Yakima Health District
Comprehensive Emergency Plan

Public Health Emergency Response Plan

June 2018

Page Intentionally Left Blank

Public Health Emergency Response Plan

Table of Contents

BASIC PLAN

ATTACHMENTS

ANNEXES

BASIC PLAN

I. INTRODUCTION

A. MISSION

In partnership with the community, the Yakima Health District protects and promotes the health and quality of life for residents and visitors of Yakima County through prevention and control of disease and potential health hazards.

B. PURPOSE

The purpose of this plan is to provide guidance and procedures for Yakima Health District personnel in the expected response to an event of bioterrorism, epidemic, disease, other emergency, or disaster.

C. SCOPE

This plan acts as a tool that utilizes Yakima Health District's existing expertise and personnel to provide surveillance; response; event tracking; rapid health risk assessment; community education; coordination with community partners; dissemination of information; event direction, command and control through the Incident Command System; and post event recovery recommendations

II. POLICIES

A. AUTHORITIES

1. RCW 43.20.050(5). Powers and duties of state board of health—Rulemaking—Delegation of authority—Enforcement of rules.

2. RCW 70.05.060. Powers and duties of local board of health. Each local board of health shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction.

3. RCW 70.05.070. Local Health Officer – Powers and duties.

4. RCW 70.05.120. Violations – Remedies – Penalties.

5. RCW 70.08.010. Establishment of combined city-county health departments to include the powers and duties of the Director of public health in section RCW 70.08.020.

6. WAC 246-100-036. Responsibilities and duties -- Local health officers.

7. WAC 246-100-040. Procedures for isolation and quarantine.

8. WAC 246-101-505. Duties of the local health officer or the local health department.

9. WAC 246-101-425. Responsibilities of the general public.

B. RESPONSIBILITIES

1. Local Health Officer

The LHO will maintain contact with the Executive Director, or designee, and approve policy and decisions implemented by the Yakima Health District (YHD) during an emergency.

2. Executive Director

The Executive Director or his/her designee assumes the role of Incident Commander during an event involving bioterrorism or epidemic disease; he/she will decide policy, maintain contact with other agencies, develop public health priorities, and lead event response and delegate tasks. The Executive Director and/or other staff provide information and support to the Incident Commander as needed.

3. Disease Control

Staff will provide personal health information including communicable disease investigations, communication and liaison with the local medical community.

4. Environmental Health

Staff will provide liaison with other environmental resources and provide expertise in the areas of hazardous materials, water, sewage, food, solid waste as well as assistance as needed to the Community and Family Health staff.

5. Administration

Staff will supply support functions including provision of staff resources, financial considerations and on-going assistance to the technical/field staff during an event.

C. LIMITATIONS

1. Depending on the type and severity of the event, the Yakima Health District's response may be limited by such factors as:
    a. Damage to facilities and infrastructure
    b. Transportation services
    c. Staff availability
    d. Department's surge capacity
    e. Communication
    f. Fiscal constraints
    g. Other County Agency Limitations

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

1. Category A Diseases/Agents. The U.S. public health system and primary healthcare providers must be prepared to address various biological agents, including pathogens that are rarely seen in the United States. High-priority agents include organisms that pose a risk to national security because they:
    a. can be easily disseminated or transmitted from person to person
    b. result in high mortality rates and have the potential for major public health impact
    c. might cause public panic and social disruption
    d. require special action for public health preparedness

    Category A Agents
    a. Anthrax (*Bacillus anthracis*)
    b. Botulism (*Clostridium botulinum* toxin)
    c. Plague (*Yersinia pestis*)
    d. Smallpox (variola major)
    e. Tularemia (*Franciella tularensis*)
    f. Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])

2. Category B Diseases/Agents. Second highest priority agents include those that:
    a. are moderately easy to disseminate
    b. in moderate morbidity rates and low mortality rates
    c. require specific enhancements of CDC's diagnostic capacity and enhanced disease surveillance.

    Category B Agents
    a. Brucellosis (*Brucella* species)
    b. Epsilon toxin of *Clostridium perfringens*
    c. Food safety threats (e.g., *Salmonella* species, *Escherichia coli O157:H7, Shigella*)
    d. Glanders (*Burkholderia mallei*)
    e. Melioidosis *(Burkholderia pseudomallei*)
    f. Psittacosis (*Chlamydia psittaci*)
    g. Q fever (*Coxiella burnetii*)
    h. Ricin toxin from *Ricinus communis* (castor beans)
    i. Staphylococcal enterotoxin B

j. Typhus fever (*Rickettsia prowazekii*)
k. Viral encephalitis (alphaviruses [e.g., Venezuelan equine encephalitis, eastern equine encephalitis, western equine encephalitis])
l. Water safety threats (e.g., *Vibrio cholerae*, *Cryptosporidium parvum*)

3. Category C Diseases/Agents. Third highest priority agents include emerging pathogens that could be engineered for mass dissemination in the future due to
   a. Availability
   b. ease of production and dissemination
   c. potential for high morbidity and mortality rates and major health impact

   Category C Agents
   Emerging infectious disease threats such as Nipah virus and hantavirus

Response to infectious disease agents or toxins are found in Yakima County's Comprehensive Emergency Management Program for Public Health and Medical Services, ESF8

B. Chemical Agents of Concern. Military chemical agents are similar to hazardous industrial chemicals, but may be more toxic. Military origin chemical agents are divided into the following categories:
   a. Choking Agents
   b. Blood Agents
   c. Blister Agents
   d. Nerve Agents

   Each agent can be fatal and may affect large populations if released effectively. These agents are both toxic and incapacitating to both humans and animals. In addition to the military chemical agents there are many commercial chemicals that pose a significant threat to human health. Response to chemical agents is found in Yakima County's Comprehensive Emergency Management Program for hazardous materials, ESF10.

C. Radiological Concerns. Radiological materials can pose both an acute and long- term hazard to humans. 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. Response to radiological agents or nuclear accidents is found in Yakima County's Comprehensive Emergency Management Program, ESF 10 – Hazardous Materials

D. Public health staff is available 24-hours-per-day/7-days-per-week to respond to potential epidemic disease/bioterrorism.

E. There is not adequate public health staff to respond to a community-wide epidemic and there is a need for cooperation between public health and the healthcare industry in establishing an effective community response.

F. A bioterrorism event will pose a threat to public health. Issues that could arise include communicable disease investigation and control, mass prophylaxis, healthcare, mass care and sheltering, crowd control, isolation and quarantine, transportation, decontamination, social disorder, and other public health and welfare issues.

G. A bioterrorism event could result in environmental and public health hazards to individuals responding to an event, health care providers, and the general public. Local water supplies, crops, livestock and food supplies may be at risk ofcontamination and/or disease.

H. The potential for disease and injury may disrupt sanitation services and facilities, result in a loss of public utilities and cause dislocation of large groups of people to shelter facilities.

I. No single agency at the local, state, or federal level possesses the authority and expertise to act alone on the many issues that may arise in response to a threat or act of terrorism.

J. Other hazards may exist that are not addressed by this plan. See also Annex One and Two of this document for specific information on Pandemic Influenza and Mass Prophylaxis.

IV. PLANNING ASSUMPTIONS

A. Healthcare professionals have received adequate training on the identification of disease resulting from one of the CDC Category Agents

B. There is a surveillance system in place for the prompt detection, identification and reporting of epidemic disease or an event of bioterrorism.

C. Individuals/Institutions required to report disease are doing so within the time frame required by law.

D. Potential outbreaks/epidemics of disease are being investigated promptly and as required by statute.

E. Public health, emergency management, healthcare, law enforcement, emergency medical response and other agencies will work cooperatively to reduce the impact of epidemic disease/bioterrorism on the community.

F. Public Health staff is adequately trained to respond to epidemic disease.

G. Responders will be properly trained, issued the appropriate personal protective equipment and be aware of the threat of a secondary event.

H. Governmental agencies/officials will respond as outline in the appropriate RCW and WAC.

I. In situations not specifically addressed in this plan, Yakima Health District and other emergency management officials will improvise and carry out their responsibilities to the best of their abilities using the Yakima County Comprehensive Emergency Management Program.

J. Memoranda of Agreements and Mutual Aid Agreements will be in place and honored between the organizations named in this plan and between neighboring governmental agencies.

V. DIRECTION AND CONTROL

A. Direction and control of an incident involving bioterrorism or during epidemic disease will be provided using the incident command system. Additional information on roles and a description of responsibilities is included in Appendix 1, Direction and Control.

1. **Executive Director**
   The Executive Director, or designee, may assume the role of Incident Commander during an epidemic disease or a bioterrorism event. The Executive Director will in consultation with others decide policy, maintain contact with other agencies, develop public health priorities, lead event response and delegate tasks.

2. **Environmental Health**
   Provides direction to Environmental Health staff and oversight for YHD operations in a chemical or radiological emergency.

3. **Disease Control**
   Provides direction to Disease Control staff and oversight for operations in communicable disease emergencies. Community and Family Health staff will provide communicable disease investigative personnel for the event.

4. **Health District's Incident Command Center**
   The role of the YHD Incident Command Center (YHDICC) is to provide a central point of coordination within YHD. The YHDICC is in the Yakima Health District office, 1210 Ahtanum Ridge Drive Conference Room, Union Gap, WA 98903. Procedures for activation and operation are found in Appendix 1, Section A.

5. **Yakima County Operational Area EOC**
   The Operational Area Emergency Operations Center (OAEOC) coordinates the multi-agency response to any "all-hazard" events. The OAEOC is in Suite 200 in the Yakima County Community Resource Center, 2403 South 18th St. Union Gap. Procedures for activation and operation are found in Appendix 1, Section B

   Yakima Valley Office of Emergency Management

Address: Yakima County Resource Center, 2403 South 18th St. Union Gap
Duty Officer (Primary): 509-574-1922
Director: Tony Miller 509-574-2155
E-mail: antone.miller@co.yakima.wa.us

6. **On-Scene Incident Management**
   On scene incident management is accomplished through the National Incident Management System (NIMS)/Incident Command System (ICS) and is coordinated with the YHD command center or the OAEOC, if activated.

VI. CONCEPT OF OPERATIONS

A. GENERAL

1. Response Phase

a. Alerts and Notifications. Notification of a potential bioterrorism event or epidemic disease could happen in several ways:
   - Notification from state or national level
   - Notification by healthcare provider
   - Notification by general public
   - Detection by Yakima Health District staff.
   - Notification by law enforcement or another agency.

b. If notification is not from state or federal level, YHD staff will notify Washington Department of Health as required in WAC 246-101 – Notifiable Conditions.

c. Increased surveillance may be necessary to confirm existence of an epidemic or bioterrorism incident.

d. Procedures for notification of law enforcement agencies are outlined in OAEOC call-out procedures.

e. If indicated, the Health District may activate the YHDICC to coordinate activities. When activated, the YHDICC will operate using the incident command system model. The Incident Commander will determine the appropriate level and staffing and staffing roles. Procedures for activation of the YHDCC are in Appendix I.

f. If indicated the Yakima Health District may request the activation of the OAEOC to coordinate activities. When activated the OAEOC will operate using the NIMS/ICS model. Procedures for activation of the OAEOC are in the Yakima Valley Office of Emergency Management.

g. If agencies other than Yakima Health District are needed to participate in disease control, the Local Health Officer will request activation of the OAEOC and the county's Comprehensive Emergency Management Program (CEMP) will be activated.

h. Epidemiological investigation and response will be initiated through YHD Administration.

i. Laboratory support requests for establishment of diagnoses and to help determine the scope of the potential bioterrorism incident or epidemic disease will be initiated by YHD Administration.

j. Depending upon etiological agent and situation, mass prophylaxis may be necessary. Annex One provides the procedures for requesting the supplies and equipment associated with the Strategic National Stockpile and the procedures for the establishment of mass vaccination or dispensing clinics for Yakima County.

