

# **San Juan County Health & Community Services - All Hazards Emergency Response Plan**

*February 2016*



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## Document Organization

In order to fully utilize and quickly access the most relevant information, this document is organized into five broad sections:

1. Administrative Information
2. Operational Concepts
3. Continuity of Operations
4. Operations Protocols
5. Appendices
6. Annexes

### Administrative Information

This section provides all the necessary background information, administrative responsibilities, regulatory authorities, and demographic information necessary for a complete understanding of the overall plan. All San Juan County Health and Community Services (H&CS) staff should review the Administrative section of this plan at least once annually.

### Operational Concepts

The Operational Concepts section includes important background information with a particular focus on the Incident Command System.



## Continuity of Operations

This section identifies the essential services performed by H&CS on a day-to-day basis that would need to continue to be performed in addition to any incident specific response activities and strategies for achieving this effort.

## Operational Protocols

This section outlines the general operational procedures and protocols to be followed during a crisis incident response and is what managers should consult first during the early stages of any crisis incident response.

## Appendices

The appendices to this plan include supporting or ancillary information to the main body of the plan.

## Annexes

The annexes are supporting elements to this plan, but also function as stand-alone documents that H&CS personnel should utilize for guidance or direction on the performance of specific ICS functions or responsibilities.



# Administrative Information

## Mission Statement

To continually improve the ability of H&CS to respond to emergencies or disasters of any nature, both as an independent agency and as part of a coordinated community response.

## Purpose

The purpose of the H&CS Emergency Response and Continuity of Operations Plan is to: Present the appropriate contextual information (geography, demographics, legal, etc.) that informs H&CS preparedness, planning and response efforts;

Provide the principles and framework that H&CS will follow when conducting incident response.

Identify the role of public health and H&CS as it works with other agencies and organizations during an emergency.

## Scope

The scope of this plan includes all activities necessary to support the management, direction and control of critical public health resources and services in order to protect community health in the event of an emergency or disaster within San Juan County.

## Objectives

The objectives of this All-Hazards Plan are to:

- Protect and provide for the immediate life safety of H&CS employees;
- Ensure continuous performance of H&CS essential services and functions during a crisis, emergency or disaster incident that disrupts normal day-to-day activities;
- Identify and designate personnel necessary to staff essential functions and any associated training required to perform those functions;
- Achieve a timely and orderly transition from the response phase of the All-Hazards Plan into recovery operations and the eventual resumption of full and normal departmental operations.

## Legal Authorities

Local agencies with emergency or disaster response responsibilities are primarily guided by the legal authorities granted by the State of Washington, including the Revised Code of Washington (RCW) and the Washington Administrative Code (WAC). The following is a summary table and statements reflecting the intent of some of the codes that may apply to a public health response for emergencies. Included are some of the legal authorities granted to other political entities who will be involved in an emergency response in San Juan County. This summary is not intended to be all inclusive.

Incident or Emergency	Responsible Person/Agency	Legal Authority
Proclamation of a state of emergency.	Governor of Washington State	RCW 43.06.010(12)



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State-wide restriction of public assembly, order curfews, and prohibition of activities.	Governor of Washington State	RCW 43.06.220
Local restriction of public assembly, prohibition of activities, and school closures.	Health Officer	WAC 246-110-020(1)
Adoption of rules for isolation & quarantine.	State Board of Health	RCW 43.20.050(2)
Instituting isolation, detainment, and quarantine measures.	Health Officer	WAC 246-101-505
Adopts ordinances of local health matters, including the prevention, control and abatement of nuisances.	Local Board of Health	RCW 70.05.060(1-6)
Enforcement of ordinances of local health matters, including the prevention, control and abatement of nuisances.	Health Officer	RCW 70.05.060(1-6)
Report contagious or infectious diseases, including required notifiable conditions.	Local Health Care Providers	RCW 70.05.090
Coordinate assistance to LHI in response to public health or medical care needs resulting from an emergency or disaster.	Washington State Emergency Management Division – Support to come from Washington State Department of Health	ESF 8 – Health & Medical Services
Enforcement of all rules adopted by the State Board of Health and/or Health Officer’s orders including isolation & quarantine.	Local Public Safety Authority	RCW 43.20.050(4) RCW 70.05.120
Disposition and identification of human remains when death is unnatural, violent, or a contagious disease, etc.	San Juan County Medical Examiner	RCW 68.50.010
Coordination with Coroner and funeral homes, providing death certificates, burial-transit permits.	San Juan County Health & Community Services	RCW 70.58
Declaration of a public health emergency related to contaminated public water systems.	Health Officer	RCW 70.119A.020; RCW 70.119A.030; RCW 70.119A.040
Declaration of a state of emergency in San Juan County.	County Council DEM	San Juan County Code 2.48

Table 1: Legal Authorities by Statute



## Specific Legal Authorities & Responsibilities

### **Governor of Washington State**

The governor has authority to proclaim a state of emergency after finding that a disaster affects life, health, property, or the public peace (RCW 43.06.010 (12)). The governor may assume direct operational control over all or part of local emergency management functions if the disaster is beyond local control (RCW 38.52.050). After proclaiming a state of emergency, the governor has the authority to restrict public assembly, order periods of curfew, and prohibit activities that he or she believes should be prohibited in order to maintain life and health (RCW 43.06.220).

### **Washington State Board of Health**

The Washington State Board of Health has authority to adopt rules to protect the public health, including rules for the imposition and use of isolation and quarantine and for the prevention and control of infectious diseases (RCW 43.20.050(2)). Local boards of health, health officials, law enforcement officials, and all other officers of the state or any county, city, or town shall enforce all rules that are adopted by the Washington State Board of Health (RCW 43.20.050(4)).

### **Washington State Secretary of Health**

The Washington State Secretary of Health shall enforce all laws for the protection of the public health, and all rules, regulations, and orders of the State Board of Health (RCW 43.70.130(3)). The Secretary also shall investigate outbreaks and epidemics of disease and advise Health Officers about measures to prevent and control outbreaks (RCW 43.70.130(5)). The Secretary shall enforce public health laws, rules, regulations, and orders in local matters when there is an emergency and the local board of health has failed to act with sufficient promptness or efficiency, or is unable to act for reasons beyond its control (RCW 43.70.130(4)). The Secretary has the same authority as Health Officers but will not exercise that authority unless: (a) the Health Officer fails or is unable to do so; (b) by agreement with the Health Officer or local board of health; or (c) when in an emergency the safety of the public health demands it (RCW 43.70.130(7)).

### **San Juan County Health Officer**

The San Juan County Health Officer acts under the direction of the local Board of Health (RCW 70.05.070). The San Juan County Health Officer enforces the public health statutes, rules and regulations of the state and local Board of Health (RCW 70.05.070(1)).

