECEIPT

LOCAL
Emergency Response Plan

For
San Juan County

2005

During an emergency situation, notification will be initiated and the plan will be used to help guide a professional response to the event.

Please confirm your receipt of the Local Emergency Response Plan by signing this letter in the space provided and return a copy via mail or fax a copy to:

John Manning
Health & Community Services
P.O. Box 607
Friday Harbor, WA 98250

FAX (360) 378 7036

.....
Acknowledgment of Receipt for the Local Emergency Response Plan:

Name: _____ Signature: _____
(Please Print)

Title: _____ Organization/Agency: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Date: _____

Comments: _____

Adopted:
Revised:

San Juan County

Public Health Emergency Response Plan

TABLE OF CONTENTS

- I. Introduction**
 - A. Mission**
 - B. Purpose**
 - C. Scope**
- II. Policies**
 - A. Authorities**
 - B. Assignment of Responsibilities**
 - C. Limitations**
- III. Situation**
 - A. Biological Agents of Highest Concern**
 - B. Chemical Agents of Highest Concern**
 - C. Radiological Agents of Highest Concern**
- IV. Planning Assumptions**
- V. Direction & Control**
 - A. Role of Health Officer**
 - B. Role of HD EOC**
 - C. Role of County EOC**
 - D. On-Scene Incident Management**
 - E. Use of Incident Command System**
- VI. Concept of Operations**
 - A. General**
 - 1. Pre-Event Phase**
 - a. Mitigation Activities**
 - b. Disease Surveillance & Reporting**
 - 2. Response Phase**
 - a. Alerts & Notifications**
 - b. Epidemiology**
 - c. Controlling the Outbreak**
 - d. Laboratory Services**
 - e. Patient Care & Movement**
 - f. Mass vaccination or chemoprophylaxis**
 - 3. Recovery Phase**

- a. Environmental Restoration
- b. Re-Entry Authorization
- B. Public Information
 - 1. Authorized Spokespersons
 - 2. Joint Information Center
- C. Communications
- VII. Plan Maintenance
 - A. Training
 - B. Drills & Exercises
 - C. Recommending Changes
 - D. Periodic Reviews and Updates
- VIII. Plan Approval
 - A. Signature of Approving Authorities
- ANNEXS
- I. Direction & Control
 - A. LHJ EOC Organization
 - B. Public Health/ESF-8 Representation in the County EOC
 - C. Public Health Representation in On-Scene Incident Management System
- II. Pandemic Flu Response
- III. Zoonotic Disease Response
- IV. Food Borne
- V. Special Provisions for Bioterrorism
 - A. Homeland Security Alert Levels
 - 1. Automatic Actions
 - B. Provisions for Specific Agents
 - 1. Smallpox
 - a. Response Teams
 - 2. Plague & Other Highly Contagious Diseases
 - 3. Biotoxins
 - 4. Designated Hospital Facilities
- VI. Laboratory Services
 - A. Environmental Samples
 - 1. Collection
 - 2. Packaging & Transport to State Lab
 - B. Clinical Samples
 - 1. Packaging & Transport to State Lab
- VII. Public Information

A. Boilerplate Messages

1. General

2. Agent-Specific

VIII. Communications

A. Voice

1. Phones

a. Public Network/PBX

b. Wireless

c. Satellite

2. Radios

B. Text/Data

1. Pagers

2. Internet

a. Health Alert Network

b. SECURES

IX. Appendices

A. Abbreviations/Acronyms/Terms

B. National Pharmaceutical Stockpile/Mass Immunization

Plan

San Juan County

**PUBLIC HEALTH
LOCAL EMERGENCY RESPONSE PLAN**

I. INTRODUCTION

A. MISSION

The overall mission of this plan is to provide a well-coordinated and effective response on behalf of the population of San Juan County. Its mission is more specifically to coordinate the emergency activities of the San Juan County Department of Health & Community Services (Health Department) with those of other agencies during a chemical or radiological incident, communicable disease outbreak, bioterrorism event, or other public health emergency.

B. PURPOSE

The purpose of this plan is to provide guidance and procedures for San Juan County Department of Health & Community Services personnel in the expected response to an event of bioterrorism or other public health emergency.

C. SCOPE

This plan is intended to act as a tool that utilizes the Health Department's existing program expertise and personnel to provide surveillance, internal and external mitigation, event tracking, rapid public health risk assessment, community education, coordination with community partners, dissemination of information, event command and control through the Incident Command System, and post event recovery recommendations. The rapid health risk assessment of an event will determine the breadth and depth of the Health Department's response and recommendations.

II POLICIES

A. AUTHORITIES

- 1.** Following a bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency the San Juan County Health Department shall have the responsibility to provide guidance to their political jurisdictions, partner agencies, and the general public on basic public health issues dealing with communicable diseases, environmental health, and other health concerns as needed during an event.
- 2.** The Health Department will coordinate response efforts with other community partners and in partnership with local, state and federal public health authorities. Assignment of responsibilities shall be at the direction of the County Health Officer or his/her designee.
- 3.** The Health Department's ability to respond to a bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency will be limited by defined laws and policies, jurisdictional boundaries, and available resources.
- 4.** RCW 70.05.070. The local Health Officer shall control and prevent the spread of any dangerous contagious or infectious disease that may occur in his/her jurisdiction.
- 5.** RCW 43.20.050(4). All police officers, sheriffs, constables and all other officers and employees of the state or any county, city or township thereof, shall enforce all rules adopted by the State Board of Health.
- 6.** WAC 246-101-505. Local Health Officers shall review and determine the appropriate action for instituting disease prevention and infection control, isolation, detention and quarantine measures necessary to prevent the spread of communicable disease, invoking the powers of the courts to enforce these measures when necessary.

7. WAC 246-101-425. Members of the general public shall cooperate with public health authorities in the investigation of cases and suspected cases, and cooperate with the implementation of infection control measures including isolation and quarantine.

B. ASSIGNMENT OF RESPONSIBILITIES

1. Health Officer:

The County Health Officer or his/her designee will co-lead with local law enforcement in the role of Incident Commander during a major public health incident if required. Or the County Health Officer may wish to act as a liaison and allow local law enforcement to assume the role of Incident Commander. While assigned to the County EOC the Health Officer or his/her designee will act as a liaison to the county emergency management coordinator. The Health Officer or his/her designee will decide policy, maintain contact with other agencies, develop public health priorities, lead event response, and delegate tasks as needed in any public health emergency.

C. LIMITATIONS

1. Depending on the type and severity of the bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency the Health Department's response may be limited by such factors as, but not limited to the following:
 - Damage to facilities and infrastructure
 - Transportation services
 - Staff reluctance to respond
 - Department's lack of surge capacity
 - Communication difficulties.
2. The use of Memorandums of Understanding (MOU) and Mutual Aid Agreements (MAA) can mitigate some of the event limitations. However, each situation or event will dictate the extent that agreements will be implemented.