- Quarantine and isolation. Procedures for patient isolation and quarantine are being developed by the Local Health Officer.

k. Health Care support and mass casualty management. The Health/Medical Services Coordinator will coordinate with local hospitals and emergency medical service providers to determine the ability of the local community to respond to disease. If community resources are about to be or are already overwhelmed, the Health/ Medical Services Coordinator may request assistance in movement of patients out of the area to more definitive healthcare.

l. Mental Healthcare and support may be activated through ESF 8. See Attachment Two: Central Washington Comprehensive Mental Health.

m. Disease Specific Response Annexes
- Smallpox, Ongoing development.
- Pandemic Influenza, Annex Two
- Anthrax—Unknown powders, Ongoing development.
- Plague and other highly contagious diseases, Ongoing development.
- Biotoxins, Ongoing development.
- Food-borne disease outbreak, Ongoing development

2. 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 CDC protocols for the organism or agent involved. The Executive Director, or designee, will give final approval for protocols performed.
b. Re-entry Authorization. Re-entry authorization will be determined at the time of the event by the Executive Director, or designee. Determination will be based on CDC protocols for the organism or agent involved. The Executive Director, or designee, will give final approval for protocols performed.
c. Critical Incident/Stress Management for YHD staff will be accomplished through the Employee Assistance Program (EAP). The Health Officer, or designee, will determine whether to provide on-site assistance or refer individuals to the EAP. See also Attachment Two: Central Washington Comprehensive Mental Health Emergency Operations Plan.

B. PUBLIC INFORMATION

1. **Authorized Spokesperson.** The Executive Director, or designee, will appoint a Public Information Officer (PIO) to coordinate communications around emergency preparedness and response. YHD PIO procedures are found in Attachment One: Crisis and Risk Communications Plan. Should the OAEOC be activated, the YHD PIO will coordinate with the OAEOC PIO to coordinate communications

2. During a bioterrorism event or epidemic disease, the OAEOC PIO will ensure that communications for public distribution are reviewed and approved by the YHD, the Executive Director, or designee, prior to the release of information.

3. During an event, the YHD PIO will coordinate with local hospitals to disseminate information to the public through the OAEOC PIO.

4. During a bioterrorism event or epidemic disease, it may be necessary to establish a Joint Information Center (JIC). Establishment of a JIC is outlined in Attachment One: Crisis and Risk Communications Plan.

C. COMMUNICATIONS

1. The communications plan for Yakima Health District is in Appendix III.

2. The Health Alert Network will be used for web-based communication. WA SECURES procedures are listed Appendix III.

3. An electronic mail group mailing list is maintained by the Yakima Health District's Community and Family Services Division for providing electronic notification for

key public health partners. Procedures or using this listing are found in Appendix III

4. Amateur Radio communication support in Yakima County is provided by ARES. Procedures for activation and use are found in the Yakima County Comprehensive Emergency Management Plan, Emergency Support Function #2.

5. Procedures for communication when normal telephone and cellular phone communication are not possible are found in Appendix III.

VII. PLAN MAINTENANCE

A. TRAINING

Training regarding this plan will be performed regularly as staff time and personnel permit. A proposed training schedule is found in Attachment IV.

B. DRILLS AND EXERCISES

Drills and exercises will be performed regularly as staff time and personnel permit. A proposed schedule is found in Attachment IV.
Post exercise and/or incident debriefing will be utilized to effectiveness and need for revision of this plan. The After-Action Report will recommend changes which will be incorporated based on Improvement Plan deadlines.

C. RECOMMENDING CHANGES

Recommended changes to this plan should be submitted to the Chief Operating Officer, Yakima Health District.

D. PERIODIC REVIEWS AND UPDATES

The Chief Operating Officer is the individual responsible for the annual review. At a minimum, this plan will be reviewed and updated annually. Plan holders will be notified of updates.

Plan Approval

THIS PLAN HAS BEEN REVIEWED FOR ACCURACY AND COMPLIANCE WITH YAKIMA HEALTH DISTRICT GUIDELINES. THIS PLAN IS DESIGNED TO COMPLY WITH ALL APPLICABLE FEDERAL, STATE, AND COUNTY REGULATIONS.

THIS PLAN IS APPROVED AS SUPERSEDES ALL PREVIOUS YAKIMA HEALTH DISTRICT PUBLIC HEALTH EMERGENCY RESPONSE PLANS.

SIGNED THIS 20th DAY OF JUNE 2018

_____

Ryan Ibach, R. S.
Chief Operating Officer
Yakima Health District

Page Intentionally Left Blank

APPENDIX I: DIRECTION AND CONTROL

A. YAKIMA HEALTH DISTRICT INCIDENT COMMAND CENTER (YHDICC)

1. During the initial bioterrorism, chemical, or radiological incident; communicable disease outbreak; or public health emergency the Yakima Health District will develop and maintain the protocol and policies to operate an Incident Command Center.
2. The Incident Command Center (ICC) is located within the Yakima County Health District office, 1210 Ahtanum Ridge Drive Conference Room, Union Gap, WA.
3. The Incident Command Center will support Health District incident command from that location.
4. Procedures for notification of staff are found in Appendix III.
5. When the situation exceeds the Yakima Health District Incident Command Center, the Yakima County Operational Area Emergency Operations Center (OAEOC) will be used for on-going operations.
6. Initial media communications with the general public will be distributed through the Health District's Public Information Officer (PIO) from the Yakima Health District's Incident Command Center.
7. Upon activation of the OAEOC, media contacts will be coordinated through the OAEOC PIO.
8. The responsibilities for the PIO are outlined in Attachment One: Crisis and Risk Communications Plan.
9. Shifts during operation of the YHDICC and the OAEOC will normally be 12 hours.
10. Security for the Health District's Incident Command Center and the Operational Area EOC will be provided by local law enforcement through mutual aid request. If local agencies cannot support, Operational Area EOC will assist in coordinating support.
11. The OAEOC will provide support to, and take guidance from, the Yakima Health District in public health emergencies. All public health activities will be coordinated with the OAEOC.
12. Yakima Health District staff that will report to and work within the Yakima Health District's ICC under the guidance of NIMS.
13. Activation of Yakima Health District's Incident Command Center – Declaration of Emergency by the Board of Health. The Executive Director may poll members of the Board of Health for declaring an emergency when a special meeting of the Board is not possible to convene. This declaration will be presented at the next regularly scheduled Board of Health meeting for affirmation.
14. Staff Notification Procedures. Staff will be notified via supervisors to report to the ICC or to be instantly available via an agreed upon means.
15. After-hours Notification Procedures. On-call personnel are notified after office hours by the answering service. On-call staff have a current list of phone numbers to recall appropriate staff.

16. Communication Outage Notification Procedures. In the event of normal communication outage (phones, cell phones), law enforcement communication and dispatching will be utilized.

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

1. A copy of the Yakima Health District's Incident Command Center Plan will be available to the Yakima Valley Office of Emergency Management.
2. In addition, the ESF #8 of the Yakima County Comprehensive Emergency Management Plan (CEMP) will have reference to the Yakima Health District's Public Health Emergency Response Plan and Incident Command Center Plan.
3. The Executive Director, or designee, will be assigned to the Yakima County Operational Area EOC Executive/Policy Group to act as liaison between this plan and the efforts of the Operational Area EOC as outlined in the OA EOC guidelines.
4. All or some of the following individuals are designated to be representatives to the Yakima County Operational Area EOC.
    a. Chief Operating Officer
    b. Executive Director
    c. Director of Environmental Health
    d. Director of Disease Control
    e. Other staff as the situation dictates

APPENDIX II: PUBLIC INFORMATION

A. The points of contact for public information for the Yakima Health District are

- Primary:

  Executive Director
  Name: Andre Fresco, MSEPH
  Work Phone: (509) 249-6666
  Cell Phone: (509) 480-4435
  E-mail: andre.fresco@co.yakima.wa.us
  Home Address: 1411 State Route 821 Yakima, WA 98901-9319

- Alternate:

  Chief Operating Officer
  Name: Ryan Ibach
  Work Phone: (509) 249-6521
  Cell Phone: (509) 945-2726
  E-mail: ryan.ibach@co.yakima.wa.us
  Home Address: 335 Heysman Rd Selah, WA 98942-8940

B. Message Templates

Standardized news releases/messages have been developed by the Washington Department of Health and are available from their web site at: https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyPreparedness/EmergencyCommunicationsToolkit/NewsReleases .

To keep the most current information available, these public information messages are not part of this Appendix; 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 Washington State Public Health Region 8 Emergency Response Coordinator or State Emergency Response Consultants.
Note: The nine Washington State Public Health Emergency Response Regions/Coalitions are scheduled to be reorganized into two coalitions effective 1 July 2018: West and East Coalitions, in which Spokane will represent all Eastern Washington.

Currently the following information is available from the Washington Department of Health.

- General Information
  - Anthrax Threat Guide for Public Safety Agencies
    - http://www.healthfinder.gov/
    - healthfinder® español (su guía a la información confiable de la salud)
- Agent-specific Response Resources. The following information is available in Microsoft Word® Format and in Adobe Acrobat® for Spanish/Español.

- Anthrax
- Botulism
- Nerve Gas
- Hemorrhagic Fevers
- Pandemic Influenza
- Pneumonic Plague
- Radiation Exposure
- Smallpox
- Tularemia

C. Media Contact Information:

Television	
Christian Broadcasting of Yakima cbyhub@cbytv.org 509-972-0926	Hispanavision Televisión of Yakima hispanavision39@gmail.com 509-248-5971, 509-452-8817
KAPP-TV of Yakima, kappnews@kapptv.com, 509-453-0351	KIMA-TV Channel 29 CBS of Yakima, tips@kimatv.com Main: 509-575-0029, Fax: 509-248-1218 News tipline: 509-575-5462
KNDO-TV Channel 23 of Yakima news@kndo.com 509-225-2323, Cell: 509-818-4091 FAX 509-225-2330	KCTS 9 Yakima (Cascade Public Media) 206-728-6463 Media inquiries: 206-443-6791 ktomascheski@KCTS9.org
MVTV Channel 192 & 194 of Toppenish judy.devall@midvalleytv.com 509-865-6888 Fax 509-865-8943	

Radio	
Town Square Media INC. (KATS, KFFM, KIT, KQSN, KUTI, 92.9) of Yakima, LanceTormey@townsquaremedia.com 509-972-3461 Fax 509-972-3540	Yakama Nation Radio of Toppenish, reggie_george@yakama.com 509-865-3900
KNWY (Northwest Public Radio -WSU) nwpr@wsu.edu 1-800-842-8991 Fax 509-335-3772	KDNA of Granger, (Spanish) 509-854-1900 Fax 509-854-2223
Stephens Radio Group (KARY, KBBO, KHHK, KRSE, KTCR, KXDD) brians@smgnorthwest.com 509-248-2900	American Christian Network - KYAK of Yakima kyak@kyak.com 509-452-5925

Fax 509-452-9661	509-457-1335

Newspaper	
Yakima Herald news@yakimaherald.com 509-248-1251 800-343-2799 Fax 509-577-7767	The Seattle Times newstips@seattletimes.com 206-464-2204 Fax 206-464-2261
Yakima Valley Publishing (Yakima Valley Business Times, Central WA Senior Times, Review Independent,) news@yvpub.com 509-457-4886 Fax 509-457-5214	Daily Sun News of Sunnyside, news@dailysunnews.com 509-837-4500 ext. 122 Fax 509-837-6397
Grandview Herald of Grandview editor@thegrandviewherald.com 509-882-3712 Fax 509-882-2833	

D. Media briefing locations for the Yakima Health District.

- Location(s): 1210 Ahtanum Ridge Drive, Union Gap, WA 98903.