The Health Officer has the authority to control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction (RCW 70.05.070(3)). The Health Officer shall review and determine 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 (WAC 246-101-505). Failure to comply with the Health Officer's orders is a misdemeanor (RCW 70.05.120).

The Health Officer shall, when necessary, conduct investigations and institute disease control measures, including medical examination, testing, counseling, treatment, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities (WAC 246-100-363(3)). The Health Officer may initiate immediate involuntary detention for isolation and quarantine of individuals or groups pursuant to provisions of state regulations (WAC 246-100-040 through -070).

The Health Officer shall establish, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and other entities deemed necessary, plans, policies, and procedures for instituting emergency measures to prevent the spread of communicable disease (WAC 246-100-036(1)). The Health Officer may also make arrangements with tribal governments, federal authorities, state agencies, or institutions of higher education to conduct investigations and institute control



measures on tribal lands, federal enclaves, military bases and campuses of state institutions (WAC 246-100-036(4)).

The Health Officer may take all necessary actions to protect the public health in the event of a contagious disease occurring in a school or day care center. Those actions may include, but are not limited to, closing the affected school, closing other schools, ordering cessation of certain activities, and excluding persons who are infected with the disease (WAC 246-110-020(1)). Prior to taking action, the Health Officer shall consult with the State Secretary of Health, superintendent of the school district or chief administrator of the day care center, and provide them and their board of directors a written decision directing them to take action (WAC 246-110-020(2)).

#### **Health Officer Authority during a Public Health Emergency**

All law enforcement officers shall enforce all rules adopted by the State Board of Health (RCW 43.20.050(4)). Failure to comply with a Health Officer's order is a misdemeanor (RCW 70.05.120), and law enforcement can arrest for a misdemeanor committed in the officer's presence under RCW 10.31.100. The Health Officer may employ the services of law enforcement to enforce immediately orders given for the purpose of protecting public health (WAC 246-100-040(2)).

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

The Director oversees the development and implementation of policies and procedures that protect the public's health within San Juan County.

#### **San Juan County Board of Health**

The San Juan County Board of Health shall have supervision over all local health matters and shall enforce through the Health Officer (or the appointed administrative officer) the public health statutes of the state and rules promulgated by the state board of health and the secretary of health. These supervisory and enforcement duties may include implementation of sanitary measures within its jurisdiction, the enactment of local rules and regulations regarding the public health and enforcement of measures to control and prevent any dangerous, contagious or infectious disease within the jurisdiction of the local health department. The local board of health may also provide for the prevention, control and abatement of nuisances detrimental to the public health; (RCW 70.05.060(1-6)).

#### **San Juan County Health Department Personnel**

Depending upon the nature of the emergency or disaster incident, H&CS employees may be asked to serve in roles or perform job functions that are outside their day-to-day roles, tasks, or responsibilities.

Additionally, individuals may be assigned to report to a different manager as a result of being assigned a role within an Incident Command System organizational response structure. In either of these situations, it is the responsibility of the employee to:

Periodically (preferably once every operational period) the employee should inform their regular manager of their status to include assigned job title and function, assigned work location, work hours, current anticipated duration of assigned role, and general health status.

H&CS employees are expected to develop and maintain personal and family preparedness plans to enhance the readiness and safety of themselves and their loved ones in the event of a major emergency or disaster incident. This will help to facilitate the ability of the H&CS as an organization to respond more quickly and effectively in its critical role in the overall community response.

#### **San Juan County Prosecuting Attorney/Coroner**

The San Juan County Prosecuting Attorney is the coroner for the County. The coroner shall have authority to investigate sudden, unexpected, violent, suspicious or unnatural deaths under RCW 36.24 and 68.50.

#### **Local Health Care Providers**

Local health care providers may participate in the surveillance and control of infectious diseases in San Juan County. Legal responsibilities include the reporting of dangerous contagious or infectious disease, or any



disease required for reporting by the state board of health to the Health Officer or department within 24-hours of attending the patient.

#### **Washington State Emergency Management Division**

The Washington State Military Department administers the Emergency Management program at the state level. This program is governed by the Emergency Management Council appointed by the governor. The Washington State Comprehensive Emergency Management Plan (CEMP) outlines many of the emergency response activities for our state. The Emergency Support Function 8 (or ESF 8 Health and Medical Services) of this plan provides government –coordinated assistance to local jurisdictions in response to public health and medical care needs resulting from an emergency or disaster. ESF 6, Mass Care, Emergency Services, Housing and Human Services, provides non-medical mass care/sheltering, housing and human services support during an emergency or disaster.

#### **San Juan County Department of Emergency Management**

In the event of a declared state of emergency in San Juan County, the Emergency Management Director shall have the power to make and issue rules and regulations reasonably related to the protection of life and property, to obtain vital supplies equipment and other properties needed for the protection of life and property, to request emergency service of any County officer or employee, to secure the aid of volunteers, and to requisition necessary personnel or material from any County department or agency (SJC 2.48).

#### **Volunteer / Emergency Worker Personnel**

During emergency or disaster response activities, it may become necessary for H&CS to utilize volunteer emergency worker personnel (i.e. non-paid personnel not formally employed by the County) to support its response efforts. Registered emergency workers must be registered with the SJC DEM and operated under the definitions of RCWs 38.52.010 and 38.52.180.

#### **General Public**

Members of the general public must cooperate with public health authorities in the investigation of cases or outbreaks of communicable diseases, and must cooperate with the implementation of infection control measures, which may include isolation and quarantine. Members of the general public may notify the local health department of any case, suspected case, outbreak, or potential outbreak of communicable disease (WAC 246-101-425).



## San Juan County Characteristics

Planning for the provision of public health services to a mostly rural and geographically isolated San Juan County needs to take into account the location of residential centers and the associated logistical, political and infrastructure resources that are available.

### County Geography

The unique geography and location of San Juan County presents logistical challenges to the provision of public services. The 179.3 square mile jurisdiction consist of 428 islands (less than 50 inhabited) bordered by the Strait of Juan De Fuca to the south, Haro Strait to the west, Boundary Pass to the north and Rosario Strait to the east, with the following geographical and jurisdictional characteristics:

Access to and from the largest four islands (San Juan, Orcas, Lopez, and Shaw) is provided by the Washington State Ferries.

The outer populated islands are served by private boat and plane.

Significant increase in population throughout the summer months.