III. SITUATION

A. Biological Agents of Highest Concern

The Center for Disease Control and Prevention (CDC) has listed the potential illnesses according to level of threat.

It is hard to predict what sort of biological agent might be used in a bioterrorism event, or even the next naturally occurring disease outbreak.

a. Naturally occurring diseases of highest concern

- 1. Diseases of suspected foodborne origin.** Two or more cases of suspected illness determined associated with a food item is immediately reportable as a disease of suspected foodborne origin. Organisms may include but are not limited to the following:

- E. Coli 0157.H7
- Norovirus
- Staphylococcus aureus
- Clostridium perfringens
- Bacillus cereus
- Salmonella
- Shigella
- Campylobacter

- 2. Outbreaks or suspected outbreaks of disease that occur in or are treated in a health care facility.**

These may include but are not limited to the following:

- Influenza
- Pertussis

- Viral meningitis
- Nosocomial infections
- Measles
- Hepatitis A
- Infections related to contaminated products, devices or the environment.

3. Diseases of suspected waterborne origin. Two or more cases of confirmed or suspected illness determined to be associated with water may include but are not limited to the following:

- Norwalk-like viruses
- E. Coli 0157:H7
- Hepatitis A
- Pseudomonas
- Cryptosporidium
- Giardia

b. Bioterrorism agents of highest concern

According to the CDC, the following items have been identified as most likely to be used in a bioterrorism event:

1. Category A - agents:

High priority agents pose a risk to national security because they can be:

1. Easily disseminated or transmitted from person to person resulting in high mortality rates and have the potential for major public health impacts
2. Might cause public panic and social disruption
3. Require special action for public health preparedness

These agents may include but are not limited to:

- Anthrax

- Botulism
- Plague
- Smallpox
- Tularemia
- Viral hemorrhagic fevers

2. Category B - agents:

Second highest priority agents are moderately easy to disseminate and:

1. Result in moderate morbidity rates and low mortality rates
2. Require specific enhancements of CDC's diagnostic capability and enhanced disease surveillance

These agents include but are not limited to:

- Brucellosis
- Clostridium perfringens
- Food safety threats
- Glanders
- Melioidosis
- Psittacosis
- Q fever
- Ricin
- Staphylococcal enterotoxin B
- Typhus fever
- Viral encephalitis
- Water safety threats

3. Category C - agents:

Third highest priority agents include emerging pathogens that could be engineered for mass dissemination in the future because of

1. Availability
2. Ease of production and dissemination
3. Potential for high morbidity and mortality rates
4. Pose major health impact

These agents include but are not limited to:

- Emerging infectious disease threats such as nipah virus and hantavirus

B. Chemical Agents of Highest Concern

Chemical agents are highly toxic chemicals used for the purpose of poisoning victims. They are similar to hazardous industrial chemicals, but hundreds of times more toxic. The primary use of such weapons is to create mass casualties.

Chemical agents are divided into the following categories:

- Choking Agents
- Blood Agents
- Blister Agents
- Nerve Agents

Each agent can be fatal in very small amounts and may effect large sections of the general population. These agents are both toxic and incapacitating to both humans and animals.

ALL PERSONNEL RESPONDING TO A CHEMICAL AGENT EVENT MUST TAKE CARE TO BE PROTECTED WITH THE PROPER PROTECTIVE CLOTHING AND EQUIPMENT, AS WELL AS TAKING PERCAUTIONS AGAINST A SECONDARY EVENT.

C. Radiological Agents of Highest Concern

Radiological materials can pose both an acute and long-term hazard to humans. In many ways, radiological agents can result in similar effects as chemical agents. A major difference is that radiological agents do not necessarily have to be inhaled or come

in direct contact with the skin to do damage. Some types of radiation such as x-rays can penetrate significant layers of protective material.

Assessment of a radiological event is critical. Response protocol will depend on accurate and timely assessment of the total amount of radiation received (dose), dose rate (how fast the dose is received) and specific type of radiation.

The three concerns during an incident are:

1. Whole body exposure
2. Ingestion or inhalation of radioactive material
3. Contamination by contact with radioactive material

Incidents involving either an explosion or fire will elevate the potential for the ingestion or inhalation because the material is spread in the form of small fragments, dust, or smoke.

IV. PLANNING ASSUMPTIONS

- A.** A significant bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency could pose public health threats, including problems related to communicable diseases, mass care and sheltering, weather related dangers, and other health problems.
- B.** A bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency could result in environmental and public health hazards to community, including response personnel, health care providers, and the general public. Hazards may also involve the local water supplies, crops, livestock, and food supply.
- C.** The potential for disease and injury may increase disruption of, or increased demand for sanitation services and facilities, loss of power, and mass of people in shelters.

- D.** Staff from public health and other community partners will be identified and trained in their roles as outlined in the local emergency response plan.
- E.** No single agency at the local, state, federal, or private sector level, possesses the authority and expertise to act alone on the many difficult issues that may arise in response to a threat or act of terrorism – particularly if Weapons of Mass Destruction (*WMD*) are involved.
- F.** A terrorist incident will create a need for special response considerations unlike any other emergency event.
- G.** A terrorist incident is an intentional act designed to maim, or kill members of the general public, or to inspire fear in the general public or a specific group of people.
- H.** A Weapons of Mass Destruction event, could include but is not limited to: radiological, biological or chemical agents that are extremely toxic and lethal – and not typical of hazardous substances general found at a hazardous materials (*HAZMAT*) incident.
- I.** First Responders *MUST* be aware of the threat, be properly trained, be issued the proper protective clothing and equipment and be constantly aware of the threat of a secondary event.
- J.** The county may have future exposure to hazards not listed heretofore as well as other hazards not yet developed.
- K.** Implementation of this plan can mitigate or reduce the impact of any biological, chemical or radiological event that will impact the local and surrounding jurisdictions.
- L.** Comprehensive emergency management planning includes activities to mitigate, prepare for, respond to and recover from the effects of a bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency.

- M.** The Health Department and local governmental officials recognize their responsibilities with regard to public safety and accept them in the implementation of this plan and in responding to any biological, chemical, radiological incident, communicable disease outbreak, or public health emergency will do so in accordance with RCW 38.52.110, regarding utilization of public and private resources.
- N.** In situations not specifically addressed in this plan, the San Juan County Health & Community Services Department and other emergency management officials will improvise and carry out their responsibilities to the best of their abilities under the circumstances.