E. Releasing information to the Press

- The Executive Director, or designee, will clear any written information on disease outbreaks or investigations prior to releasing it to the media.
- The following individuals are authorized to meet with and release information to the media during a disease outbreak or investigation:
  - Chief Operating Officer – Ryan Ibach
  - Executive Director – Andre Fresco
- Scheduling of press conferences. Press conferences will normally be scheduled by the Executive Director.
  - If appropriate, a written media announcement will be prepared and sent to the media listed in C above in advance by mail, fax, or e-mail.
  - If time is critical, media listed in C above will be notified by telephone.
- For information on operations and procedures for the activation of a Joint Information Center, reference Attachment One: Yakima County Joint Information Center Plan.

F. Crisis and Risk Communications

Planning and further information can be found in Attachment One: Crisis and Risk Communications Plan.

APPENDIX III: COMMUNICATIONS

A. Voice Communications

Phones

- Directories
    - A Yakima County phone directory is maintained in the Yakima Health District Incident Command Center.
    - A copy of the Washington Local Health Jurisdiction Phone Directory is maintained in the Incident Command Center.
    - A listing of internal cellular phone numbers is also found in the Command Center.

Radios

- Radios for use by the Yakima Health District are in the Lab at 1210 Ahtanum Ridge Drive, Union Gap, WA 98903.
- Note: YHD radios are internal Health District use only.
    - Directions for radio use are located with the radios.
    - Prior to utilizing radios for emergency communications individuals will be trained in radio use by trained staff.
        - Amateur Radio for Emergency Services/ (ARES/RACES). Amateur radio support for Yakima Health District is found at the Yakima Valley OAEOC.
            - Point of contact for ARES/RACES in Yakima is Jo Whitney at: Daytime (work hrs.): whitncj@dshs.wa.gov
              After hours: ka7ljq@arrl.net , (509) 952-5765.
            - The Washington State RACES Officer, Monte Simpson at: monte.simpson@comcast.net, (360) 286-1164.
            - The Washington State Department of Emergency Management Duty Officer at: 1-800-258-5990

B. Text/Data

- Internet. The internet can be used as a somewhat secure system to transmit and receive text and data. The WebEOC website will be an integral part in information tracking and reporting. The WebEOC website can be found at https://waseoc.webeocasp.com/waseoc/. However, the system is dependent on normal telephone systems, networks and power. There are some avenues through ARES/RACES that use wireless communications to handle internet traffic. For further information in Yakima, contact Jo Whitney as stated in section “A” above.
- Health Alert Area Network/SECURES. The Health Alert Area Network/SECURES system is secure messaging and alerting system. WA SECURES FAQ.
    - WA SECURES is used to deliver health alerts from the Centers for Disease Control and Prevention (CDC), sharing information and messages about emerging public health threats, recovery efforts, and other guidance with partners.
    - In addition, WA SECURES is used as a staff call-down tool to deliver critical information to key staff members and offer them multiple response options depending upon the nature of the event.

C. 24/7 Yakima Health District Response-Staff Call Back Protocol

- One of the management group members (Executive Director, Chief Operating Officer, Executive Assistant, or Director of Disease Control) will be the initial contact through the 24/7 on-call system. From that call there will be further contact with the balance of the management group. The management group members each have a 24/7 phone contact list. The management group will contact appropriate staff to respond to a designated location based on needed resource(s) and expertise.
- Once the event is determined to exceed the capacity of the Yakima Health District resources, the Incident Commander of the Yakima Health District will contact the Yakima Valley Office of Emergency Management (YVOEM) to activate the next level of response
    - **YVOEM Duty Officer: (509) 574-1922**

APPENDIX IV: Training, Exercises, and Real-World Events

Training

Management	**NIMS Compliance** (IS--On-Line; ICS--Classroom)	**Health District Specific**
Director	IS-100: Introduction to ICS, or equivalent IS-200: Basic ICS, or equivalent ICS-300: Intermediate ICS, or equivalent IS-700: NIMS, An Introduction IS-800: National Response Plan (NRP), An Introduction	PHERP Overview Incident Command Center/Operational Area EOC SNS Plan JIC Plan
Chief Operating Officer	IS-100: Introduction to ICS, or equivalent IS-200: Basic ICS, or equivalent IS-700: NIMS, An Introduction IS-800: National Response Plan (NRP), An Introduction	PHERP Overview Incident Command Center/Operational Area EOC SNS Plan JIC Plan
Senior Accountant	IS-700: NIMS, An Introduction IS-800: National Response Plan (NRP),	PHERP Overview Incident Command Center/Operational Area EOC SNS Plan JIC Plan
Environmental Health Director	IS-100: Introduction to ICS IS-700: NIMS, An Introduction	PHERP Overview Incident Command Center/Operational Area EOC SNS Plan JIC Plan
Communicable Disease Coordinator / Director of Community Health-	IS-100: Introduction to ICS, or equivalent IS-200: Basic ICS, or equivalent ICS-300: Intermediate ICS, or equivalent ICS-400: Advanced ICS, or equivalent IS-700: NIMS, An Introduction IS-800: National Response Plan (NRP), An Introduction	PHERP Overview Incident Command Center/Operational Area EOC\ SNS Plan JIC Plan

All Staff	IS-100: Introduction to ICS, or equivalent IS-700: NIMS, An Introduction	PHERP Overview Incident Command Center/Operational Area EOC

Exercises

Discussion-Based Exercises	**Date**
Tabletop Exercise (Hep A Outbreak)	June 6, 2018 Yakima, WA
Tabletop Exercise Orientation Seminar	May 6, 2016 Yakima, WA
Tabletop Exercise	Cascadia Rising-June 7, 2016 Richland, WA. Operation Bitter Water-June 29, 2016 Yakima, WA
Operations-Based Exercises Region-wide Functional Exercise Point of Dispensing Full-Scale Exercise	**Date** To be determined To be determined

Real World Incidents

Name	**Date**	**Location**	**Primary Hazard (s)**
Outlook Flooding	Feb 28, 2017	Outlook, WA	Water Contamination from flooding and field runoff

TABLE OF CONTENTS

I. INTRODUCTION

A. AUTHORITY

This communications plan is designed to be used in conjunction with the Public Health Emergency Response Plan (PHERP) for the Yakima Health District. The communications plan expands the PHERP to include Crisis and Emergency Risk Communications. The authorities for this document are listed in the expanded PHERP.

B. PURPOSE

The purpose is to establish a communication plan for "all hazards" public health incidents. It is intended to give direction and control for the public information disseminated prior to, during, and after an occurrence.

C. SCOPE

The Yakima Health District has identified a potential public information officer and several potential alternates. This is for their use and for other agencies and organizations to understand how Yakima Health District will communicate with the public during emergency and disaster incidents.

The overall coverage of this plan is public information flow between the Yakima Health District and the public. Laterally, this plan could be used to coordinate facts and information between other organizations to be released to the media and the public through a Joint Information Center (JIC)

II. SITUATION AND ASSUMPTIONS

A. ALL HAZARDS GUIDELINES

These guidelines cover two areas of Crisis and Emergency Risk Communication with the Yakima Health District:

• Direct communication from the Yakima Health District through External Relations with the news media; and

• Information dissemination to educate the public regarding exposure risks and effective public response.

This plan has also been developed to have an "all hazards" approach and be the guiding plan when the Yakima Health District must get information about an incident to the public for various threats to public health, to include: communicable disease, flood, earthquake, volcano, mass casualty, environmental health, chemical release and bioterrorism.

The authority to activate this communications plan lies with the Yakima County Health Officer, the Yakima Health District Director, or designee of these two officials.

Consideration is given to the fact that, in providing vital information to the public, the **need will arise for communication in more than one language and in a variety of ways for vulnerable populations.**

B. POSSIBLE PUBLIC HEALTH EVENTS

Public information and rumor control are vital to help the public deal with an emergency, to avoid panic, and to maintain the public's cooperation. Bioterrorism, Pandemic Influenza, and other infectious disease outbreaks, along with other public health threats and emergencies are considered highly sensitive issues. The following is a list of possible situations in which this plan may be activated, but all inclusive:

- Large number of ill persons with similar disease or syndrome;
- Large numbers of unexplained disease, syndrome, or deaths;
- Unusual illness in a population (e.g., an increase in influenza-like illness that may be anthrax in disguise or an increase in pox-like illness that may signal smallpox);
- Higher morbidity and mortality in association with a common disease or syndrome or failure to respond to usual therapy;
- Single case of disease caused by an uncommon agent (e.g., *Burkholderia mallei* or *pseudomallei*, smallpox, viral hemorrhagic fever, pulmonary anthrax);
- Multiple unusual or unexplained disease entities coexisting in the same patient without other explanation;
- Disease with an unusual geographic or seasonal distribution (e.g., tularemia in non-endemic area, influenza in the summer);
- Unusual "typical patient" distribution (e.g., several adults with unexplained rash);
- Unusual disease presentation (e.g., pulmonary versus cutaneous anthrax);
- Similar genetic type among agents isolated from temporally or spatially distinct sources;
- Unusual, atypical, genetically engineered, or antiquated strain of agent (includes antibiotic resistance pattern);
- Endemic disease with unexplained increase in incidence (e.g., tularemia, plague);
- Simultaneous clusters of similar illness in non-contiguous areas, domestic or foreign;
- Disease transmitted through aerosol, food or water suggestive of sabotage;
- Ill persons presenting near the same time (point source with compressed epidemic curve);

• No illness in persons not exposed to common ventilation systems (have separate closed ventilation systems) where illness is seen in those persons nearby;
• Death or illness among animals, which may be unexplained or attributed to a bioterrorist agent, that precedes or accompanies illness or death in humans.

C. MENTAL HEALTH FACTOR

Negative consequences may affect those who experience a disaster either first hand as survivors or observers. The effects include anxiety, depression, family disruption and violence, substance abuse, absenteeism, and other related physical and mental health symptoms. These consequences can adversely affect public health, and Yakima Health District should be a leader in helping to educate the public and alleviate people's anxiety and fear to help prevent such negative health outcomes following large-scale public health threats and emergencies, especially ones that include numerous casualties.

A key element of this plan is the assumption that a disease outbreak, bioterrorist event, or other public health threat or emergency will necessitate extensive communication activities. While a media/communications plan cannot alleviate the threat of terrorism or solve public health problems, good communications can affect how the public, media, and health care providers react to a health emergency, in turn, helping to mitigate the problem.

D. INCIDENT FACTORS

The size of the affected area and the speed by which the disease or infection is spread will directly correlate with media interest and involvement.

Some events may bring many reporters, photographers, and camera crews to an area, creating many demands on emergency public information systems, possibly including a need to credential media representatives. Media representatives may be legally barred from crime scenes where evidence might be compromised and from infectious zones where they might be exposed to and subsequently spread infectious agents.

Rumor control is a major aspect of the public information role. Public feedback and regular monitoring of news reports facilitate this effort and provide a measure of the effectiveness of information released.

III. CONCEPT OF OPERATIONS

A. COMMAND AND CONTROL

Situations in Yakima County that require the activation of this Yakima Health District Crisis and Emergency Risk Communications Plan may also have triggered the activation of the Yakima County Comprehensive Emergency Management Plan and Yakima Health District Public Health Emergency Response Plan. This Communications Plan can be used in part or in whole even if the other plans are not activated, including the appendices and sample press releases.

The first line of command in the use of this plan rests with the administration of the Yakima Health District. Not only in the decision to use the document in whole or part, but to designate the person who will manage the information given to the media/public by assuming the role of "Public Information Officer." There may also be one or more designees for this position as alternates if the need is identified by the Yakima Health District administrative staff.

If the Yakima Health District (YHD) Incident Coordination Center is activated as a member of the Multi-Agency Coordination Group within the Operational Area Emergency Operations Center (OAEOC) or is participating in the Joint Information Center (JIC), then the Yakima Health District may input information into the larger cooperative group at the JIC so one "spokesperson" or message represents the incident. This "spokesperson" may or may not be from the Yakima Health District.