### County Demographics

#### Medical Resources

Medical and health care resources in San Juan County are sufficient to support day-to-day needs, but are limited in terms of surge capabilities. Access to additional resources are constrained by the geographic realities outlined above. In general, our immediate capacity to provide medical care during a disaster is limited to the following resources:

Lopez Island Medical Clinic

Orcas Family Health Center

Orcas Island Family Medicine

Orcas Medical Center

Peace Island Medical Center on San Juan Island

San Juan Health Care Associates

Emergency Medical Services

1. Fire Protection District No. 2 – Orcas Island
2. Fire Protection District No. 4 – Lopez Island
3. Fire Protection District No. 5 – Shaw Island
4. San Juan Island EMS

Other individual providers of health care may be of service to the community following a major emergency, especially in the areas of mental health services, senior care, and other critical needs.

### Likely Hazards

Hazards most likely to occur in San Juan County include:

- Natural Disasters:
  - Earthquake

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- Fires
- Severe weather
- Biologic Agent Events:
  - Epidemic/Pandemic
  - Significant Disease Outbreak



# Operational Concepts

## Role of Public Health in Emergency Management

The role of San Juan County Health and Community Services spans the entire emergency management spectrum, to include activities related to preparedness, mitigation, response and recovery. In an incident response, H&CS may be called upon to provide personnel, resources or coordination assistance for Emergency Support Functions 6 and 8 including the following functional areas:

Coordination of public and mental health services

Epidemiological investigation

Mass vaccination / dispensing of medical counter-measures

Establishment and oversight of Alternate Care Facilities

Environmental health impact assessment and mitigation

Emergency drinking water operations support

Emergency shelter inspections / consultation

Mass casualty / fatality incident support operations

Bio-incident response, assessment or support

Critical incident stress management services / support for responders

Coordination of health and sanitation inspections

Assist in coordination of long-term housing options

Assisting in coordination and outreach with special needs populations within the community

## Response Priorities for Public Health

The following list of priorities is provided to guide policy making during incidents of significant magnitude. The ordering of these priorities is not fixed, and can and should be re-ordered by the Incident Commander(s) as warranted by the nature and scope of the incident.

1. Provide for life safety.
2. Prevent the spread of disease.
3. Protect critical community assets such as drinking water supply and sewage treatment systems.
4. Develop and disseminate public information.
5. Restore essential services.
6. Protect the environment.
7. Minimize economic disruption to the community.
8. Protect public and private property.

## Multi-agency Coordination



In a large-scale emergency, H&CS will be one agency among many responding to the needs of the County's citizens. In this situation, H&CS functions will be coordinated under a Unified Incident Command structure established by San Juan County Department of Emergency Management.

## Incident Command System (ICS)

In accordance with Homeland Security Presidential Directive 5 issued by President George Bush in February 2003, all public sector agencies with an emergency response function must utilize the Incident Command System (ICS) when responding to large scale emergencies and disasters. ICS is a management tool used for the command, control and coordination of efforts within an individual agency or amongst multiple agencies working towards the common goal of stabilizing an emergency in an effort to protect life, property, the economy, and the environment.

The Incident Command System (ICS) is "a set of personnel, policies, procedures, facilities, and equipment, integrated into a common organizational structure designed to improve [emergency](#) response operations of all types and complexities." H&CS employees learn the basics of ICS through the required ICS-100, ICS-200, and ICS-700 level courses. Senior H&CS staff are trained through ICS 300 & 400 level. A more complete overview of the Incident Command System is provided in a separate document titled "**Incident Command System Overview**" and is available both electronically and in hard copy.

## Mission of Incident Command

Provide overall direction for H&CS emergency response, as well as maintain essential Public Health services during a large-scale emergency in a way that is well organized, supported, and closely coordinated with other government agencies, non-profits, and community organizations.

## Important Elements of ICS

While all the various nuances and particulars of the Incident Command System are beyond the scope of this document (and should be learned, understood and periodically reviewed in other contexts), there are some critically important principles of ICS that can be confusing for those who do not have the opportunity to utilize it frequently. In the interest of facilitating a more efficient implementation of the operational aspects of this plan, the following section addresses a few elements of ICS that merit additional explanation and emphasis.

### Important Terms

There are a few ICS related terms that are important to understand before addressing other common ICS related questions.

Incident Command System (ICS) – ICS is the overall "system" of principles, practices, protocols, etc. that provide the framework for conducting emergency response / management activities.

Incident Management – the generic term for all activities associated with meeting the needs of the emergency / disaster incident: attaining situational awareness, establishing priorities and objectives, coordinating and directing personnel and equipment, etc.

Incident Management Team (IMT) – an IMT is simply a group of people assigned to specific roles defined by ICS with clearly established responsibilities. Depending on the nature and scope of the incident, an IMT can consist of only a few people, or hundreds.

Emergency Operations Center (EOC) – An Emergency Operations Center is a fixed facility (or portion thereof) where incident management personnel work to coordinate response and recovery related activities.



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**Incident Action Plan (IAP)** - A regularly updated guiding document that shapes the overall response in extended incidents, defining objectives, assigning tasks, and monitoring progress.

**Operational Period** - The regular rhythm at which the ICS planning cycle is conducted during an incident. For most major incidents this will be 24 hours initially, but may slow to a week or more in relatively slow moving events.

**Incident Command Post (ICP)** – An ICP is a fixed location from where field operations are directed / coordinated. ICPs are generally located as close to the incident site as is practical and safe. It is important to understand the distinctions between an EOC and an ICP. The ICP is responsible for managing and directing the field resources assigned to the incident; while the EOC serves to support the ICP with fulfilling requests for additional resources, coordinating with cooperating or supporting agencies, supporting information and / or Joint Information Center/System (JIC/JIS) needs. When both an ICP (or multiple ICPs) and an EOC are established, it is important to both recognize and understand the functional differences and responsibilities of each.

### **Who’s “In-Charge”**

Any resource assigned to the incident and incorporated into the incident management organizational structure ultimately reports to the Incident Commander (via the established ICS chain of command). Following the ICS principle of “unity of command” – any personnel assigned to the ICS response structure can only report to and take direction from one supervisor.

## **Communications**

### **General**

Good communication is the foundation for any effective response. During an incident response, H&CS and partner agencies will employ a variety of communication mechanisms for conducting notifications, sharing information, directing personnel, and recording actions. The specific communications methods will be determined by the current operational status of a given infrastructure, the audience or organization being communicated with, the availability of necessary equipment, and the urgency of the message.

During an incident response, most if not all communications infrastructures will be under strain due to increased use by both emergency responders and the general public. As a result, some systems may become overwhelmed and inoperable. In other cases, while the infrastructure itself may remain operable, the sheer number of users may render the system dysfunctional. Therefore, in order to help mitigate the impact on the various communications systems, the Incident Commanders may direct a Communication Unit Leader to prioritize the mechanisms for communication based on resources available and the type / urgency of the communication.