IV. DIRECTION AND CONTROL

A. Role of Health Officer

The County Health Officer or his/her designee will co-lead with local law enforcement in the role of Incident Commander during a public health incident or act as a liaison to the Incident Commander. While assigned to the County EOC the Health Officer or his/her designee will act as a liaison to the county emergency management coordinator. The Health Officer or his/her designee will decide policy, maintain contact with other agencies, develop public health priorities, lead event response, and delegate tasks as needed in any public health emergency.

B. Role of Health Department EOC

The role of the Health Department Emergency Operations Center (EOC) is to provide a central point of coordination for any event that has impact on the health of the general public and to provide coordination between the County EOC and the Health Department. The Health Department EOC will be the central point of communications, command and control, and dissemination of information to the County EOC regarding public health. Its role is to act as a liaison and to provide guidance, and information to the County EOC on any matters concerning public health. Determine the level of current public health operations that may be required to be curtailed in order to conduct emergency public health

operations. Not to act as an independent EOC from the County EOC regarding public health matters.

C. Role of the County EOC

The County Emergency Operations Center (EOC) coordinates the multi-agency response to any hazard as outlined in the San Juan County Comprehensive Emergency Management Plan (CEMP).

D. On-Scene Incident Management

On scene incident management is accomplished through the Incident Command System (ICS) and is coordinated with the Health Department EOC and the County EOC. The health department will utilize the ICS system in all emergencies involving public health in order to become better integrated into the county emergency response plan

E. Use of Incident Command System (ICS).

Prior to an event, a chain of command through the Incident Command System (ICS) shall be established, to expedite and emergency response within the local jurisdiction. The Command Staff shall be as follows:

1. Incident Commander

The Incident Commander has overall control over the event. In a small event, he or she may assume the responsibility of all components of the system. In larger or more complex events, the Incident Commander may assign other personnel to the Command Staff. It is recognized that in smaller jurisdictions, some personnel may have to assume more than one responsibility within the Incident Command System.

2. Public Information Officer

The Public Information Officer (PIO) handles all media inquiries and coordinates the release of information to the general public through the media.

3. Safety Officer (Optional)

The Safety Officer monitors safety conditions within the Emergency Operations Center (EOC) or other site used during an event and develops measures for ensuring the safety of all assigned personnel.

4. Liaison Officer

The Liaison Officer is the on-scene contact for other agencies or volunteers assigned to the event response.

5. Planning Section Chief

The Planning Section Chief is responsible for the assessment of the event, determining resources needed, and establishing a plan for approval by the incident commander that responds to the needs of the public and mitigates the existing threat. Coordinates with the operations chief for preparing reports to the county EOC

6. Operations Section Chief

The Operations Section Chief is responsible for directing the activities of personnel responding to and implementing the plan established by the Planning Section. Within this Section are Divisions. A supervisor leads each division. These divisions may include, but are not limited to: Security, Health Screening, Education, EMS, Inoculations, Triage, Mortuary Services, Hospitals and Clinics.

7. Logistics Section Chief

The Logistics Section Chief is responsible for coordination of the transportation and movement of Emergency Workers, equipment and supplies.

8. Finance/Administration Section Chief

Though sometimes overlooked, the Finance Section Chief is critical for tracking incident costs and reimbursement accounting. Accurate records are required for maintaining compliance with grants and contracts and justifying reimbursements for personnel salaries and expenses. The Finance Section Chief is especially important when the incident is of a magnitude that may result in Mutual Aid.

VI. CONCEPT OF OPERATIONS

A. GENERAL

1. Pre-event Phase

a. Mitigation and Planning Activities

As stated before, a bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency may quickly overwhelm the existing local Health Department staff. For the most effective and efficient response to any event, attention to the following tasks is important.

- 1) Effective preparedness planning and training by all local Health Department staff, including gaining knowledge of additional resources that are available within the county and by way of Mutual Aid Agreements with community partners and outside jurisdictions within Public Health Region 1.**

- 2) Develop the ability to provide critical public health information during and emergency by establishing various and redundant communications systems such as, but not limited to:
 - a. Two-way voice communications between the Health Department and other agencies
 - b. Development of plans for “back up communications” in the event of failure or overloading of primary system.

Responding agencies may include:

- Public or Private Clinics
 - Law enforcement
 - Fire agencies
 - County EOC
 - Emergency Medical Service (EMS) personnel
3. Develop protocols for releasing public information regarding the event .
 4. Establish protocols that link the Health Department to the Emergency Alert System (EAS). This may be facilitated through the local DEM.
 5. Develop information packets that will provide the general public with important information such as, home preparation and “shelter in place” suggestions. In addition, prepare fact sheets that contain information and fact sheets that provide medical information regarding diagnosis and treatment of bioterrorism agents to be handed out in advance of an event. (These materials may be obtained from Regional, State or Federal health authorities.)

b. Disease Surveillance and Reporting.

Knowing what is happening and what direction to go depends on early detection of bioterrorism events is essential! Although most diseases caused by Bioterrorism threat agents are rapidly fatal, many are readily treatable and/or preventable with timely response. If the Bioterrorism agent were communicable, early detection of disease would also allow timely intervention to stop further transmission. Protocols must be in place that can be used by the Incident Command System Team.

2. Response Phase

a. Alerts and Notifications

It is crucial that responding agencies share information quickly and securely during a bioterrorism, chemical, radiological incident, communicable disease outbreak, or any public health emergency. The County Health department must have communications systems in place that will:

1. Include procedures and connections for securely receiving and transmitting health alerts and other communications.
2. Define who is authorized within the health department to develop, transmit, receive, and take other action regarding communications within the health department or to the general public.

b. Epidemiology

The Communicable Disease personnel will be responsible to perform and support epidemiological investigations. During an event, the Incident Command System –

Planning Section Chief will supervise the investigation and response efforts of the Health Department's epidemiology tasks. See Annexes II, III, IV and V for further details regarding specific responses.

c. Controlling the Outbreak

During a bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency. The Health Department may be part of a larger response team. In order to provide additional support to the county team, local, regional, state and federal agencies may be involved. The magnitude of the event will determine the depth of involvement of other agencies.

d. Laboratory Services

In a bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency. Laboratory services provide a critical capacity for identifying a potentially infectious agent. The Health Department will have protocols in place for

- Collecting and handling specimens
- Identifying and establishing type of testing
- Established chain of custody for transporting specimens between labs
- Communications between labs and the local health department and State Department of Health (DOH)

e. Patient Care and Movement

Patient care and movement will be determined at the time of the event, according to the type of organism or agent involved. The determination will be made by the Command Staff within the Incident Command System and under the direction of the Health Officer. (See regional Hospital Plan, Preparedness and Response for

Bioterrorism. Local Hospital Emergency Preparedness Plans for further information regarding patient care and movement to designated hospital facilities.)

f. Mass Vaccination or Chemoprophylaxis

Mass vaccination or prophylaxis will follow local Health Department, DOH, and CDC guidelines and protocols, and are dependant on the organism or agent involved.