Joint Information Center (JIC)

The JIC is a physical location (or even virtual/remote) where Public Information Officers (PIOs) from the involved response and recovery agencies come together to ensure coordination of information to be released to the media and the public. This center becomes the central point for media access to the latest developments and emergency information. Each PIO will continue to speak for their respective agency during response and recovery operations. No reference is ever made to a program of another agency without prior coordination of that information. A JIC may be necessary in one or more of the following circumstances:

a) Multiple local, state and federal agencies are involved in the information dissemination about the incident.
b) The volume of media inquiries overwhelms the capabilities of the PIO within the YHD Incident Command Center or OAEOC.
c) A large scale public information team effort must be mounted over an extended period.

B. NEWS DISSEMINATION METHODS

Several options for disseminating information to the public via the news media may be used.

• **Interviews.** Used to respond to individual media requests for information.

• **News Releases.** Used to disseminate important information to news media throughout the County. *(Distributed via e-mail, fax and/or Web.)* Social media posts based on the News Release can be released through Yakima Valley Emergency Management's sites.

• **Updates.** Posted to the Yakima Health District Web site under "News" as an efficient way of responding to repetitive requests for the same information, e.g., "Have there been any human to human transmission of H1N1 in Yakima County?" May also be distributed as news releases, social media postings.

• **News Conferences**. Held only when major developments occur or major announcements need to be made, to convey information to all interested news media at once.

• **Media Briefings.** Similar to news conferences but held daily (or regularly scheduled throughout the day) to provide information to all interested news media at once. Rarely held, except in times of extensive and continuing media interest in developing situations.

• **Other.** Video news releases and audio news releases also may be used, typically to provide background or more in-depth information.

C. NEWS CONFERENCES

Basic elements of a news conference agenda generally would include:

What Happened? Opening remarks to provide confirmed and appropriate facts of the event; number affected. (*Head of county or city government; chief public health official; or chief law enforcement official)*

What's Being Done – Criminal Investigation? Any steps law enforcement agencies are taking, as appropriate to discuss. *(Chief law enforcement official)*

What's Being Done – Health wise? Steps taken and planned to implement disease treatment and control measures; steps public should take. *(Local health department official)*

The Organism. Laboratory results; characteristics of the organism; conditions it causes; incubation period; and treatments available. *(Public health expert, infectious disease physician or another expert)*

Questions and Answers. Person opening news conference should moderate, directing any undirected questions to appropriate participant and should close with a plea for public calm and a repeat of any additional steps the public should take, if any.

Possible handouts:

Agenda with names and titles of participants.
Situation fact sheet.
Disease fact sheet.

Preparation. Primary and secondary locations and participants for news conference should be identified in advance.

D. INTERNAL BRIEFINGS

• **Held Daily.** Internal briefings should be held daily (or periodically as needed) to allow the Public Information Officer and key staff to provide each other with updates, assess the types and volumes of inquiries, discuss specific information dissemination needs (e.g., news releases, press)

• **Interim Notification**. Key staff should immediately inform the Public Information Officer of significant developments or updates in information that may not "keep" till the next scheduled internal briefing. The Public Information Officer may contact key staff as needed between briefings for information and updates in response to inquiries.

• **Time.** Briefings should be scheduled in the morning if possible to allow new information to be disseminated in time to meet news media deadlines.

• **Method.** Briefings may be held in meeting format, telephone conference calls or as part of other daily internal meetings.

E. JOINT INFORMATION CENTER (JIC)

1. Decision to activate a Joint Information Center: The OAEOC Coordinator along with the Yakima Health District Lead PIO, and the Office of Emergency Management will determine if the JIC is necessary. If the JIC is necessary, then three major questions must be answered:
    a. Where will the JIC be located?
    b. What is the expected staffing size of the JIC?

c. How long will the JIC be operational?

2. JIC Planning and Implementing Team: Upon determining the responses to those three questions the Yakima Health District Lead PIO, and the Office of Emergency Management then tasks the OAEOC Coordinator to designate the JIC Manager to activate the JIC Team.

a. Monitor Division Supervisor
b. Production Division Supervisor
c. Support Division Supervisor

3. The JIC Team, utilizing the following guidelines, establishes the JIC in the most expedite manner:

Facility/Area Considerations	
Number of PIO members per shift	Media briefing area (open space)
Will State and/or Federal PIOs co-locate in the facility? If so, how much staffing will be involved?	
Telecommunication capability (phones, radio, satellite, etc.)	Layout of facility
Outside of risk area	Length of expected operations
Parking area for news vans	Good accessibility (e.g., highway and airfield)
Furnishings and office supplies	

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. YAKIMA HEALTH DISTRICT

The delegation of responsibilities for crisis and emergency risk communications will be granted by the Yakima Health District administration for the information that is to be distributed from the Yakima Health District. There must be an identified "Public Information Officer," with the responsibilities of the tasks listed in the Appendices "Public Information Officer Position Checklist."

The Yakima Health District Public Information Officer may be the spokesperson of the incident. If this is not the case, the stakeholders of the public health emergency may identify that person separately, either by exclusive input of the Yakima Health District or any combination of agency's recommendations.

B. JOINT INFORMATION CENTER (JIC)

1. Operational Area EOC (OAEOC) PIO Responsibilities:

Primary Agency: Yakima Valley Office of Emergency Management
Responsible for providing, directing and coordinating all JIC activities under the direction of the JIC Manager
Designate "Lead PIO" and "Deputy PIO" for each staffing shift from available Supporting Local Agencies' PIO staff
Determine staffing levels as necessary and coordinate with the Logistics Section Coordinator
Provide periodic updates of JIC staffing and operational status to the Yakima Health District, and the Office of Emergency Management

Support Agencies: Provide public information officer support to the OAEOC during response and recovery activities.	
Yakima County Public Services	Yakima Sheriff's Office
Yakima Health District	Cooperative Extension
American Red Cross	

2. Joint Information Center Functions (also depicted in figure 1)

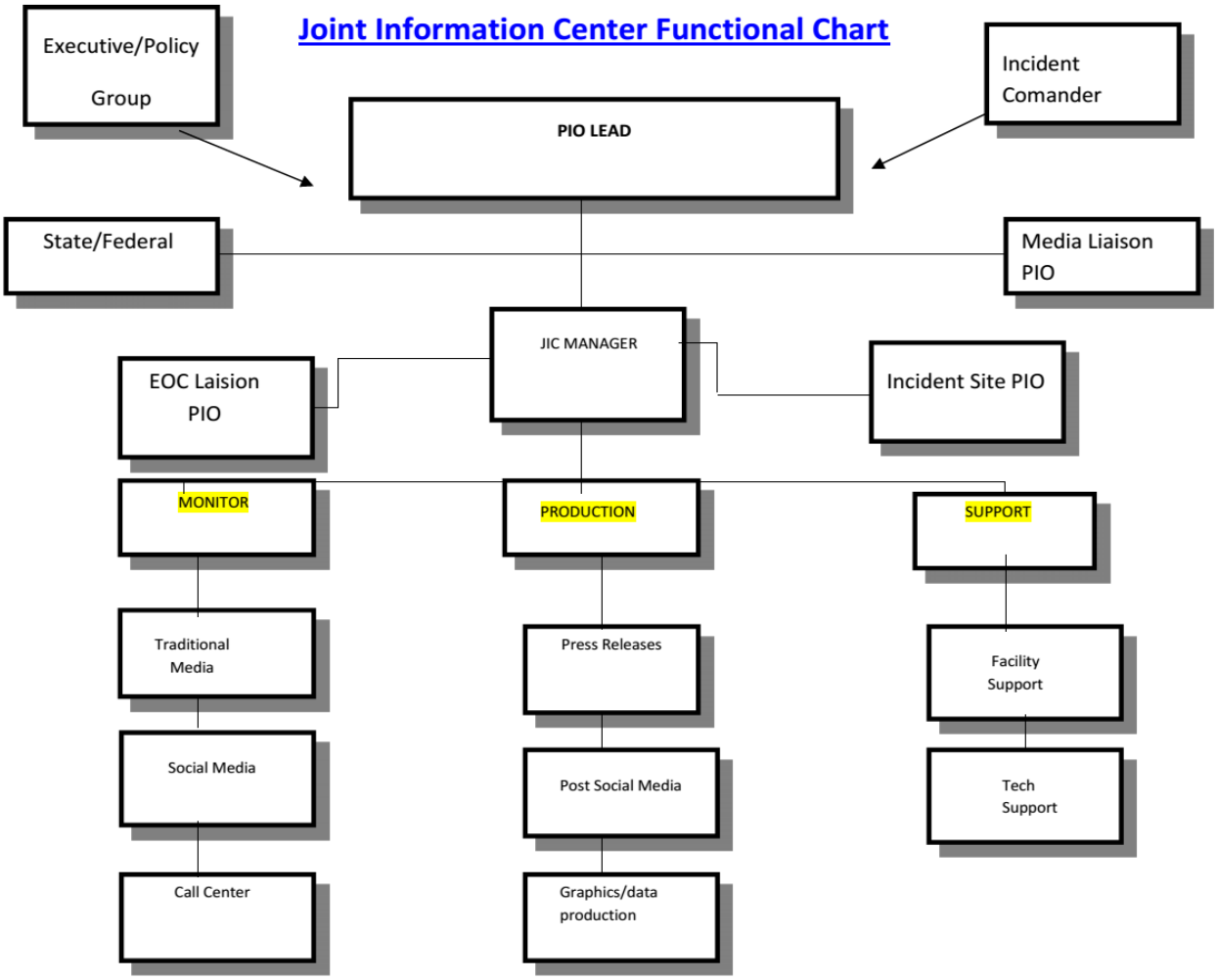
Joint Information Center Assigned Jobs	
Position	**Name**
1. Lead PIO	
2. JIC Manager	
3. Liaison PIO	
4. Incident Site PIO	
5. Monitoring Division Supervisor	
6. Production Division Supervisor	
7. Support Division Supervisor	
Basic Team Above/Extended Team Below	*Basic Team Above/Extended Team Below*
8. Traditional Media Unit Lead	
9. Social Media Unit Lead	
10. Call Center Unit Lead	
11. Press Release Unit Lead	
12. Posting Social Media Unit Lead	
13. Graphics/ Data Production Team	

Lead	
14. Facility Support Unit Lead	
15. Technology Support Unit Lead	
Assign as Needed or Staffing Allows	*Assign as Needed or Staffing Allows*
16. Media Liaison PIO	
17. State/ Federal PIO Liaison	
18. Call Center Unit	
19. Security- Facility Support Unit (designation needs to be made on this specific task)	
20. Technology Support Unit	
21. Facility Support Unit	
22. Post Social Media Unit	
23. Press Release Unit	
24. Social Media Unit	
25. Traditional Media Unit	

V. PLAN DEVELOPMENT AND MAINTENANCE

It is the responsibility of the Yakima Health District administration to review and incorporate this plan to be procedure during crisis or emergency risk situations. The plan should be updated as needed based on annual review.