Possible communication mechanisms:

Landline

Mobile phone

Satellite Phone

VHF/UHF radio

SMS Text Messaging

Amateur Radio

Messages should be documented and archived.

For additional information on communications mechanisms and associated protocols & procedures, see: ANNEX E – Communications.

### **Public Messaging**

All public messaging will be coordinated through the incident Public Information Officer and/or Joint Information Center. JIC personnel will rely on subject matter experts to provide specific information, and may request assistance with drafting public messaging content, but all releases to the public or media should be approved by the lead PIO. Certain types of public and/or media releases may also require the approval of the [Unified] Incident Commanders, as determined by them and identified in the Incident Action Plan. The Incident Commander(s) and PIO may delegate information or messaging release authority to certain individuals using specific communications mechanisms (such as social media tools). The IC and PIO need to consider appropriate messaging for hard to reach populations including, but not limited to, Spanish speaking and senior populations.

A Call-Center may be established in order to provide a single point of information for the public and/or media to direct inquiries regarding the incident. The Call-Center may fall under the purview and direction of the PIO/JIC, or may be a sub-element under the Operations Section, depending on the nature of the incident and resources available. San Juan County Information Services may be tasked with setting up a call center. (Note: DOH also has a contract with Poison control to set up a call center if needed. Any LHJ is eligible to utilize this service). However, staffing a call center may prove to be a challenge given our staffing levels.

Public Health related messaging, specific to an incident, may be placed on the County website, Twitter feed or the DEM Facebook Page as directed by the Incident Commander.

### **General Public Health Services Priorities in a Crisis Environment**

While each scenario will present unique issues and challenges, there are several public health services or functional needs that should be considered during any incident assessment regarding the restoration of day-to-day H&CS functions:

Provide technical advice, develop strategies, and disseminate public information regarding the production and availability of clean water for hydration, hygiene and sanitation.

Provide technical advice and inspect temporary shelters and/or feeding centers.

Identify and coordinate crisis mental health resources for responders and the general public.

Monitor the emergence and/or spread of disease.

Coordinate and if necessary and possible provide critical vaccines or other pharmacological treatments.

### **Staff Readiness and Preparedness**

In the event of a major emergency, H&CS staff will be considered emergency responders who are needed to support their community. In order to be able to fill this role, H&CS staff encouraged are expected to have supplies on hand to support themselves and their families for at least a week, along with a plan that will ensure their families are well provided for. The [www.ready.gov](http://www.ready.gov) website provides guidance for developing a



Family Emergency Response Plan and includes a “Get Ready Now” pamphlet that explains the importance of planning and provides a template that can be tailored to meet family-specific planning requirements. For a simple 12-month guide to getting prepared, print out a copy of the DEM Preparedness Calendar. Staff are also encouraged to contact DEM for additional information and support with preparedness activities ( 370-7612 or [dem@sanjuandem.net](mailto:dem@sanjuandem.net)).

#### **After-Action Reports**

##### **When to Complete an After-Action Report**

After-action reports will be completed whenever an incident requires the activation of an ICS structure. After-action reports for smaller scale exercises such as drills are at the discretion of the drill manager and are typically warranted only when significant deficiencies are witnessed.



## Continuity of Operation

During an emergency response, H&CS will protect core essential functions that must be maintained in order to avoid additional adverse public health impacts to the community. This section will outline procedures for H&CS as the need to scale day-to-day operations up and down to meet the severity and duration of any emergency. It establishes guidance to maintain essential functions for the department. In addition, some events may threaten or disable facilities, and the relocation of selected personnel and functions may be required. Specifically, this section is designed to:

- Ensure that H&CS is prepared to provide critical services in an environment that is threatened, diminished, or incapacitated.
- Ensure that H&CS is prepared to meet the challenge of sustaining an emergency response and continuing to engage in essential day-to-day operations during a long-term emergency.

### Essential Services

H&CS performs an array of essential services that will need to be maintained during an emergency event. In order to insure staff can fulfill their assigned roles during a response, it is important that staff prepare a Family Emergency Response Plan as detailed in the prior section.

H&CS emergency response may trigger reductions in normal day-to-day operations. The IC and H&CS management team will review the event, resources needed to respond, and determine services to be maintained and those that can be curtailed. Regardless of the size and complexity of the emergency event, H&CS has identified the following as essential functions to be maintained at all times:

- Communicable disease case and contact investigation, control, and surveillance of immediately reportable conditions or those related to the emergency
- Active tuberculosis case management and disease control
- Public information

### Essential Staff

Depending upon the nature of the emergency and/or the facilities affected, the roster of essential personnel may be adjusted by the Incident Commander and H&CS management team as the event evolves. For planning purposes the following should be considered minimum essential staff:

- Department director
- Managers of each section
- Environmental health specialists II
- Communicable disease coordinator

If relocation to an alternate facility is required, space and support capabilities may be limited. The essential staff may need to be restricted to only those personnel needed for the execution of essential functions. Staff who are not designated essential staff members may be directed to move to other facilities or may be advised to remain at or return home pending further instructions.

### Decision Making Authority

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During an emergency response it is likely that some Department staff will be unavailable to respond. The table below details key leadership positions and responsibilities for the department.

Position	Successor	Responsibility	Conditions
Director	Environmental Health Manager	Full	All emergencies
Environmental Health Manager	Community Health Services Manager	Full	All emergencies
Community Health Services Manager	Communicable Disease Coordinator	Full	All emergencies
Communicable Disease Coordinator	1. Human Services Manager 2. Senior Services Manager 3. Office Manager	Full	As requested

### Deputy Health Officers

In the event that the Health Officer is unavailable to respond in an emergency, two Deputy Health Officers have been appointment and authorized to fulfill the duties. The table below lists the Deputy Health Officers including contact information.

Name	Phone	Email
Dr. Tom Locke	(360) 808-3333 (cell) (360) 683-9152 (home)	locke@olympus.net

### Alternate Locations for Service Delivery

H&CS staff are located in six buildings across three different islands. The majority of H&CS staff, 24 out of 29, are located in two buildings, one in Friday Harbor and one in Eastsound. The Annex, 145 Rhone St. Friday Harbor, is the primary location which houses 17 staff members and includes a public health clinic. The Orcas Island Senior Center, 62 Henry Road, Eastsound, houses 7 staff members and contains a public health clinic. Our five remaining staff are located in offices on San Juan and Lopez Islands. The following table lists the six buildings where staff are housed, identifies building ownership, Information Technology (IT), and other key building features:

Building Name & Location	Building Ownership	# of H&CS Staff	County IT Infrastructure	Public Health Clinic (Yes/No)	Key Features – If applicable
Annex – 145 Rhone Street, Friday Harbor	County Owned	17	Full – Phone & Internet	Yes	Back-up Generator, serves limited outlets only
Orcas Senior Center – 62 Henry Rd, Eastsound	County Owns 49%; Non-profit - SS Council owns 51%	7	Full – Phone & Internet	Yes	Other county staff in building; serves as a gathering place for emergency events
San Juan Senior Center - 589 Nash St, Friday Harbor	Non-Profit – SS Council	2	Full – Phone & Internet	No	Back-up generator available; serves as a gather place for emergency events

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Lopez Senior Center - 4102 Fisherman Bay Rd, Lopez	Non-Profit – SS Council	1	None	No	
Lopez Clinic - 2228 Fisherman Bay Road, Lopez	San Juan Fire Protection District No. 4	1	Full – Phone & Internet	Yes	Building houses main fire station for Lopez; also serves as sheriff's substation
Compass Health – 520 Spring Street, Friday Harbor	County Owned	1	None	No	Mental Health Provider housed in majority of building

In the event that one of the buildings suffers a significant event (fire, severe damage, etc...) staff, services, infrastructure and essential paperwork may need to be relocated. As a county department, our priority would be to relocate staff into a county owned building with sufficient IT capacity to meet our needs. Listed below are each building and possible alternate locations in the event that a building suffers significant damage.

Building Name	Alternate Location 1	Alternate Location 2	Alternate Location 3
Annex	Fairgrounds	Legislative Building	Orcas Senior Center
Orcas Senior Center	Orcas Ferry Landing	Orcas County Shop	Annex
San Juan Senior Center	Annex	Legislative Building	Fairgrounds
Lopez Senior Center	Lopez Clinic	San Juan Senior Center	Orcas Senior Center
Lopez Clinic	Lopez Senior Center	Annex	Orcas Senior Center
Compass Health	Annex	Legislative Building	Fairgrounds



## Operational Protocols

Many (but not all) of the operational protocols described below will have a corresponding Annex. Those that do will list the corresponding Annex. The intent of this section is to provide additional relevant background or context information that should be reviewed on a regular basis to support a more expeditious use of the individual Annex documents.

### Immediate Threat Response

**See Annex A** for specific guidance on immediate response measures to incidents that pose an immediate life safety threat to H&CS staff (e.g. earthquake, building fire, hazardous materials exposure, active shooter, etc.). All H&CS employees should be familiar with and able to perform the steps outlined in Annex A, with or without necessarily referring directly to the document. The intent of Annex A is to provide a standardized and methodical approach towards recognizing and assessing a hazard or threat, developing an immediate response plan, and then implementing that plan quickly in order to save lives or minimize injuries to oneself or others resulting from the crisis incident.

### Emergency Notification

#### Incident Notification of H&CS Management from External Source

##### To Notify H&CS During Regular Business Hours

Partner agencies and the general public are instructed to call 360-378-4474.

##### To Notify H&CS During Non-Business Hours

Partner agencies and the general public are instructed to Sheriff Dispatch at 360 378-4151 and Dispatch will contact the on call manager.

H&CS 24/7 on-call phone: (360) 410-1676

### Establishing Incident Command

In accordance with ICS principles, the first employee to engage the incident (i.e. receive the initial phone call, etc.) is by default the Incident Commander, until such time that Incident Command is transferred to another individual.

1. When any H&CS employee receives information regarding an incident (or future event) with potential for immediate or near-term impacts or consequences to the health of San Juan County residents, they will immediately notify a supervisor, manager or the H&CS Health Director about the situation.
2. The supervisor or manager will assume the position of Incident Commander, and then:
  - a. conduct a situation assessment;
  - b. identify potential development tracks and worst-case contingencies;
  - c. establish initial priorities, objectives and ICS organizational structure.
3. The Incident Commander will then brief the Health Director and Health Officer of the current situation and response actions implemented thus far.
4. The H&CS Director will then:
  - a. either confirm or assign a new Incident Commander

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- b. approve or modify proposed priorities and initial objectives; and
  - c. outline resource authority for IC (personnel and materials).
5. The Incident Commander will assign individuals to specific ICS roles [i.e. establish a designated Incident Management Team] and establish the operational period.
  6. The Incident Management Team members perform their tasks based on assigned ICS role and as directed by Incident Commander. IMT member should refer to the H&CS Incident Command System overview document for position specific responsibilities.
  7. The Incident Commander briefs the H&CS Director and Health Officer at least once per operational period, or more frequently as directed.
  8. The H&CS Director (or designee) briefs San Juan County Manager, San Juan County Council, and any other stakeholder agencies as appropriate.





## Appendix A – Plan Approval

As amended by Laws of 2002, ch. 335 (SSB 6439), RCW 42.17.310(1)(ww) exempts this plan from public inspection and copying.

This plan has been reviewed and approved by the San Juan County Health Department Management Team.

\_\_\_\_\_  
Mark Tompkins, Director  
San Juan County Health & Community Services

\_\_\_\_\_  
Date



# Appendix B – Plan Review & Document Change Record

The San Juan County Health & Community Services Emergency Response & Continuity of Operations Plan is formally reviewed on an annual basis. However, as a “living document,” plan updates made throughout the year on an as-needed basis will reflect changes in personnel, agency assignments or responsibilities, regulations or legislation, or important operational requirements. Specific document edits or changes are recorded in here Appendix B – Document Change Record, and will be formally adopted, rejected, or altered at the next annual plan review.

Element Changed	Section	Date of Change	Who Made the Change	Description/ Purpose of Change



# ANNEX A - Incident Response Protocols

## All-Hazards Significant Impact / Community-Wide Incident

1. Incident occurs
2. H&CS employees take immediate measures to protect themselves and ensure the safety of those around them
3. If a disaster incident occurs while you are in the office:
  - a. Check your environment for any immediate hazards and take any appropriate protective action.
  - b. Follow any safety instructions from Sheriff, or supervisor.
  - c. Initiate your family preparedness plan, to include contacting your “out of state contact” to let them know you are okay.
  - d. Report to you supervisor for further instructions. Do not leave work without reporting to your supervisor first.
4. Managers and Supervisors establish accountability for all H&CS employees (location and status)
5. H&CS Management Team convenes either in person, or via phone
6. H&CS Management Team will:
  - a. assess current situation, and status of impact to H&CS employees, facilities and resources
  - b. establish initial priorities and immediate objectives to protect and ensure safety and accountability of H&CS employees and any public persons currently in H&CS facilities
  - c. communicate with all H&CS staff with appropriate incident related information and / or instructions (SEE ANNEX E)
7. If determined necessary:
  - a. quickly develop ICS organizational chart to support objectives
  - b. assign specific individuals to ICS positions
  - c. section chiefs will assign specific functional tasks and target deadlines to assigned employees



- d. assign and dispatch liaison to make contact with DEM to report current status (personnel, facilities and resources) and actions taken

In any large incident, H&CS should coordinate closely with the broader SJC response effort as quickly as possible, likely through coordination at the SJC EOC. However, the need to coordinate should not stand in the way of immediate, practical and necessary actions to protect the health of the community. When operating in a vacuum, use common sense to proceed forward, tying in with others at the first opportunity to do so.