3. Recovery Phase

a. Environmental Restoration

Environmental restoration will be determined at the time of the event by the Incident Commander and the Command Staff, based on local Health Department, DOH, and CDC protocols for the organism or agent involved. The County Health Officer will give final approval for all protocols performed.

b. Re-entry Authorization

Re-entry authorization will be determined at the time of the event by the County Health Officer. Determination will be based on local Health Department, DOH, and CDC protocols for the organism or agent involved. The County Health Officer will give final approval for all protocols performed.

B. PUBLIC INFORMATION

1. Authorized Spokesperson

Within the Incident Command System, the Incident Commander will appoint a Public Information Officer (PIO). All communications, media briefings and notices to the general public will be handled by the PIO.

The PIO will ensure that all communications for public distribution have been reviewed and approved by the Incident Commander prior to the release of information.

During an event, the PIO will coordinate with local hospitals and medical providers as appropriate to disseminate information to the public.

The PIO will insure connections to the Health Alert Network and provide secure connections when determined appropriate.

All communications for public consumption will be reviewed with the Incident Commander, prior to delivery to the county EOC for release by the county PIO.

2. Joint information center (JIC)

During an event, the Incident Commander will, in person or by designee, coordinate with the local hospitals, private providers, and laboratories to assure the flow of information between the agencies is both accurate and timely.

During an event, the Incident Commander will, in person or by designee, coordinate with the County Department of Emergency Management to assure the flow of information between the Incident Commander and the County EOC.

The County EOC director, Incident Commander, and Public Information Officer (PIO) will coordinate the physical location of the Joint Information Center. What agencies will be represented within the JIC. The Health Officer or his/her designee will assist the PIO in gathering and verifying all information regarding public health. The County PIO will coordinate, verify, and have final approval of all information prior to release to the public/media.

C. COMMUNICATIONS

The County Health Department will prepare communications mechanisms to routinely translate scientific and health information for communities and policy makers, provide timely and accurate public information and advice to policy makers during an event, and coordinate logistical communications within the internal and external response system.

Prepare communicable disease and environmental health fact sheets that would be available for rapid access and distribution to the community. Fact sheets will include: risks to expect, precautions to take and requirements for quarantine, evacuation or shelter-in – place.

The County Health Department will be linked to equipment or organizations that can provide two-way radio communications, during an event.

Cell phones or other effective mediums of communication will be assigned to personnel and/or teams assigned to fieldwork.

Personnel who will have the responsibility to communicate urgent messages will be trained in “emergency communications”.

The county health department will establish and maintain, secure and accessible information systems for rapid communication, analysis and interpretation of health data and public access to health information.

The Health Department will have connections with the Health Alert Network to focus on:

- Secure connections and communications with providers, state and local health agencies;
- To ensure that a variety of communications systems are available during an emergency;
- Protection of data and information systems;
- To provide critical public health information to the general public and special populations.

A broadcast fax system will be established and maintained in order to provide fax capabilities to:

- Hospitals
- Physicians
- Law enforcement agencies
- EMS
- Other community partners

A provider contact database will be established and maintained, containing contact information that will include:

- Contact name
- Phone number and alternate
- Fax number
- Address

Group email lists will be established and maintained by local health departments that will include all health department lead personnel and community partners.

As the service becomes available through Washington State Department of Health, the County Health Department will establish and maintain a connection to SECURES. This system will be used for urgent communications and collaboration for public health emergency response partners in Washington State. It will provide a secure web portal for ongoing coordination and collaboration on training materials, resources and protocols for Bioterrorism events, and a rapid and redundant call-down of designated public health emergency responders.

VII. PLAN MAINTENANCE

A. TRAINING

Training regarding this plan will be performed regularly as staff time and personnel permit. Training schedules will be posted in a manner that all concerned personnel may be informed. State and federal guidelines will be used to determine timeliness of training.

B. DRILLS AND EXERCISES

This plan will be exercised, evaluated, and updated at least once annually, or as required by County policies and procedures.

C. RECOMMENDING CHANGES

Post exercise and/or incident debriefing will be utilized to review effectiveness and need for revision of this plan.

D. PERIODIC REVIEWS AND UPDATES

This plan will be reviewed and updated at least annually, per local Health Department, DOH and/or CDC guidelines. All Planholders will be notified in writing of any and all updates.

VIII. PLAN APPROVAL

This plan has been reviewed for accuracy and compliance with County Health Department guidelines. And within the County CEMP, ESF-8 guidelines.

This plan has been read and approved by:

John Manning, MPH
Director
San Juan County
Health & Community
Services

Date

ANNEX I

DIRECTION AND CONTROL

ANNEX I DIRECTION AND CONTROL

A. COUNTY HEALTH DEPARTMENT EMERGENCY OPERATION CENTER

1. During a bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency the County Health Department will develop and maintain the protocol and policies to operate an Emergency Operations Center (EOC). The EOC will be a central area with workspace and communication facilities for the Incident Command Staff. All response and recovery activities will be coordinated and managed from this location at the Courthouse Annex, 145 Rhone St.
2. All communications with the general public will be distributed through the Public Information Officer (PIO) from a central point in the County Health Department EOC to the County EOC.
3. The County Health Department EOC will have adequate facilities for personnel not only to conduct their activities in response to the event, but also for taking adequate rest and meal breaks.
4. The County Health Department EOC will be established in an area that will afford adequate protection for staff from the effects of the event.
5. The County Health Department EOC will provide support to, and take all its guidance from the County EOC in any and all public health emergencies. At no time will the County Health Department EOC act independently from the County EOC.
6. Guidelines for the conduct of Health Department EOC operations, Health Department staff that will report to and work in the Health Department EOC, and duties of the EOC staff can be found in the local Health Department Emergency Operations EOC Manual.