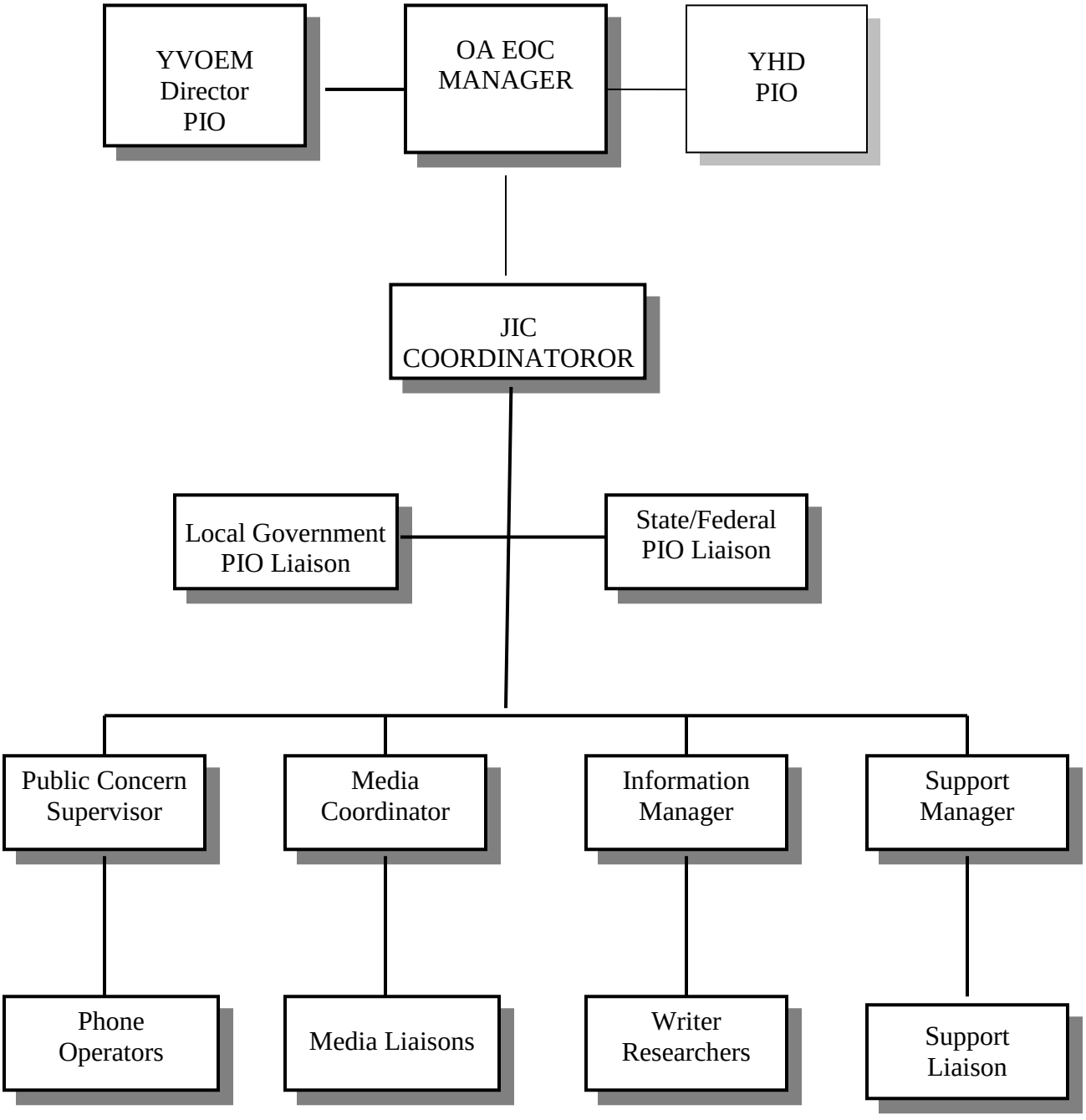
Joint Information Center Functional Chart (*figure 1*)



*Other Agency PIOs co-locating in the JIC perform functions for their own agencies as well as serve in positions within the various JIC functional groups

Activation of Joint Information Center (*figure 2*)

YAKIMA COUNTY JOINT INFORMATION CENTER



ATTACHMENT TWO:

COMPREHENSIVE HEALTHCARE

(Formerly:

CENTRAL WASHINGTON COMPREHENSIVE

MENTAL HEALTH)

EMERGENCY OPERATIONS PLAN

INTRODUCTION

We are often ill prepared to meet the challenges of a disaster or emergency situation either internal or external. Being prepared to respond to these situations requires continuous planning and training. Central Washington Mental Health (CWCMH) is committed to disaster preparedness our goal is to raise the awareness of our clients and staff.

Disasters and various emergency situations may occur at any time within our community. Although many of these disasters or emergency situations can be expected to occur, little attention is ever given to how to respond.

SOME COMMON DISASTER SITUATIONS

*Volcanic eruptions *Chemical *Flooding *Storms *Earthquakes *Hostage Situations
*Aviation disasters *Transportation accidents *School-related disasters *Business Interruption

Of course there are many other types of disasters and emergency situations than can occur, so for that reason this guide was developed in a manner to allow flexibility and an overall approach to any event planned or unplanned using the ***National Incident Management System,*** **NIMS.** CWCMH will use this system as our approach to disaster and when preparing our emergency management plan.

NIMS provides a consistent nationwide template to enable Federal, State, local and tribal governments, private-sector and nongovernmental organizations to work together effectively and efficiently to prepare for, prevent, respond to, and recover from domestic incidents, regardless of cause, size, or complexity, including acts of catastrophic terrorism.

The **NIMS** uses a systems approach to integrate the best of existing processes and methods into a unified national framework for incident management. **NIMS** enables effective, efficient, and collaborative incident management at all levels through a core set of:

*Concepts *Doctrine *Principles *Procedures *Organizational Processes *Terminology *Technologies *Standard Requirements

NIMS was designed for use by:

Fire Department, Rescue, and EMS Services /Law Enforcement/Homeland Security and Terrorism Preparedness Agencies

Special Operations/ Educational and School Institutions/Emergency Management Departments/Governmental Agencies/

Corporate/ Business/ Commercial/ Industrial /Military Facilities **and Hospital, Medical, Research, and Health Care Providers**

AFTER A DISASTER: A GUIDE FOR PARENTS AND TEACHERS

Note: Information based on brochure developed by Project Heartland -- A Project of the Oklahoma Department of Mental Health and Substance Abuse Services in response to the 1995 bombing of the Murrah Federal Building in Oklahoma City. Project Heartland was developed with funds from the Federal Emergency Management Agency in consultation with the Federal Center for Mental Health Services.

Natural disasters such as tornados, or man-made tragedies such as the bombing of the Murrah Federal Building in Oklahoma City, can leave children feeling frightened, confused, and insecure.

Whether a child has personally experienced trauma or has merely seen the event on television or heard it discussed by adults, it is important for parents and teachers to be informed and ready to help if reactions to stress begin to occur.

Children respond to trauma in many different ways. Some may have reactions very soon after the event; others may seem to be doing fine for weeks or months, then begin to show worrisome behavior. Knowing the signs that are common at different ages can help parents and teachers to recognize problems and respond appropriately.

Preschool Age

Children from one to five years in age find it particularly hard to adjust to change and loss. In addition, these youngsters have not yet developed their own coping skills, so they must depend on parents, family members, and teachers to help them through difficult times.

Very young children may regress to an earlier behavioral stage after a traumatic event. For example, preschoolers may resume thumb sucking or bedwetting or may become afraid of strangers, animals, darkness, or "monsters." They may cling to a parent or teacher or become very attached to a place where they feel safe.

Changes in eating and sleeping habits are common, as are unexplainable aches and pains. Other symptoms to watch for are disobedience, hyperactivity, speech difficulties, and aggressive or withdrawn behavior. Preschoolers may tell exaggerated stories about the traumatic event or may speak of it over and over.

Early Childhood

Children aged five to eleven may have some of the same reactions as younger boys and girls. In addition, they may withdraw from play groups and friends, compete more for the attention of parents, fear going to school, allow school performance to drop, become aggressive, or find it hard to concentrate. These children may also return to "more childish" behaviors; for example, they may ask to be fed or dressed.

Adolescence

Children twelve to fourteen are likely to have vague physical complaints when under stress and may abandon chores, school work, and other responsibilities they previously handled. While on the one hand they may compete vigorously for attention from parents and teachers, they may also withdraw, resist authority, become disruptive at home or in the classroom, or even begin to experiment with high-risk behaviors such as drinking or drug abuse. These young people are at a developmental stage in which the opinions of others are very important. They need to be thought of as "normal" by their friends and are less concerned about relating well with adults or participating in recreation or family activities they once enjoyed.

In later adolescence, teens may experience feelings of helplessness and guilt because they are unable to assume full adult responsibilities as the community responds to the disaster. Older teens may also deny the extent of their emotional reactions to the traumatic event.

How to Help

Reassurance is the key to helping children through a traumatic time. Very young children need a lot of cuddling, as well as verbal support. Answer questions about the disaster honestly, but don't dwell on frightening details or allow the subject to dominate family or classroom time indefinitely. Encourage children of all ages to express emotions through conversation, drawing, or painting and to find a way to help others who were affected by the disaster.

Try to maintain a normal household or classroom routine and encourage children to participate in recreational activity. Reduce your expectations temporarily about performance in school or at home, perhaps by substituting less demanding responsibilities for normal chores.
Finally, acknowledge that you, too, may have reactions associated with the traumatic event, and take steps to promote your own physical and emotional healing.

AFTER DISASTER: WHAT TEENS CAN DO

Note: Information based on brochure developed by Project Heartland -- A Project of the Oklahoma Department of Mental Health and Substance Abuse Services in response to the 1995 bombing of the Murrah Federal Building in Oklahoma City. Project Heartland was developed with funds from the Federal Emergency Management Agency in consultation with the Federal Center for Mental Health Services.

- Whether or not you were directly affected by a disaster or violent event, it is normal to feel anxious about your own safety, to picture the event in your own mind, and to wonder how you would react in an emergency.
- People react in different ways to trauma. Some become irritable or depressed, others lose sleep or have nightmares, others deny their feelings or simply "blank out" the troubling event.
- While it may feel better to pretend the event did not happen, in the long run it is best to be honest about your feelings and to allow yourself to acknowledge the sense of loss and uncertainty.
- It is important to realize that, while things may seem off balance for a while, your life will return to normal.
- It is important to talk with someone about your sorrow, anger, and other emotions, even though it may be difficult to get started.
- You may feel most comfortable talking about your feelings with a teacher, counselor, or church leader. The important thing is that you have someone you trust to confide in about your thoughts and feelings.
- It is common to want to strike back at people who have caused great pain. This desire comes from our outrage for the innocent victims. We must understand, though, that it is futile to respond with more violence. Nothing good is accomplished by hateful language or actions.
- While you will always remember the event, the painful feelings will decrease over time, and you will come to understand that, in learning to cope with tragedy, you have become stronger, more adaptable, and more self-reliant.

EMERGENCY AND EARLY PST-IMPACT PHASE TASKS

1. Coordinate response/ Liaison with other responding agencies within the local county.

2. Coordinate immediate mental health response.

a. DMHP notified of disaster
b. Assessment of nature of disaster mental health needs.
c. Contacts local agencies (e.g. Red Cross) if needed.
d. DMHP notifies site coordinator and CWCMH Disaster Coordinator and relay obtained data.
e. Coordinator notifies team (e.g. phone, radio)
f. Initial contact with appropriate responding agencies.
g. Coordinate services.
h. Site established (e.g. Red Cross, hospital).
i. Dispatch team to sites assign Team leader to each site

3. Conduct needs assessment and/or gathers information.

a. Assigned staff obtains data related to number of victims, injuries, damage, and size of disaster, responding agencies and risk groups. Generally a profile of disaster via Red Cross, police, FEMA, county emergency services.
b. Data reviewed and crisis response strategies adjusted accordingly
c. Forward data to team leader, site coordinator, CWCMH coordinator

4. Coordinate information to media for public dissemination.

a. Generally not applicable
b. Data given to assigned agency media representative to have if data is needed at a later date

5. Coordinate Services with other responding agencies to provide mental health services to emergency responders.

a. Contact responding agencies (see 1.)
b. Determine services being offered to community to avoid duplication of service.
c. Reevaluate service offered by CWCMH and select type of service to continue to offer See list of emergency Phase and early Post impact Phase.

6. Coordinate & allocate staff resources.

a. Assign staff to link with other agencies.
b. Divide resource between internal mental health needs (i.e. clients) and external needs (community needs e.g. victims).
c. Identify needs for additional support (staff) based on data from assessment.
d. Review special needs (i.e. linguistic, age, cultural, bereavement, special out reach teams) based on feedback from team leaders
e. Locate skilled staff from list provided from agency

7. Coordinate documentation of services.

a. With active clients use agency forms.
b. With community victims number of clients served are called in daily at 3 p.m. to headquarters using following categories: children, adult, elderly, families, community contacts, bereavement

Central Washington Mental Health Center Disaster Response Team Community Access

When a disaster such as flooding, airplane accidents, death in an agency, school disasters, shootings or other disasters strike the community or our agency, mental health needs of the victim should be met. Central Washington Mental Health Center has a team ready to respond to those needs.