#### Public Health Incident Response

(Major Infectious Disease or Food-borne Illness Outbreak)

1. Initial indications of possible disease / illness outbreak identified by H&CS
2. H&CS staff notifies Management Team of situation and initial indicators of a possible PHI
3. Section manager assembles team to conduct situation assessment, identify potential situation development tracks, and worst-case contingencies; develops initial priorities, objectives and ICS organizational response structure
4. Manager briefs H&CS Director and Health Officer
5. H&CS Director assigns an Incident Commander, approves (or modifies) proposed priorities and objectives, and outlines resource authority (personnel and materials)
6. Incident Commander assigns individuals to specific ICS roles and establishes operational period
7. Team works the response
8. IC will brief H&CS Director as appropriate
9. H&CS Director or Incident Commander will periodically update Key Officials, Health Care Providers, Community Partners and San Juan County Department of Emergency Management (DEM) as outlined in Annex C.

In the event of a developing or expanding public health emergency, the Director and/or the IC will communicate early with DEM, DOH, and the Region 1 LHJs (Island, Skagit, Whatcom and Snohomish).

The decision to declare a “Public Health Emergency” (PHE) requiring the establishment of a formal incident command structure will be made by the H&CS Management Team, or in cases where an immediate and present danger exists, by the initial respondent to the incident. In situations where the incident provides an opportunity for the Management Team to convene (either by phone or in person), they will consider:

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- The immediate nature of the incident and potential consequences or implications
- The potential for the incident to expand, as well as the subsequent consequences
- The nature and scope of resources necessary to effectively manage the incident

If a PHE is declared, H&CS will:

- Activate the H&CS Emergency Response Plan (which includes this document and supporting Appendices and/or Annexes)
- Establish Incident Command
- Notify and if appropriate coordinate with DEM (see Annex C for Notification Procedures)
- Notify and if appropriate coordinate with Region 1 staff and DOH

If the H&CS Management Team determines the incident can be managed using little or no external resources, it will follow ICS principles of establishing objectives, identifying functional requirements, reflect those requirements on the ICS Org Chart, and assign personnel. A written Incident Action Plan (IAP) may or may not be required, although the use of IAP is strongly encouraged.

If the incident cannot be managed solely by H&CS, it will notify DEM and DOH immediately and request assistance from Region 1, DEM and DOH as appropriate (see Annex B for requesting assistance).

### ANNEX A.1

If a disaster incident occurs while you are **out of the office**:

1. Check your environment for any immediate hazards and take any appropriate protective action.
2. Initiate your family preparedness plan, to include contacting your “out of state contact” to let them know you are okay.
3. Once you have accounted for the safety of your family, assess the situation and determine if you can report to work to serve in your Health Department Disaster Response Team role. If it is clear that there has been a major emergency (most likely an earthquake) and that phones are non-operational, H&CS staff should report to their usual place of work as soon as they and their family are safe and it is safe to travel.
4. In the event of a truly catastrophic event in which access to roads and communication systems is impaired, local neighborhood fire stations will become community hubs of information, support, and communication. H&CS staff should use these fire stations as needed until a more cohesive response is possible.



Things to consider:

- Are roads damaged, if so how badly? What other obstacles might exist?
- How far away is your destination?
- What time of day is it – are you likely to arrive before dark?

1. Once you have determined your ability to respond, send a text message to your supervisor.

In your message, include:

- Current status (“injured”, “okay”, “trapped”, etc.)
- Plan (what do you intend to do)
- Route (general route you will take if transiting)
- If you are able to report include, what time you think you will arrive (e.g. “eta 1100hrs”)
- End your message with your name or initials

Remember – messages should be 140 characters or less.

Examples:

“ok. returning to office, eta 1500hrs. sitrep minor damage to buildings, some shattered windows. ew”

“ok, home alone w/kids. unable to respond at this time. will update when status changes. sitrep shaking strong here, some downed power lines, but roads seem ok. kd”

2. Initiate your plan, continue to monitor your mobile phone for SMS messages, and if possible, listen to KLOI 102.9FM on Lopez, KGMI 790AM in Bellingham, and KWLE 1340AM in Anacortes.
3. Send updates via SMS to your supervisor as your plan or status changes.



## ANNEX B - Activating and Requesting Mutual Aid

### Requesting a Resource – Proper Format

In order to ensure resource requests are fulfilled in a timely and accurate manner, there are two possible formats, Mission oriented or Resource oriented. Regardless of the format, the request should be in writing and sent to the Authorized Representative of the Assisting Party.

#### Mission Oriented Request

A Mission oriented request describes in the greatest reasonable detail what it is you need to accomplish. Examples:

- “We need to feed and house and care for ten adults, three children and two infants for three days.”
- “We need to move approximately 300 cubic yards of concrete and metal debris from a collapsed bridge overpass to create a thoroughfare for emergency vehicles.”
- “We need to evacuate or provide essential services (food, water, sanitation and power) to an isolated community of 300 people that is inaccessible by road due to massive landslides. Restoration of road access is currently projected at two weeks minimum.”

#### Resource Oriented Request

A Resource oriented request is appropriate when you know the specific resource you need, following certain request guidelines facilitated by the acronym SALT-T-D:

- **Size** – what size item?
- **Amount** – how many of an item?
- **Location** – where does the item need to go, what are the options for getting it there, and does that location have the resources to offload or receive the materials? Or, can the requester go pick it up? Who is the delivery point of contact and contact info? When are they available?
- **Type** – NIMS has developed “types” for 120 categories of resources. If you know the NIMS type for the resource you are requesting, provide it. Otherwise, provide capability and capacity requirements (i.e. “I need a forklift that can operate on uneven surface and lift 20K pounds”)
- **Time** – when do you need the resource?
- **Duration** – How long do you anticipate needing this resource?



## Requesting a Resource - Procedure

Mutual aid may be available from a variety of agencies depending upon the nature of the emergency. These may include local response agencies (Fire Districts, EMS, and DEM), regional support from local health jurisdictions in PHEPR Region 1 (Island, Skagit, Snohomish and Whatcom), other local health jurisdictions that have signed the Public Health Inter-jurisdictional Agreement and DOH.

The IC or authorized representative may request of another agency by contacting the authorized representative of said agency. Request may be verbal or in writing. It is extremely important to capture the anticipated costs associated with any mutual aid request. No resource should ever be accepted without capturing financial implications in writing (even if just written notes of a phone call).