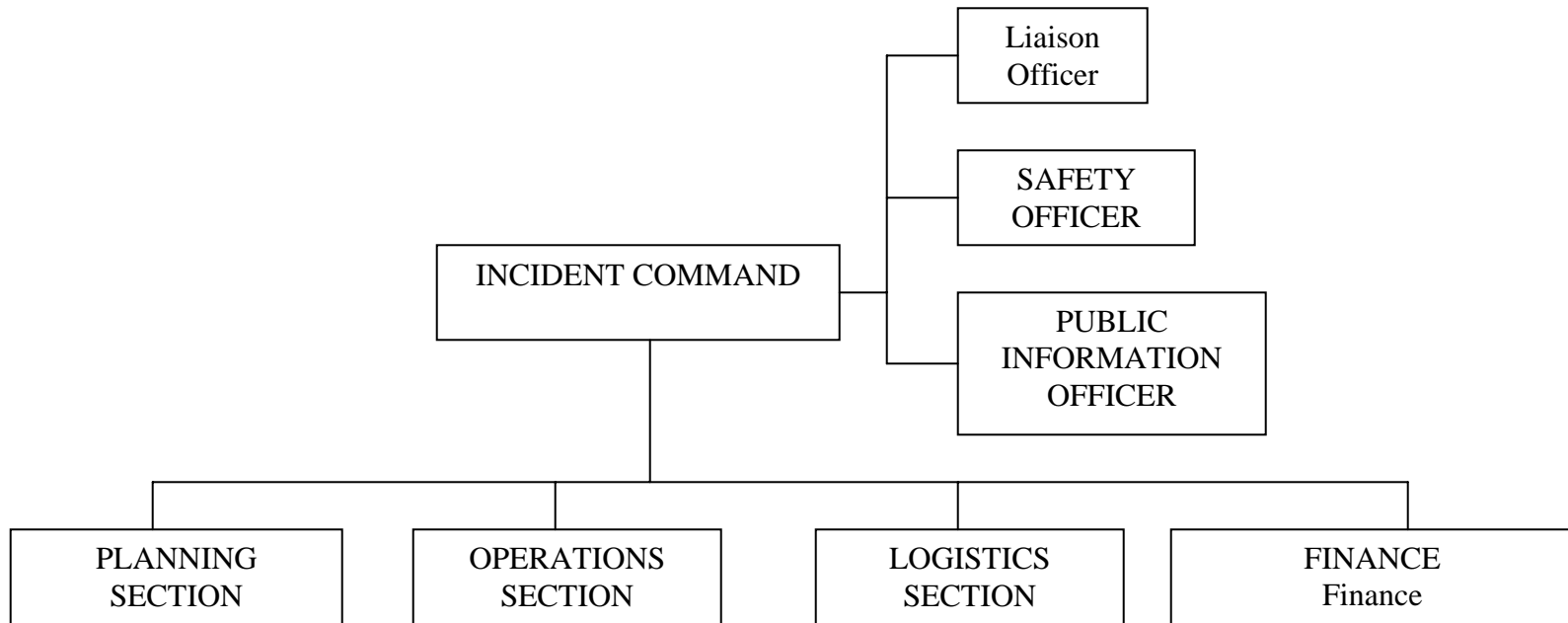
B. PUBLIC HEALTH/ESF #8 - REPRESENTATION IN THE COUNTY EOC

1. A copy of the County Health Department Local Emergency Response Plan will be available to the County Department of Emergency Management. In addition, the ESF# 8 of the County Comprehensive Emergency Management Plan (CEMP) will have reference to the County Health Department Local Emergency Response Plan.
2. The County Health Department Public Health Officer or his/her designee will be assigned to the County EOC to act as liaison or Incident Commander between this plan and the efforts of the County EOC as outlined in the County EOC guidelines.

C. PUBLIC HEALTH REPRESENTATION IN ON-SCENE INCIDENT COMMAND SYSTEM

1. On scene Incident Command representation will depend on which agency will have the “lead/co-lead” in the current event.
2. If the event is an actual bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency wherein a crime has been committed, the “local law enforcement agency” will be the lead agency. In this case, the County Health Department will be represented on the Command Staff by the County Health Officer or his/her designee(s) who will be involved in various aspects of the response, including, but not limited to:
 - Planning Section
 - Logistics Section
 - Operations Section
3. A typical Incident Command Structure is shown on the following page.

Bioterrorism/Communicable Disease Outbreak/Public Health Emergency Command and Control Structure



ANNEX II

PANDEMIC FLU RESPONSE

ANNEX II PANDEMIC FLU RESPONSE

A. INCIDENT COMMAND SYSTEM

- 1.** As in other events, the Incident Command System is to be utilized in response to a Pandemic Flu response effort. This system is a field-tested emergency management tool that has proven successful in overcoming such conflicts as: Who is in charge, and how do we organize our response when multiple agencies are involved.
- 2.** When the County Health Department determines that an influenza outbreak has reached “pandemic” proportions, the County Health Officer will assure that the Health Department’s response will be in compliance with the guidelines established in the “Notifiable Condition Reporting and Surveillance Manual” provided by the Washington State Department of Health. This manual can be found online at: www.doh.wa.gov/notify.

ANNEX III

ZOONOTIC DISEASE RESPONSE

Annex III
ZOONOTIC DISEASE RESPONSE

A. ZOONOTIC DISEASE

Zoonotic Disease response will be under the direction of the County Health Office or his/her designee. Such response will be in compliance with the guidelines established in: The Zoonotic Disease Reference Manual, developed by the Zoonotic Disease Committee and the Washington State Department of Health. Further information may be obtained online at: www.doh.wa.gov/

ANNEX IV

FOOD BORNE DISEASE RESPONSE

ANNEX IV FOOD BORNE DISEASE RESPONSE

A. FOOD BORNE DISEASE RESPONSE

Food borne disease response shall be under the direction of the County Health Officer or his/her designee. Such response will be in compliance with the guidelines that have been established by the Department of Health and are found in the following publications:

- Procedures to Investigate Foodborne Illness, 5th edition published by the International Association of Milk, Food and Environmental Sanitarian, Inc.
- Procedures to Investigate Waterborne Illness, 2nd edition published by the International Association of Milk, Food and Environmental Sanitarian, Inc.
- Zoonotic Disease Reference Manual, prepared by the Zoonotic Disease Committee and the Washington State Department of Health.

When a case of Foodborne Illness is reported to the County Health Department, the County Health Officer or his/her designee shall:

- Refer calls to the appropriate staff person for follow up
- Initiate a Foodborne Illness Investigation Report
- Route Foodborne Illness Investigation Report to the Environmental Health Lead person
- The Environmental Health Lead person shall send a copy of the completed Foodborne Illness Investigation Report to:

Data Compiler
Department of Health
Communicable Disease Epidemiology
1610 NE 150th St. K17-9
Seattle, WA 98155-7224

- A copy of the Foodborne Illness Investigation Report is sent to the County Health Department's communicable disease section

ANNEX V

**SPECIAL
PROVISIONS
FOR
BIOTERRORISM**

ANNEX V SPECIAL PROVISIONS FOR BIOTERRORISM

A. HOMELAND SECURITY ALERT LEVELS

1. As a part of the Homeland Security Act, the following chart shows the various levels of security, their alert color, and response acts.