If a man made or natural disaster strikes your community or agency, contact the **D**isaster **R**esponse **T**eam

In **Yakima County** call CWCMH Crisis Services @ **509.575.4200** tell the Operator you need to report a **Disaster**. The operator will then relay the details on to the Yakima or Sunnyside Disaster Site Coordinator

In **Klickitat County** call CWCMH Crisis Services @ **509.575.4200** tell the Operator you need to report a **Disaster**. You will be transferred to a Designated Mental Health Professional (DMHP)

In **Kittitas County** call CWCMH Crisis Services @509.925.9861 **or 925-4168** after hours… tell the Operator you need to report a **Disaster**. You will then be transferred to a Designated Mental Health Professional (DMHP)

Inform person of the disaster. They will ask for some basic information.

- Your name
- Nature of disaster
- Location of disaster
- Number of people involved if known
- Who to contact about the disaster
- A Mental health Emergency and Disaster Team will be initiated and respond to the emergency or disaster.

The Disaster and Emergency Response Team is fully trained to meet the need of the community or your agency.

Services available may include

- Disaster response to primary and secondary victims
- Crisis Intervention Services Debriefings (CISD)
- Triage
- Assessment
- Defusing and support
- Consultation
- Referral and Information
- The disaster and emergency responder team will coordinate with you agency staff and other community agencies responding to the situation.

DISASTER EMERGENCY RESPONDER GUIDELINES

- ❑ Notify your CWCMH team leader of being called up for disaster response.
- ❑ Make arrangement for your case loads while you are gone.
- ❑ Take necessary disaster materials, clothing and Disaster/Emergency Identification with you.
- ❑ Notify family if out of areas or staying overnight.
- ❑ Report to command center or where directed and report to disaster site coordinator and sign in.
- ❑ Report to disaster area assigned and carry out assigned tasks.
- ❑ Monitor for stress reaction, PTSD, unusual behavior, grief, suicide indicators, varies stages of stress reaction and basic need not being met.
- ❑ Coordinate with other disaster providers as needed.
- ❑ Provide disaster/emergency support, disaster education, intervention, grief counseling, stress reduction, suicide prevention and intervention, and referral and information.
- ❑ Obtain list of community provider of disaster providers, medical services, shelters, food and clothing banks, FEMA representatives and services, Red Cross representatives and services, local mental health providers, law enforcement, hospital services, and social services appropriate to type of disaster.
- ❑ Obtain maps of area you function in or of community resources.
- ❑ Remember to use Universal Precautions (Infection Control) and other medical safety practices when working around bodily fluids.
- ❑ Remember this is a disaster/emergency response not ongoing mental health service. Be empathic, supportive, caring, listen and provide disaster, emergency or crisis intervention. Maintain appropriate professional stance. It is very easy to be come overly involved or enmeshed. It is appropriate to advocate for disaster victims needs but not at expense of your main duties.
- ❑ Keep good communication with disaster sites you report to and do not forget to take care of your basic needs, such as talking with colleagues, take breaks, share, and eat small and regular meals and drink water.

- ❑ Debrief at end of assignment.

DISASTER MATERIALS AND EQUIPMENT

- ❑ Appropriate clothing and other personal materials (e.g. comfortable shoes, shoes that protect if natural disaster area, warm or cool clothing depending on season, personal hygiene)
- ❑ Flash lights and batteries
- ❑ Leather gloves
- ❑ Hats, if out side and sunny
- ❑ Anti-bacteria gel soap, no water needed
- ❑ First Aide Kits
- ❑ Sun Screen
- ❑ Dust Masks
- ❑ Latex or similar gloves
- ❑ Non perishable foods for snack or back up meals
- ❑ Clean water supply
- ❑ Communication devices for situation (e.g. beepers, cellular phones, walkie talkies)
- ❑ Nap sacks or other small carrying back packs for supplies
- ❑ Bug repellent, if needed
- ❑ Small tool kit
- ❑ Medically prepared- all appropriate vaccines
- ❑ Identification badges
- ❑ Work related materials (forms, pencils, pens, paper etc.)
- ❑ Small Rope
- ❑ Maps

DISASTER POSITIONS and LOCATION SITES

POSITIONS

CWCMH Emergency and Disaster Coordinator: Responsible for maintaining, updating and the general coordination of the agency's Disaster Plan (State or Community wide disasters) and oversees emergency and disaster plan implementation.

Site Coordinator: Responsible for a geographic area as well as maintaining and implementing an emergency and disaster plan for Yakima upper and lower County, Kittitas County and Klickitat County.

Assistant officer: Works with the Site Coordinator in implementing an emergency and disaster plan.

Service team: Team of trained emergency and disaster responders assigned to a specific service area delivering emergency and disaster services.

Team leader: Leader of a service team

Emergency and Disaster responders: Trained professionals in emergency and disaster responding.

LOCATIONS

Command Center: Central location where emergency and disaster planning is implemented from in response to a disaster. The Site Coordinator and Assistant Officer generally function from this location. This is the central place from which linkage and liaison with other agencies occurs.

Service Site: A specific location covering an identified geographic area which is covered by a service team (e.g. emergency shelter, service site, hospital, school).

Out Reach Team: Team of multi-discipline professionals in which an emergency and disaster responder is part of, this team provides outreach to the community.

DISASTER SITE COORDNATOR GUIDELINES

- ❑ Collect data on disaster or emergency situation
  - ✓ Type of disaster
  - ✓ Number of people affected
  - ✓ Location of disaster
  - ✓ Other agencies involved
  - ✓ Reported damage
  - ✓ Number of injuries
  - ✓ Service being requested
  - ✓ Hardship issue that impact delivery of disaster services
  - ✓ Command Centers
- ❑ Determine initial level of disaster
- ❑ Formulate disaster response
- ❑ Contact other disaster agencies responding to disaster to coordinate services
- ❑ Notify Disaster and Emergency Response Team (D.E.R.T) and where to assemble
- ❑ Identify and appoint Team Leader
- ❑ Work out logistics of response and response sites
- ❑ Insure mass care needs of responders met
- ❑ Notify Agency Disaster Coordinator (Safety Officer) if response meets criteria for notification
- ❑ Set up communication system for disaster response
- ❑ Establish command center
- ❑ Deploy disaster team
- ❑ Notify other agency of services offered and coordinate activities
- ❑ Visit disaster site to further asses situation and be familiar with nature of disaster
- ❑ Review disaster response and feedback from responders
- ❑ Take corrective action to insure smooth delivery of service and a quality response
- ❑ Collect disaster data daily by 3PM
- ❑ Appraise Agency Disaster Coordinator of activities and additional needs at pre-determined scheduled times, if Agency Coordinator is involved
- ❑ Establish relief schedules and implement
- ❑ Insure that defusing and debriefing take place for responders

EMERGENCY PHASE ROLES

Type of Mental Health Services Provided in a Disaster

VICTIMS	RESPONDERS	COMMUNITY	CWCMH
1. Acute Disaster Mental Health Services 2. Triage 3. Support 4. Redirect	1. Assessment of responder needs and support 2. Triage emotional reaction to delivering services 3. Debriefing 4. Defusing/support 5. Consult 6. Refer	1. Information dissemination of service offered. a. Radio b. Churches c. Handouts d. Disaster Agencies e. Community Agencies	1. Consultation to other agencies 2. Insuring needs assessments takes place via monitoring teams and sites. 3. Hourly reviewing (site coordinator) changing environment as disaster unfolds. 4. Developing or implementing service to meet immediate needs of disaster victims from headquarters and as needed on site 5. Providing EAP to staff a. EAP provider responds to disaster need of agency.

Menu of Mental Health Services Provided to:

VICTIMS	***RESPONDERS***	***COMMUNITY***	***CWCMH STAFF***
a. Information and Referral b. Community Education to victims c. Debriefings d. Assessment outreach e. Community Memorials and commemoration f. Crisis and follow-up mental health services g. Community Consultation	a. Information and referral b. Further assessment c. Follow-up consultation d. Debriefings e. Planning	a. Follow-up Community Education b. Planning c. Follow-up assessment survey	a. Internal needs assessment b. Follow-up training and support for employees c. EAP services

LEVELS OF DISASTER RESPONSE

COMMUNITY DISASTERS

Type 5
Response does not require more than 1-2 responders and response ends within 48 hours. e.g., house burns down, a car accident, etc.

Type 4
Response requires 3-5 responders and response ends within 72-100 hours.
e.g., air disaster at airport, large disaster at local school

Type 3
Response requires 7 and above responders and end is indefinite.
e.g., tornado, major flooding, Red Cross National Disaster occurs locally

---

INTERNAL (CWCMH) DISASTER

Type 5
Response requires only 1-2 responders and may be handled by on-site resources.

Type 4
Response requires 3-4 responders; no external resources needed and may be handled by on-site resources.

Type 3
Response requires 5 or more responders, and crosses site boundaries or requires resources from outside the site.

Larger incidents are labeled **Type 2 and Type 1** extend beyond the capabilities of local control and are expected to be lengthy; these types of incident will require the response of single resources outside of the area including regional and national resources and utilize at least 500-1000 personnel.

LOSS OF LIFE OR SEVERE INJURY (internal)

- ❑ Identify those affected by loss
- ❑ Meet with those identified in individual sessions
- ❑ Ask how you can help and support them
- ❑ Pay close attention to what they say and provide the kind of support they ask
- ❑ Identify grief stage individual is in at the time of loss or injury
- ❑ Provide support for the grief stage individual is in
- ❑ Do not get ahead of stage the individual is in
- ❑ Release the individual from job function with their approval as means to support them
- ❑ If the individual is able to work and wants to, allow them to go back to work
- ❑ Check in periodically with staff on how they are doing
- ❑ Monitor individual's level of function to insure they are functioning at a level to continue to work
- ❑ Look for signs of acute stress reaction
- ❑ Offer CISD
- ❑ If the individual goes home check in with him/her
- ❑ Identify a natural support system for the person and encourage them to use it
- ❑ Provide support at wakes and funerals
- ❑ Refer to EAP
- ❑ Set date to return to work

MENTAL HEALTH PROFESSIONAL GENERAL GUIDELINES

- ❑ Check with Team Leader for direction and any assigned tasks.
- ❑ Check out rumors with Team Leader or Disaster Coordinators and do not pass on rumors.
- ❑ Assess and insure your client needs are met during the early phase of a disaster.
- ❑ Prepare a list of client's disaster needs that you are unable to provide and seek out available resources.
- ❑ Inform clients of availability of local resources and how and where those clinical and other services can be accessed.
- ❑ Develop at risk list of clients and set up monitoring and additional support systems. Notify CDMHP of high at risk clients and provide intervention strategies.
- ❑ Coordinate with other team members to provide groups support service to active clients to free up time so you are more available to other higher risk clients.
- ❑ Follow up with clients that no show.
- ❑ Provide educational materials to clients.
- ❑ If needed, keep clients out of disaster areas, disaster responders areas and community disaster areas unless they are receiving services.
- ❑ Support your and agency team members.
- ❑ Do not take on additional community task unless approved by your team leader or requested by disaster coordinators or disaster team leader via your team leader (Chain of Command).
- ❑ If impacted by disaster, debrief or defuse as needed.