For support from PHEPR Region 1 the first contact will be with the Regional Lead Snohomish County. Listed below is the contact information for the various agencies.

### San Juan County Partners:

Agency	Contact	Phone #
San Juan County DEM	Brendan Cowan	360-370-7612
	Dave Halloran	360-370-0587
San Juan Fire Protection District #2	Miklos “MIk” Preysz, Chief	360-376-2331
San Juan Fire Protection District #3	Brad Creesy, Chief	360-378-5334
San Juan Fire Protection District #4		360-468-2991
San Juan Fire Protection District #5		360-468-2908
San Juan Island EMS	Jerry Martin, EMS Chief	360-378-5152
Peace Health	Beth Williams-Gieger	360-378-2141

### Region1 Public Health Partners (Island, San Juan, Skagit, Whatcom counties):

Agency	Phone
<b>Snohomish County (Region 1 Lead)</b>	425-339-5210
Gary Goldbaum, Health Officer	425-359-2422 (cell)



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<p><a href="mailto:ggoldbaum@snohd.org">ggoldbaum@snohd.org</a></p> <p>Peter Mayer, Deputy Director <a href="mailto:pmayer@snohd.org">pmayer@snohd.org</a></p> <p>Katie Curtis, Regional Coordinator <a href="mailto:kcurtis@snohd.org">kcurtis@snohd.org</a></p>	<p>425.339.5210 425-297-0878 (cell)</p> <p>425-339-8711 425-297-0882 (cell)</p>
<p><b>Island County</b></p> <p>Brad Thomas, Health Officer <a href="mailto:b.thomas@co.island.wa.us">b.thomas@co.island.wa.us</a></p> <p>Keith Higman, Director <a href="mailto:keithh@co.island.wa.us">keithh@co.island.wa.us</a></p>	<p>360-240-5575 360-914-0840 (cell)</p> <p>360-678-7939 360-914-0872 (cell)</p>
<p><b>Skagit County</b></p> <p>Howard Leibrand, Health officer <a href="mailto:howardl@co.skagit.wa.us">howardl@co.skagit.wa.us</a></p> <p>Jennifer Johnson, Director <a href="mailto:jenniferj@co.skagit.wa.us">jenniferj@co.skagit.wa.us</a></p>	<p>360-336-9380 360-770-8931 (cell)</p> <p>(360) 419-3432 360-303-1974 (cell)</p>
<p><b>Whatcom County:</b></p> <p>Greg Stern, Health Officer <a href="mailto:gstern@co.whatcom.wa.us">gstern@co.whatcom.wa.us</a></p> <p>Regina Delahunt, Director Answering Service</p>	<p>360-676-6724 x50800 360-815-3276</p> <p>360-676-6724 360-715-2588</p>

**Department of Health and Other WA State Contacts**

Agency	Phone
State Epidemiology	206.418.5500 (24-hour) 877.539.4344 (after hours/holidays) 206.989.7398 (pager – emergencies only)
PHSKC	206.294.4774
Department of Ecology – spill response	425.649.7000
WA State Emergency Management	1.800.258.5990
Drinking Water Emergency	1.877.481.4901
CDC – emergency response/chemical and biological terrorism	770-488-7100
WA State SNS Coordinator	360.236.4415 (phone) 360-280-1031 (cell)

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In addition to support from PHEPR Region 1, mutual aid may also be available from other sources. Two such resources listed below. Resource requests from these sources would go through DEM of the SJC EOC.

- WA Mutual Aid System (WAMAS), a system for WA governments to request and provide resources. Contact information: [http://mil.wa.gov/uploads/pdf/LogisticsResources2/2015-wamas-operations-and-deployment-guide\\_v.9.pdf](http://mil.wa.gov/uploads/pdf/LogisticsResources2/2015-wamas-operations-and-deployment-guide_v.9.pdf)
- The Emergency Management Assistance Compact (EMAC) (<http://www.emacweb.org/>) that allows mutual aid support from outside of the state. San Juan County has a signed MOA in place with state that allows us to participate.



# ANNEX C - Emergency Notification System Procedures

## Distributing Health Alerts, Declaration of Public Health Incidents & other Emergency Messages

This procedure applies to the receipt and timely distribution of health alerts, declaration of public health incidents and other emergency messaging to key county officials, health care providers and other key partners.

Action by:	Key Official/Health Care Provider/Community Partner	Action:
Director or Incident Commander	County Manager, Risk Manager, DEM, DOH & PHEPR Region 1 Staff	<ol style="list-style-type: none"> <li>1. Inform - developing PH Emergency</li> <li>2. Inform - Declaration of a PHI</li> <li>3. Provide - situation updates</li> <li>4. Request - additional resources as necessary</li> </ol>
Director or Incident Commander	Town Administrator	<ol style="list-style-type: none"> <li>1. Inform - developing PH Emergency</li> <li>2. Inform - Declaration of a PHI</li> <li>3. Provide - situation updates</li> </ol>
Director	County Council	<ol style="list-style-type: none"> <li>1. Inform - Declaration of a PHI</li> <li>2. Provide - situation updates</li> <li>3. Request – emergency funding if necessary</li> </ol>
Health Officer, Director or Incident Commander	Board of Health	<ol style="list-style-type: none"> <li>1. Distribute – Health Alerts</li> <li>2. Inform - developing PH Emergency</li> <li>3. Inform - Declaration of a PHI</li> <li>4. Provide - situation updates</li> </ol>
Director, Community Health Services Manager, or Incident Commander	Health Officer	Health alerts, CDC communique, press release or other form of written or verbal communication
Health Officer	Health Care Providers	<ol style="list-style-type: none"> <li>1. Distribute Health Alerts</li> <li>2. Inform - developing PH Emergency</li> <li>3. Inform - Declaration of a PHI</li> <li>4. Provide - situation updates</li> </ol>

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Emergency Contact Information:

Key Official/ Partner	Contact	Landline	Cell Phone	Email
County Manager	Mike Thomas	360-370-7406	360-298-6144	<a href="mailto:miket@sanjuanco.com">miket@sanjuanco.com</a>
Risk Manager	Pamela Morais	360-370-7403	360-472-0868	<a href="mailto:pamelam@sanjuanco.com">pamelam@sanjuanco.com</a>
DEM	Brendan Cowan, Director	360-370-7612	360-298-0455	<a href="mailto:brendanc@sanjuandem.net">brendanc@sanjuandem.net</a>
	Dave Halloran, Asst. Dir.	360-370-0587 376-2588 (Hm)	360-622-6652	<a href="mailto:daveh@sanjuandem.net">daveh@sanjuandem.net</a>
Town Administrator	Duncan Wilson		260-914-7940	
PHEPR Region 1 Staff	Katie Curtis, Regional Coordinator	425-339-8711	425-297-0882	<a href="mailto:kcurtis@snohd.org">kcurtis@snohd.org</a>
	Hollianne Bruce, Regional Epidemiologist	425 339-5213		<a href="mailto:hbruce@snohd.org">hbruce@snohd.org</a>
DOH	WA State Emergency Management	1.800.258.5990		
	State Epidemiology	206.418.5500 (24-hour)		
Board of Health	Dale Heisinger, Chair	360-376-5025		<a href="mailto:djheis@rockisland.com">djheis@rockisland.com</a>
	Bob Jarman, Council	360-370-7473	360-298-1698	<a href="mailto:bobja@sanjuanco.com">bobja@sanjuanco.com</a>
	Rick Hughes, Council	360-370-7474	360-472-0253	<a href="mailto:rickh@sanjuanco.com">rickh@sanjuanco.com</a>
	Jamie Stephens, Council	360-370-7475		<a href="mailto:jamiees@sanjuanco.com">jamiees@sanjuanco.com</a>
	Carrie Lacher, Mayor Town of Friday Harbor	378-2785	360-472-0878	<a href="mailto:carrielacher@Fridayharbor.org">carrielacher@Fridayharbor.org</a>

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	Jon Geyman, Member	360-378-6264	360-317-8020	<a href="mailto:jgeyman@u.washington.edu">jgeyman@u.washington.edu</a>
Health Care:				
Lopez Island Medical Clinic	Robert Wilson, MD	360-468-2245		
Orcas Island Family Medicine	David Russell, MD	360-376-4949		
Orcas Medical Center	Tony Giefer, MD	360-376-2561		
Orcas Family Health Center	David Shinstrom, MD Phoebe Hershenow, ARNP	360-376-7778		
San Juan Healthcare	John Gossom, MD Mark Fishaut, MD	360-378-1338		
PeaceHealth	Rachel Bishop, MD Susan Mahoney, MD	360-378-2141		



## ANNEX D - Staff Training & Incident Management Assignment List

### Staff Training Requirements

All Health & Community Staff members will be required to take and complete ICS 100, ICS 200 & ICS 700. These courses are available on-line with staff provided the opportunity to complete during their normal work day. New staff hires will need to complete all three course within 1 year of employment.

Staff expected to fill Section Chief Positions will be encouraged to complete ICS 300 & ICS 400. Staff expected to act as the Incident Commander will be expected to complete ICS 300, ICS 400 and an Incident Commander training. Staff members identified to fill the Public Information Officer (PIO) position will be required to take an appropriate PIO training course. A staff training log documenting completed staff trainings will be kept on file and updated annually,

### Incident Management Assignment List

The following list was developed through conducting a self-assessment survey of H&CS staff, and validated by input from the H&CS Management Team, in an effort to identify specific H&CS personnel to staff various incident management team positions and/or sections. This list is not all-inclusive and will need to be periodically updated to reflect staff turn-over and other changes.

Operational assignments are not incorporated into this list, as it is recognized that operational roles will be filled by qualified personnel with associated day-to-day roles and responsibilities. All incident management assignments will be based on the operational and incident management requirements of the situation at hand, and as determined by the designated Incident Commander, with input from the assembled Command & General Staff. While this list is intended to more rapidly facilitate that process, all final assignments are at the discretion of the Incident Commander and/or their designee.

<b>First</b>	<b>Last Name</b>	<b>Rec. for Primary Section / Position</b>
Cindy	Gauthier	Support Unit Leader
Ellen	Wilcox	Operations Section Chief/Incident Commander/PIO
Dr. Frank	James	Medical Unit Leader/Medical Liaison
Gary	Covington	Environmental Health Group Supervisor/ESF 8 Liaison
Jean	Schmidt	
Joanne	Runyan	Epi Unit Leader/Operations Section Chief
Joyce	Stimpson	Call-taker
Kathy	Hagn	

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Kristen	Rezabek	Resource Unit Leader
Kyle	Dodd	Incident Commander/Operations Section Chief/PIO/ESF 8
Mark	Tompkins	Incident Commander/Liaison Officer/PIO/ESF 8 Liaison
Shelly	Easterday	Logistics Section Chief/ Finance / Admin Section Chief
Suki	Boydston	
Tamara	Joyner	Safety Officer
Candace	Downey	
William	Paterson	Resource Unit Leader
Barbara	LaBrash	Behavioral Health Unit Leader/ESF 6 Liaison
Wendy	Stephens	Behavioral Health Unit Leader/ESF 6 Liaison
Melanie	Rollins	Housing Unit Leader/ESF 6 Liaison
Ryan	Page	Support Unit Leader
Dave	Dunaway	Behavioral Health Unit Leader/Safety Officer
Christoph	Aiken	
Larry	Hughes	
Bonnie	Sliger	
Jami	Mitchell	Planning Section Chief
Mary Ann	Riggs	
Ethna	Flanagan	
Cynthia	Stark-	





## ANNEX E - Communication Methods Priority of Use

Effective communication is the most critical element in an emergency or disaster response. Regardless of the method used, whenever possible the communication exchange should be documented or recorded in such a way that captures the following elements:

- The method (phone, email, radio, etc.)
- The date and time
- The sender, receiver or participants
- Message sender contact / call-back information
- The general subject
- Any specific request
- Any decisions made or directives issued

During a declared emergency, all significant communication exchanges that involved a decision regarding the ordering or use of a resource should be recording in the ICS Form 214 (Unit/Personal Log).

### Communications Methods and When to Use

During an emergency incident, various communications technologies will be employed. The following is the prioritized list of potential methods that may be utilized:

#### **Phone (landline, mobile, satellite)**

Use a phone (landline or mobile) only when necessary, as the incident is likely to stress or perhaps even overwhelm the system

#### **SMS Text Messaging**

SMS text messaging is a method of sending short alpha-numeric messages between mobile phones. Although each message limited to approximately 140 characters, this method of communication is fairly reliable (it works even when the phone system is overwhelmed), yet only requires knowing the phone number of the intended recipient.

#### **Email**

Email is a common form of communication, and fairly reliable, but relies on a connection to the internet. During an incident, email should generally be used for communicating non-time sensitive information.



### **Amateur Radio**

San Juan County has an active group of amateur radio volunteers who have the ability to facilitate basic communication between the islands and with the mainland. Their primary locations in an emergency will be the EOC, the Dispatch Center, and the main fire stations on Orcas, Lopez, and Shaw. There may be amateur radio capability at outlying fire stations on each island as well. Amateur radio is a means of establishing contact and passing simple updates but is not a tool for complex messaging of any kind.