| | HOMELAND SECURITY ADVISORY SYSTEM |
|------------------------------|--|
| | <p>Homeland Security Chief Tom Ridge unveiled a new color-coded threat advisory system for the United States. The idea was to create a way to convey the risk of terrorist attacks to federal, state, local authorities, and the American people. The coded warning system has five levels that are associated with a suggested protective measure and will trigger specific actions by federal agencies and local law enforcement. Click on each "code" below to see details of the protective measures characterized by the Homeland Security Advisory System.</p> |
| Red: Severe Condition | <p>Severe risk of terrorist attacks. In addition to the previously outlined protective measures, the following steps may be taken:</p> <ul style="list-style-type: none">• Assigning emergency response personnel and pre-positioning specially trained teams• Monitoring, redirecting, or constraining transportation systems• Closing public and government facilities• Increasing or redirecting personnel to address critical emergency needs <p>Source: Homeland Security</p> |

| | |
|--|---|
| <p>Orange: High Condition</p> | <p>High risk of terrorist attacks. In addition to the previously outlined protective measures, the following steps may be taken:</p> <ul style="list-style-type: none"> • Coordinating necessary security efforts with armed forces or law enforcement agencies • Taking additional precaution at public events • Preparing to work at an alternate site or with a dispersed workforce, restricting access to essential personnel only <p style="text-align: right;">Source: Homeland Security</p> |
| <p>Yellow: Elevated Condition</p> | <p>Significant risk of terrorist attacks. In addition to the previously outlined protective measures, the following steps may be taken:</p> <ul style="list-style-type: none"> • Increasing surveillance of critical locations • Coordinating emergency plans with nearby jurisdictions • Assessing further refinement of protective measures within the context of the current threat information • Implementing, as appropriate, contingency and emergency response plans <p style="text-align: right;">Source: Homeland Security</p> |
| <p>Blue: Guarded Condition</p> | <p>General risk of terrorist attack. In addition to the previously outlined protective measures, the following steps may be taken:</p> <ul style="list-style-type: none"> • Checking communications with designated emergency response or command locations • Reviewing and updating emergency response procedures • Providing the public with necessary information <p style="text-align: right;">Source: Homeland Security</p> |

| | |
|------------------------------------|--|
| <p>Green: Low Condition</p> | <p>Low risk of terrorist attacks. The following protective measures may be applied:</p> <ul style="list-style-type: none">• Refining and exercising preplanned protective measures• Ensuring personnel receive training on homeland security advisory system, departmental, or agency-specific protective measures• Regularly assessing facilities for vulnerabilities and taking measures to reduce them <p>Source: Homeland Security</p> |
|------------------------------------|--|

In addition to the foregoing, the following chart shows similar information that deals specifically with “HEALTH TREATS”:

| THREAT LEVEL | HEALTHCARE RESPONSE |
|---------------------|---|
| RED SEVERE | <p>Emergency Operations Center</p> <ul style="list-style-type: none"> • Activate EOC and Chief positions. • Increase security staffing. • Decide level of facility lockdown. • Communicate with Public Health Liaison or local EOC. • Brief management and staff, MDs, students, and volunteers. • Activate code alert for full or limited activation based on level of direct threat to facility/community. • Update hospital census website immediately and every 8 hours. • Address media inquiries. Assure public regarding hospital’s readiness/Identify unified incident command system. <p>Operations Section</p> <ul style="list-style-type: none"> • Prepare care for current and future victims. • Discuss surgery availability and plans. • Implement critical stress incident debriefing activities. <p>Planning Section</p> <ul style="list-style-type: none"> • Consider extended staffing plans such as 12-hour shifts • Assure adequate physician staffing. • Call-in needed staff. <p style="text-align: center;">Logistics Section</p> <ul style="list-style-type: none"> • Bring inventories up to par levels. • Support potential/ actual facility utility shutdowns. • Respond to increased needs from Operations Section. <p>Finance Section</p> <ul style="list-style-type: none"> • Activate disaster budget and log to track incurred costs. • Procure necessary supplies and equipment. |

| | |
|-----------------------------------|---|
| <p>ORANGE HIGH</p> | <p>Emergency Operations Center</p> <ul style="list-style-type: none"> • Pre-assign EOC and Chief positions in the event activation is necessary; know their contact numbers and locations. • Increase security presence and surveillance rounds. • Communicate general information to appropriate staff and MDs. • Update hospital census website immediately and every 12 hours. <p>Operations and Planning Section</p> <ul style="list-style-type: none"> • Assure on-call staff are aware of threat and potential staffing needs. • Address stress and anxiety reactions. <p>Logistics Section</p> <ul style="list-style-type: none"> • Directly check equipment and supplies (e.g., PPE, decon tent, dosimeters). • Validate contingency plans and procedures. • Validate surveillance mechanisms operational (e.g., manual log for symptomology, detectors, computer firewalls). |
| <p>YELLOW ELEVATED</p> | <p>Incident Commander</p> <ul style="list-style-type: none"> • Safety Officer / Incident Commander and other key personnel review emergency management plan and make appropriate revisions. • Re-educate or train additional potential responders (e.g., biological, chemical, and radiological). <p>Logistics Section</p> <ul style="list-style-type: none"> • Validate inventories of equipment and supplies. |
| <p>BLUE GUARDED</p> | <ul style="list-style-type: none"> • Validate communications with designated emergency response or command locations • Follow-up with any after-action items from drill or real events. • Train potential responders (e.g., biological, chemical, and radiological). • Refine Hazard Vulnerability analyses. |
| <p>GREEN LOW</p> | <ul style="list-style-type: none"> • Normal operating procedures • Maintain emergency notification lists. • Maintain emergency management plans. • Drill emergency management plan periodically. • Update hospital census website immediately and every 24 hours. |

B. PROVISIONS FOR SPECIFIC AGENTS

1. Smallpox

a. Response Teams

Because of the potential use of clandestine supplies of variola virus for bio-warfare or bioterrorism, it is important that all healthcare workers and County Health Department Response Team personnel become familiar with the clinical and epidemiological features of smallpox. Even though strains of the virus used for Bioterrorism might have been engineered so that clinical differences may result, past experience with naturally occurring variola remains the best guide to identification and management of an event that involves smallpox. Response Teams are to be familiar with the guidelines established by the CDC and the Washington State Department of Health, in the *Notifiable Condition Reporting and Surveillance Manual*.