NOTIFING MANAGEMENT OF AN INTERNAL DISASTER OR EMERGENCY

- ❑ Management responsible for the site will make the determination of what type of announcement will be made
- ❑ Management for that site will determine when the announcement will be made
- ❑ Announcements should be made to all staff available at the same time if possible and as quickly as possible to contain rumors (e.g. e-mail, team group meetings)
- ❑ Attempt to notify other staff that is available.
- ❑ Announcement should be as complete as possible (e.g. what happened, who was involved, when it a happened, what is the current status, what the agency expects, how the agency is handling the situation, what they can do, what updates to expect, information on how to contact people involved, who to contact in agency for further information)
- ❑ Provide time and places for staff impacted to assimilate information and process it (e.g. dealing with their reaction and feelings)
- ❑ Determine if CISD is needed and schedule
- ❑ Identify if announcement is impacting delivery of services
- ❑ Make sure that consumers receive on going services especially those at risk or most unstable
- ❑ See if other teams or staff that are less impacted are available to provide clinical service for those who are impacted and not able to carry out their functions
- ❑ Review again, over all impact and make necessary adjustments to work schedules for long term impact.

OBJECTIVE OF DISASTER MENTAL HEALTH SERVICES

1. Meet disaster and mental health needs of active and/or crisis clients, including:
   a. Disaster-specific needs (crisis, housing, educational, psychopharmacological, and basic needs available within CWCMH agency resources).
   b. Regular mental health needs of clients (e.g. case management, therapy, medication, basic needs available within CWCMH agency resources)

2. Meet needs of staff, to extent possible, by:
   a. Maintaining ongoing mental health operations
   b. Meeting new needs during disaster
   c. Providing or referring staff to additional support systems
   d. Providing continuing education about disaster and disaster response efforts.

3. Support existing community disaster response systems.

4. Provide disaster response services at the local level pursuant to the CWCMH Disaster Response Plan.

5. Coordinate and communicate with other community agencies.

6. Provide community education as needed or requested.

SUPPORT STAFF GUIDELINES AND SAFETY PROCEDURES

- ❑ Have emergency numbers posted in your area where they are easily accessed.
- ❑ Program emergency numbers into speed dial, if system allows.
- ❑ Use caller I.D., if system supports it.
- ❑ Establish a line that can be accessed by staff calling from the outside, if system supports this feature.
- ❑ Print out staff/client list if you can and make it available to staff. Keep copy for your use.
- ❑ Check security protocols established for the disaster and secure your area to be in compliance.
- ❑ Establish clear guidelines for staff on how your area will function during the disaster and inform staff of same.
- ❑ Establish and then utilize protocols for visitors and clients to sign in or check in.
- ❑ Utilize or establish a system to inform security or other agency staff of unknown people or disruptive individuals.
- ❑ Ensure that evacuation plans are posted in visible locations.
- ❑ Be prepared to take charge of your area if needed when other staff is not around.
- ❑ Develop or implement a system that allows you to track location or whereabouts of other staff from your area.
- ❑ Keep informed and up-to-date on changes to procedures, protocols, or services so you can give out accurate information.
- ❑ Ask for debriefing or defuse as needed.
- ❑ Make arrangements to stay late in the office if needed.

TEAM LEADER GUIDELINES

- ❑ Collect all information about the current disaster/emergency situation from Incident Command/Disaster Site Coordinator.
- ❑ Determine which staffs are affected
- ❑ Meet with the team to inform them of situation, as appropriate and have schedule times to up date staff to avoid speculations
- ❑ Discourage rumors but keep informed rumors need to be addressed with staff
- ❑ Meet with individuals that may be directly affected and provide support
- ❑ Determine whether the situation impacts a staff's ability to function and take appropriate steps
- ❑ Check with Incident Command (IC) structure to establish line of communication, you need to be kept abreast of unfolding events and to keep IC informed as well, if situation is ongoing or sever enough to warrant this
- ❑ Make sure that your team needs are met during this period
- ❑ Check to see that your team's client's clinical needs and if applicable emergency needs are meet and not overlooked during this disaster/emergency situation
- ❑ Educate staff of how to deal with situation
- ❑ Refer staff to EAP if they need additional support
- ❑ Notify Incident Command/Disaster Site Coordinator of problems or concerns and offer solutions
- ❑ If team members are requested to be part of the disaster responders, release them to that duty
- ❑ Make sure that disaster responder's caseload is covered
- ❑ Keep staff focused and to regular routines, if needed
- ❑ Insure that defusing and debriefing are provided as needed

MENTAL HEALTH THERAPIST AND CASE MANAGER
GENERAL GUIDELINES

- ❑ Check with Team Leader for direction and any assigned tasks.
- ❑ Check out rumors with Team Leader or Disaster Coordinators ---Do Not Pass on Rumors.
- ❑ Assess and insure your clients' needs are met during the early phase of a disaster.
- ❑ Prepare a list of each client's disaster needs that you are unable to provide and seek out available resources.
- ❑ Inform clients of availability of local resources and how and where your clinical and other services can be accessed.
- ❑ Develop list of at-risk clients and set up monitoring and additional support systems. Notify CDMHP of high at-risk clients and provide intervention strategies.
- ❑ Coordinate with other team members to provide group support services to active clients to free up time so you are more available to other higher-risk clients.
- ❑ Follow up with clients that fail to appear for scheduled appointments ("no-shows").
- ❑ Provide educational materials to clients.
- ❑ If needed, keep clients out of community disaster areas, disaster areas and areas where disaster responders are working, unless clients are there to receive services.
- ❑ Support your team members and agency disaster team members.
- ❑ Do not take on additional community tasks unless approved by your team leader or requested by disaster coordinator or disaster team leader via your team leader.
- ❑ If impacted by disaster, debrief or defuse as needed.

Annex One
to the Yakima Health District
Public Health Emergency Response Plan
(PHERP)

Strategic National Stockpile (SNS)
Mass Prophylaxis Dispensing Plan

I. Purpose

This plan describes the process for requesting and dispensing the contents of the Strategic National Stockpile (SNS). The US Centers for Disease Control and Prevention (CDC) manage the SNS at the national level; the Washington State Department of Health (DOH) manages the SNS at the Washington State level, and the Yakima Health District manages dispensing within Yakima County. The SNS is a cache of certain pharmaceuticals, vaccines, and medical supplies to assist states in their response to a localized biological or chemical terrorism event.

II. Policy

A. Yakima Health District will request deployment of the SNS from the Washington State DOH when the Yakima Health Officer or authorized representative determines that it is necessary to protect the public health. (See Attachment 1, SNS Request Letter)

B. Within Yakima County, the following individuals are authorized to request the deployment of the SNS:

1. Chairman, Yakima Board of Health, or designee
2. Executive Director, Yakima Health District, or designee
3. Yakima Health Officer, or designee

C. The State of Washington will request deployment of the SNS from CDC as soon as the Governor or his alternate (in consultation with state and local officials) determines that it is prudent to do so to protect the public health.

D. Within the State of Washington, only the Governor, the Lieutenant Governor, the Secretary of Health, or the State Health Officer may formally request the deployment of the SNS from the CDC.

E. Nothing in this plan should be construed as independent of or by-passing regular emergency management procedures. As such, the request for SNS deployment will be made from the Yakima Health Officer to the Governor of Washington via the Yakima County Operational Area Emergency Operations Center (OAEOC) and the Washington State EOC.

F. Washington State DOH will be responsible for the following SNS activities:

1. Assess need for supplemental medications, vaccines, medical supplies, and equipment.

2. Formally request the SNS from federal authorities.

3. Receive and breakdown the SNS, repackage into unit doses, and affix labels.

4. Ship SNS elements to the point of dispensing (POD) locations designated by Yakima Health District

G. Yakima Health District will be responsible for the following SNS activities:

1. Request the SNS from Washington State DOH officials at the Washington State EOC.

2. Setup POD locations as the situation dictates.

3. Dispense medications and/or immunize the public.

4. Be responsible for, and manage SNS assets deployed to Yakima County.

H. Policies specific to the operations of PODs are identified in Tab F.

III. Assumptions

A. A request for deployment of the SNS should be accompanied by a declaration of a local "State of Emergency" and receipt of a mission/incident number from the Washington State EOC.

B. The SNS may need to support 248,830 people in Yakima County.

C. Any event necessitating deployment of the SNS may affect residents from multiple local jurisdictions. In fact, deployment of the SNS may be part of a statewide, national, or international response to a public health threat.

D. From the time Washington State DOH receives the SNS, it may take approximately 12-24 hours to distribute its contents to Yakima County POD sites.

E. Civil unrest may occur.

F. Additional supplies and logistical resources (beyond that available to Yakima Health District on a day-to-day basis) may be needed. Procurement of these resources should be coordinated through the Yakima County Operational Area EOC (OAEOC) in accordance with existing emergency logistics procedures.

G. A successful large-scale distribution of the SNS requires the involvement and participation of a wide-range of public organizations, businesses, and volunteers --- a community response.

IV. Limitations

A. Deployment of the SNS is dependent on an accurate and timely identification of the disease or bioterrorist agent that constitutes the public health threat.

B. Time is required to deliver the SNS to Yakima County, set up PODs, and staff the sites with qualified and trained personnel.

C. The number of medical personnel qualified to administer vaccine or dispense pharmaceuticals, and the number of available volunteers to perform support functions, may limit the rate at which the public is treated.

D. Yakima Health District lacks the staffing needed to operate multiple PODs required to immunize or chemoprophylaxis Yakima County residents.

E. The onset of disease may impact POD staffing.

F. Other disease response activities (e.g. epidemiological investigation, isolation and quarantine management) may limit the number of health district staff able to participate in SNS operations.

G. Maintaining the potency of SNS pharmaceuticals require they be stored at temperatures between 68 and 77 degrees F (with brief deviations between 59 and 86 degrees F). That means that during hot or cold weather, POD operations may not be conducted outside.

V. Command and Control

A. Situations requiring the deployment of the SNS should be managed from the Yakima County Operational Area Emergency Operations Center (OAEOC) in accordance with existing emergency management procedures. Key players involved in the SNS deployment, and subsequent immunization or chemoprophylaxis operations (e.g. elected officials, health district, emergency management, law enforcement, fire, EMS, hospital, public works, and public transit authorities) should be represented at the OAEOC.

B. POD operations should be managed using the Incident Command System (ICS)/National Incident Management System (NIMS).

C. During POD operations, the Yakima Health Officer, or designee, may participate in a unified command arrangement to provide professional medical advice concerning response activities needed to combat the disease.

D. The Yakima Health District should be represented at the OAEOC by a liaison officer who can answer leadership's questions about the SNS plan and serve as an interface between the OAEOC and the PODs.

E. The following resource sharing agreement is in place to support POD operations in Yakima County: *Region 8 Health District Mutual Aid Agreement*

VI. Concept of Operations

A. Yakima Health District will request deployment of the SNS as circumstances warrant. The decision-making process leading to that request is addressed in the Yakima Health District Comprehensive Emergency Planning, Public Health Emergency Response Plan, VI. Concept of Operations.

B. The request for SNS deployment, while originating from Yakima Health District will be directed to the Governor of Washington via the Yakima County Operational Area EOC (OAEOC) and the Washington State EOC (Fax: (253) 512-7203). The Washington State EOC will ensure that the Governor and the Washington State DOH receive copies of the request letter. A template for the SNS request letter is at Attachment 1.

C. Once the SNS has been requested, but prior to approval of SNS deployment, the Yakima Health District should coordinate with the Yakima Valley Office of Emergency Management to:

1. Provide staffing, logistical support, and transportation for the PODs.

2. Coordinate crowd and traffic control.

3. Coordinate transportation for staff and public.

4. Coordinate trash, food, and sanitation needs.

5. Coordinate with other Yakima County agencies involved in the emergency response.

D. Washington State DOH officials will take possession of the SNS and will distribute its elements further to the PODs specified by the Yakima Health District in its SNS request letter. Potential PODs in Yakima County are listed in Tab A, Dispensing Sites.

E. Depending upon the disease being addressed and the overall situation, the Local Health Officer, or designee, may decide to immunize or provide chemoprophylaxis for populations at risk or the entire population of Yakima County. If populations at risk are treated, small to medium sized PODs appropriate to the geographic area may be activated. Should the entire population require treatment, a small number of high-capacity PODs may be activated. Potential PODs in Yakima County are listed in Tab A, Dispensing Sites.