2. Plague and other contagious diseases

Plague and all other reportable contagious diseases, will be responded to, within the guidelines that have been established in the *Washington State Notifiable Condition Reporting and Surveillance Manual*, provided by the Washington State Department of Health. This manual may be found online at: www.doh.wa.gov/notify

3. Biotoxins

Biotoxins and all other reportable contagious diseases will be responded to, within the guidelines that have been established in the *Washington State Notifiable Condition Reporting and Surveillance Manual*, provided by the Washington State Department of Health. This manual may be found online at: www.doh.wa.gov/notify

4. Designated Hospital Facilities

The County Health Officer or his/her designee will identify and designate an appropriate Hospital Facility to be used in response to a bioterrorism, chemical, radiological incident, communicable disease outbreak, or public health emergency. Such identification will be included in this plan. See Regional Hospital Plan, Preparedness and Response for Bioterrorism Plan. Local Hospital Emergency Preparedness Plans for further details regarding hospital preparedness and designated hospital facilities.

| | |
|--|--|
| Designated Hospital Facilities for this County is: | |
| Contact Name: | |
| Contact Phone Number: | |

ANNEX VI

LABORATORY SERVICES

ANNEX VI LABORATORY SERVICES

A. Laboratory Services (Lab)

Confirmatory testing for most bioterrorism agents is done at the Washington State Public Health Laboratory. It is highly recommended that each local health jurisdiction have an individual attend the class on shipping and handling of biological specimens: Lab Safety, Shipping & Handling Biohazardous Materials.

The class is offered on a regularly scheduled basis at the Public Health Laboratory (contact PHL.Training@doh.wa.gov) and is also offered by several other commercial firms throughout the country.

1. **The points of contact for shipping of laboratory samples for (Fill in your location health jurisdiction) are:**

| PRIMARY: | |
|-------------------|--|
| Name: | DOH Public Health Lab |
| Work Phone: | 206-361-9701 |
| Fax: | 206-361-2904 |
| Pager: | |
| E-mail: | www.doh.wa.gov |
| Home Phone: | |
| Home Address: | |
| ALTERNATE: | |
| Name: | |
| Work Phone: | 1-877-539-4344 (Toll Free) |
| Cell Phone: | |
| Pager: | |
| E-mail: | |
| Home Phone: | |
| Home Address: | |

2. The following are the general procedures for packaging and transportation of suspected Bioterrorism and other infectious laboratory samples to the Washington State Department of Health Public Health Laboratory.

- a. All suspected Bioterrorism specimens that meet the criteria for submission must be coordinated with the local health department first and then the Public Health Laboratory by calling **(206) 361-2800** during business hours or **1-877-539-4344**, a 24-hour emergency phone number. *No specimens will be accepted unless the Public Health Laboratory has been contacted prior to arrival of the specimen.*
- b. In most situations, local law enforcement, HAZMAT, Washington State Patrol or an FBI representative will transport the specimen directly to the Public Health Laboratory located at 1610 150th Street NE, Shoreline WA 98155. (North of Downtown Seattle).
- c. Driving directions from I 5: Take exit N.E. 145th St. (exit #175); head east on 145th Ave NE; turn LEFT onto 15th Ave NE; turn RIGHT on NE 150th; the Public Health Laboratory will be on your left. *No specimens will be accepted unless the Public Health Laboratory has been contacted prior to arrival of the specimen.*
- d. In cases where commercial carrier ships the specimen, State and Federal shipping regulations pertaining to infectious substances must be followed.
- e. The follow URLs provide additional information on safe handling of laboratory specimens:

| | |
|---|--|
| Bio-safety in the Microbiology Lab: | www.cdc.gov/od/ohs |
| Guideline for Isolation Precaution: | www.cdc.gov/ncidod/hip |
| CDC Division of Laboratory Systems (DLS): | www.phppo.cdc.gov/dls/default.asp |

B. Packaging specimens for testing at the Washington State Department of Health Public Health Laboratories

1. Infectious substances must be packaged and labeled according to specific instructions and specifications and the packaging material must be certified to meet specific criteria. Material must be packaged “to withstand leakage of contents, shocks, pressure changes and other conditions incident to ordinary handling in transportation.” The figure below shows how to triple package (primary receptacle, watertight secondary packaging, durable outer packaging) upon which the regulations are built.

a. Primary Package

The primary receptacle contains the infectious substance and must be watertight to prevent leakage. These can be made of glass, metal, or plastic and should include screw-top tubes, flame-sealed glass ampules, or rubber-stopped glass vials fitted with metal seals. Screw caps should be fastened with tape for extra safety.

b. Secondary package

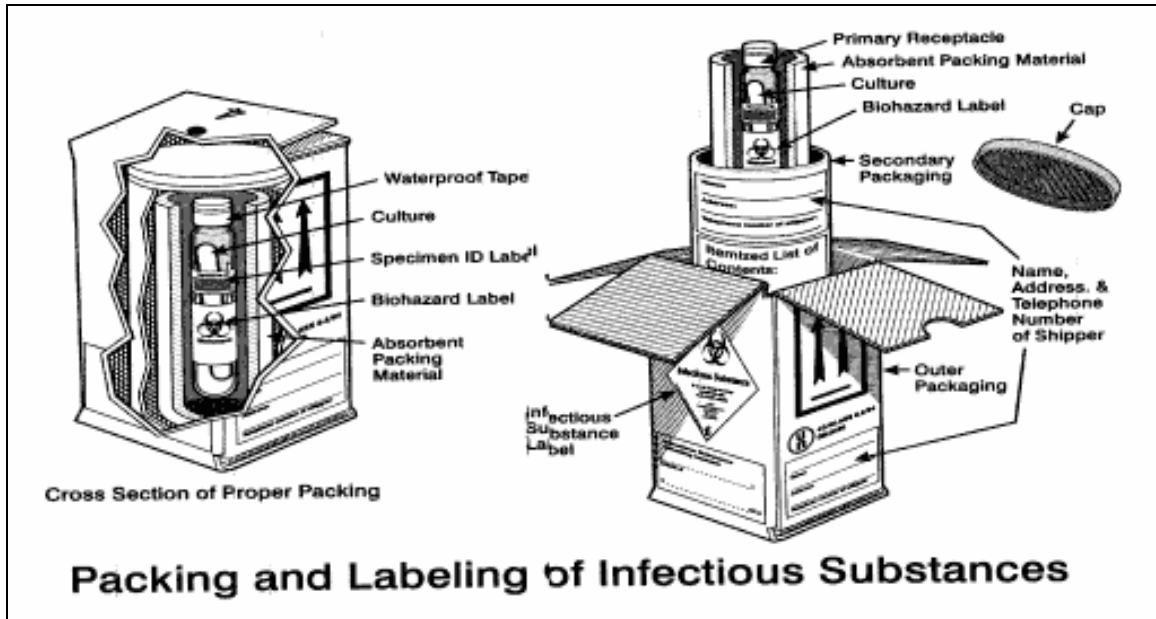
One or more primary receptacles are placed in a watertight secondary package. Absorbent material, sufficient to absorb the entire contents of the primary container(s), must be placed between the primary and secondary package. The secondary package should be labeled with name, address, and telephone number of the shipper.

c. Outside package

The secondary package is placed into the outer packaging, which must be of sufficient strength to contain and protect the contents within. Outer packages must be UN-certified, signified by having a UN specification mark on the outside of the package. Shipping regulations require that an itemized list of contents be placed between the secondary package and outer package.

2. It is recommended you purchase certified package systems in order to comply with regulations.

Below is an example of packing for shipping of samples to the Washington State Public Health Laboratory.



C. Environmental samples

1. Collection of environmental samples of concern is conducted by HAZMAT teams as part of their response to a contaminated scene. HAZMAT teams should follow their normal procedures for sampling and packaging of the materials. Prior to shipping those materials must be packaged as described above in VI.C 1.

D. Clinical samples

1. Collection. Collection of diagnostic samples is normally done in clinical facilities. Confirmatory testing is done by WPHL. WPHL will perform confirmatory testing for the following diseases: anthrax, botulinum toxin, tularemia, plague, brucellosis, melioidosis, and vaccinia
2. Confirmatory testing for Smallpox is currently performed only by the Centers for Disease Control and Prevention.



3. Currently DOH has guidelines for clinical laboratories for the following diseases: Smallpox, anthrax, Plague, Tularemia, botulinum toxin.

E. Questions on shipping of environmental and clinical samples should be directed to the Washington State Public Health Laboratory at (206) 361-2865 during business hours or 1-877-539-4344, a 24-hour number.

F. Shipping supplies, supply inventory, and directions for packaging and shipping for (*Fill in your local health jurisdiction*) are maintained *Where:*() Individual responsible for maintenance of shipping supplies is: ()

ANNEX VII

PUBLIC INFORMATION

ANNEX VII PUBLIC INFORMATION

The points of contact for public information for San Juan County Health & Community Services is:

| Primary: | |
|----------------------|--------------------------------|
| Name: | John Manning |
| Work Phone: | 360 378-4474 |
| Cell Phone: | 360 410- 1677 |
| Pager: | |
| E-mail: | johnm@co.san-juan.wa.us |
| Home Phone: | 360 378-6941 |
| Home Address: | 134 Glenoak |
| Home E-mail: | |
| Alternate: | |
| Name: | |
| Work Phone | |
| Cell Phone | |
| Pager: | |
| E-mail | |
| Home Phone: | |
| Home E-mail: | |

A. Boilerplate messages

Standardized messages have been developed by the Washington Department of Health and are available from their web site at: <http://www.doh.wa.gov/phepr/pheprgeninfo.htm#az>. To keep the most current information available, these public information messages are not part of this annex; they should be obtained and, if needed, modified at the time of need from the web site above. Additional information

will be developed as time and needs dictate. Requests for additional public information messages should be made through the Regional Emergency Response Coordinators, State Emergency Response Consultants, or directly through the Department of Health Focus Area F: Risk Communication Leads at (360) 236-4070 or (360) 236-4079. Currently the following information is available from the Department of Health.

1. General Information

- Anthrax Threat Guide for Public Safety Agencies
- Información de Terrorismo Biológico - CDC en Español
(Information on bioterrorism from the CDC: Spanish language)
- healthfinder® español (su guía a la información confiable de la salud)

2. Agent-specific Information

The following information is available in both Adobe Acrobat® and Microsoft Word® Format.

- Anthrax
- Botulism
- Pneumonic Plague
- Smallpox
- Tularemia

3. Media contact Information

- **Television**
(Names, phone numbers, addresses, e-mails)
- **Radio**
(Names, phone numbers, addresses, e-mails)
- **Newspaper**
(Names, phone numbers, addresses, e-mails)
- **Other media**
(Names, phone numbers, addresses, e-mails)

4. Media briefing locations for San Juan County Health & Community Services Department.

a. Location(s):

It is of critical importance to note that accurate and timely transmission of information to the general public can be a great asset in reducing stress levels and quashing rumors. During a Bioterrorism event or major disease outbreak, there will be much stress and various rumors that will be a result of partial information and inaccurate analysis by the general public. The Public Information Officer that understands this critical task will be of great benefit to the Incident Commander and the public.

ANNEX VIII

COMMUNICATIONS

ANNEX VIII COMMUNICATIONS

It is obvious that without good communications, there can be no efficient and accurate way to collect or disseminate information. This situation becomes acute during an emergency. The stress of the event, coupled with the importance of the communications, makes it crucial that both primary and secondary communication systems be identified and put in place during the planning phase.

A. VOICE COMMUNICATIONS

1. PHONES

The telephone system that is used during the course of regular business will be the mainstay of communications during most emergencies. It must be anticipated that during the first few hours of the response to any emergency, the existing system may become overwhelmed with activity – causing a “no dial tone” situation. In anticipation of such a situation, all personnel must remain off of the telephone system, except for the transmission or receipt of communications that are pertinent to the event at hand.

a. Public Networks/PBX

Although Public Networks are similar to normal telephone systems, they have the same shortcomings in that they can be overwhelmed quickly in the early hours of an emergency. County Health Department personnel should be familiar with both systems and know how to access them during an emergency.

b. Wireless (Cell) Phone Systems

Due to the wide spread use of cell phones by the general population, most emergencies will quickly disable the “cell system”. Personnel are encouraged not to use their cell phones during the first few hours of an event. Remember wireless phones are *not secure* and confidential information should not be discussed on wireless phones.

c. Satellite Phones

Satellite phones, although very efficient and somewhat secure, are expensive to purchase and operate. However, when other systems fail satellite phones can be used to transmit and receive sensitive information. Because of the foregoing cost factors, these phones should not be used for normal communications. Some satellite phones are available from the State of Washington Emergency Management Department.

2. RADIOS

Radio communications is an efficient backup system. Radios may be available to County Health Personnel through the County EOC. Radio communications is not always secure; thus all transmissions should be carefully worded to prevent giving the wrong impression to the general population that may be listening on “scanners”.

Additional radio equipment and operators are available through ARES/RACES. ARES/RACES is a county-wide volunteer communications organization. Availability and access to this program may be ascertained by calling:

- The Washington State RACES Officer, Ed Bruette at: 360 698 0917
- Washington State Department of Emergency Management Duty Officer at: 1 800 562 6108
- The local EOC manager

B. TEXT/DATA

1. Pagers

Some personal pagers can be used for one-way transmission of text and other data. These devices are, however, dependant on the use of normal telephone systems and networks.

2. Internet

The Internet can be used as a somewhat secure system to transmit and receive text and data. However, the system is usually dependent on normal telephone systems and networks. There are some avenues through ARES/RACES that use wireless communications to handle Internet traffic. For further information call Ed Bruette Washington State RACES Officer at: 360 698 0917.

3. Health Alert Area Network/SECURES

The Health Alert Area Network/SECURES system is being developed at this time. Further information will be placed in this plan as it becomes available.