F. Yakima Health District will staff its PODs in accordance with Tab B, POD Implementation.

G. Yakima Health District will procure equipment and supplies listed in Tab C (Equipment, Supplies, Signage) in accordance with existing Yakima Health District and Yakima County Operational Area EOC (OAEOC) procedures.

H. Yakima Health District will dispense SNS elements to the public in accordance with Tab B, POD Dispensing Implementation and Tab D (Immunization Clinic Operations). Special provisions may have to be made to treat individuals who cannot travel to POD sites (e.g. jail inmates, nursing home patients, shut-ins, disabled, etc.).

I. Health, medical, emergency responders and other designated essential personnel may receive their immunization or chemoprophylaxis before the general public in accordance with a prioritization determined by the Yakima Health Officer, or designee. Located in Tab B, POD Dispensing Implementation, Part Three: First Responder & City/County Essential Personnel Implementation Phase, are procedures for this operation.

J. Yakima County authorities should coordinate their activities via emergency management channels throughout the incident to ensure additional resources are allocated as required. Should the number of PODs need to be adjusted the Incident Commander will be notified and the OAEOC will be coordinating the effort to either increase or decrease the number or location of the PODs.

K. Labeling of Prescriptions

1. The Reception Storage, and Staging (RSS) facility operated by Washington State DOH will label SNS pharmaceutical prescriptions in accordance with State and Federal regulations. Most of the information on the labels will be prepared at the RSS by DOH, and the Local Health Officer of designee will be identified as the prescriber.

2. Staff at the Yakima County PODs will need to annotate the patient's name on the labels when they dispense the drug, or have the recipient write his or her name on the label.

L. The Name, Address, Phone, Health History (NAPH) Check In form will be used to track drugs and drug recipients. Forms will be completed by everyone who receives protective medicine, as well as by parents of underage children or authorized representatives of individuals unable to complete the forms. A template for the NAPH Check-in-Form is at Attachment 2. After checking in an entry will be made on the POD Log- In Form to monitor numbers of POD registrants. A template for the POD Log- In Form is at Attachment 3.

M. Security at the vaccination/prophylaxis clinics should be provided by local law enforcement and may be augmented by volunteer staff coordinated by the POD Security Chief.

N. Public information initiatives should be coordinated through the Joint Information Center (JIC), in accordance with existing Yakima County Joint Information Center Plan (See CEMP, ESF 15 Public affairs.

O. Medical wastes will be disposed of following the guidelines provided by Washington State DOH.

1. Sharps will be disposed of in rigid sharps containers that will be sealed following use.

2. Appropriate medical waste will be "red-bagged," and placed in watertight, puncture resistant containers for transportation.

3. Other wastes should be disposed in the trash containers at the clinic site.

4. Medical waste will either be transported back to Yakima Health District for disposal in accordance with normal procedures, or a medical waste contractor may be contracted to provide special pick-up at the clinic site.

P. Termination of Operations. The decision to return to normal operations should be determined by the Yakima Health Officer, or designee, following consultation with the Executive/Decision Group in the OAEOC, local hospitals, health care professionals, and community partners on the status of the event that caused activation of the PODs.

Q. Pre-Event Policy Issues**.** These policies address Point of Dispensing (POD) Site operational issues that should be addressed pre-event.

R. Local officials have a responsibility to train staff, as appropriate, on the concepts and procedures contained in this plan and in relevant state and federal plans, which support this plan.

1. The Yakima Health District supported by Washington State DOH and regional training and educational staff, should develop a training plan and program to ensure Yakima Health District staff and other elements of the response community are aware of the concepts behind the plan and specific roles and responsibilities.

2. Because of limitations in Yakima Health District staff, most POD staff positions may be filled by volunteers. Yakima Health District should identify primary and alternate staff for the following positions to act as trainers for volunteers:

- **a.** Point of Dispensing Branch Director
- **b.** Logistics Group Supervisor
- **c.** Supply Team Leader
- **d.** Medical Records Team Leader
- **e.** Data Entry Team Leader
- **f.** Security Team Leader
- **g.** Human Resources Team Leader
- **h.** Operations Group Supervisor
- **i.** Triage Team Leader
- **j.** Education Team Leader
- **k.** Registration Team Leader
- **l.** Dispense Task Force Leader
- **m.** Checkout Team Leader

3. Effectiveness of training should be evaluated through periodic exercises and drills.

VII. Responsibilities

A. The Yakima Health District is the lead agency in Yakima County concerning SNS operations. The Yakima Health District is also responsible for a periodic review of this plan, training Dispensing and Immunization Clinic personnel, and exercising the plan.

B. Other Yakima County agencies should perform support functions as assigned in accordance with the *Yakima County CEMP* and the Operational Area Emergency Operations Center (OAEOC) procedures. Specific responsibilities include:

1. Law enforcement should provide security and traffic control at POD sites.

2. Yakima County Sheriff's Office (Search and Rescue) may assist with traffic control, and may provide vehicles to transport equipment and supplies.

3. Office of Emergency Management should direct the Yakima County Operational Area EOC (OAEOC) and coordinate emergency response activities in accordance with existing procedures.

4. Public transit may support the transport of POD staff and public to/from POD sites. The City of Yakima has the only public transportation system. Public transit would be augmented by People-for-People, school buses, if required.

5. Fire Services and Department of Emergency Medical Services (EMS) may support POD operations, as required.

VIII. Supporting Documents

Attachments

Attachment 1—SNS Request Letter
Attachment 2—NAPH Check -In Form
Attachment 3—POD Log-In Form

Tabs

Tab A--Dispensing Sites (Points of Dispensing--POD)
Tab B--POD Dispensing Implementation
Tab C--POD Equipment, Supplies, Signage
Tab D--POD Immunization Site Operations
Tab E--Point of Dispensing—Job Action Sheets
Tab F--Pre-Event Policies

This page blank intentionally.

Attachment 1
SNS Request Letter

[LETTERHEAD, AS APPROPRIATE]

[INSERT DATE]

From: [INSERT AUTHORITY WITHIN THE JURISDICTION AUTHORIZED TO REQUEST THE SNS]

To: Governor, State of Washington

Via: Washington State Emergency Operations Center

Dear Governor [INSERT NAME OF CURRENT GOVERNOR],

1. Yakima County is currently responding to an outbreak of **[INSERT DISEASE/BIOTERRORIST AGENT]**. The Washington State Emergency Operations Center (EOC) has assigned mission number **[INSERT MISSION/INCIDENT NUMBER]** to this incident. Request deployment of the Strategic National Stockpile (SNS) to Yakima County to combat the outbreak.

2. Pharmaceuticals and associated supplies are needed to **[IMMUNIZE/CHEMOPROPHYLAX] [INSERT TOTAL NUMBER OF INDIVIDUALS TO BE TREATED]. Specific items needed include:**

a. **[INSERT SPECIFIC DRUGS AND SUPPLIES NEEDED]**
b. **[INSERT SPECIFIC DRUGS AND SUPPLIES NEEDED]**
c. **[INSERT SPECIFIC DRUGS AND SUPPLIES NEEDED]**

3. Please deliver the SNS materials to the following POD site(s):

a. **[INSERT NAME OF POD & NUMBER OF DOSES REQUIRED AT THAT SITE]**
b. **[INSERT NAME OF POD & NUMBER OF DOSES REQUIRED AT THAT SITE]**
c. **[INSERT NAME OF POD & NUMBER OF DOSES REQUIRED AT THAT SITE]**

4. This activity is being managed through the Yakima County Operational Area Emergency Operations Center (OAEOC), which can be reached at 509.574.1900 and FAX 509.574.1901.

Sincerely,

[INSERT SIGNATURE BLOCK FOR ENTITY MAKING THE REQUEST]

Copy to:
Washington State Department of Health

This page blank intentionally.

Attachment 2

NAPH Check-In Form

NAPH CHECK IN
Yakima Health District

FILL OUT to receive your medicine. Please print.

Your address:	**Your home phone:**	**Your cell/other phone:**

Provide information for yourself and everyone for whom you are picking up medicine. Use additional forms for larger family size.

	You	**Individual 2**	**Individual 3**
1) The medicine is for: Last Name, First, Middle Initial			
2) Age			
3) Weight (If under 100 pounds)			
4) Is the individual **ALLERGIC** to any medication? List:_____ _____ _____ _____	please circle Yes No Don't Know	please circle Yes No Don't Know	please circle Yes No Don't Know
5) Is the individual **ALLERGIC** to anything else? List:_____ _____ _____ _____	Yes No Don't Know	Yes No Don't Know	Yes No Don't Know
6) Is the individual **PREGNANT** or **BREASTFEEDING?**	Yes No Don't Know	Yes No Don't Know	Yes No Don't Know
7) Is the individual on **KIDNEY DIALYSIS?**	Yes No Don't Know	Yes No Don't Know	Yes No Don't Know
8) Is the individual **TAKING** any medication? List:_____	Yes No Don't	Yes No Don't	Yes No Don't

_____ _____ _____	Know	Know	Know

TO BE COMPLETED BY STAFF ONLY

Dispensing Staff Only:

Indicate in box if "Adult Standard" or indicate dose in child. **Adhere label.**		**You**	**Individual 2**	**Individual 3**

DISPENSING INFORMATION (Nurse, Physician, Pharmacist, Dentist)

☐ mg BID x 10 days or ____ mg PO x ____ days Rx #: _____ Lot #_____ Quantity _____
☐ mg BID x 10 days or ____ mg PO x ____ days Rx #: _____ Lot #_____ Quantity _____
☐ mg BID x 10 days or ____ mg PO x ____ days Rx #: _____ Lot #_____ Quantity _____
☐ mg BID x 10 days or ____ mg PO x ____ days Rx #: _____ Lot #_____ Quantity _____

RN, MD
Dispensed By: _____R.Ph DMD Date ___ / ___ / ____

Additional Information Given to Patient: Disease Info ☐ Drug Info ☐ Physician Referral ☐ Primary Provider Notice ☐

Refill Information

☐ mg BID x 10 days or ____ mg PO x ____ days Rx #: _____ Lot #_____ Quantity _____
☐ mg BID x 10 days or ____ mg PO x ____ days Rx #: _____ Lot #_____ Quantity _____
☐ mg BID x 10 days or ____ mg PO x ____ days Rx #: _____ Lot #_____ Quantity _____
☐ mg BID x 10 days or ____ mg PO x ____ days Rx #: _____ Lot #_____ Quantity _____

RN, MD
Dispensed By: _____R.Ph DMD Date ___ / ___ / ____

INFORMED CONSENT

I, _____, am seeking medication in accordance with the recommendations of the Yakima Health District (YHD). I have received and read the information sheets about the disease and medication. The risk and benefit of the use of antibiotics to prevent disease has been explained to me.

- ❑ I consent to the treatment prescribed
- ❑ I do not consent to the treatment prescribed.

_____ _____-_____-_____
Signature (Self or Guardian) (Date)

_____ _____-_____-_____
Witness (Printed Name/Signature) (Date)

This page blank intentionally.

Attachment 3

POD Log-In Form

Registrants Log-In

Name	Number of Adults	Number of Children

This page blank intentionally.

Tab A
Dispensing Sites (Points of Dispensing)

The number of dispensing sites and how they are staffed may depend on the nature of the event for which the SNS is needed. For a small scenario, only one site may be used. Additional sites may be activated according to the numbers and location of people requiring prophylaxis. The Yakima Health District has determined that public schools should be designated as primary central dispensing sites (PODs); alternate central dispensing sites (PODs) should be public meeting venues such as civic centers, etc.; and finally, dispensing prophylaxis to special population centers such as Adult Family Homes and correctional facilities.

A. Dispensing prophylaxis to general public central dispensing sites:
Primary and alternate dispensing sites are listed beginning on page 19 of this annex. Use of primary and alternate sites may depend on site availability, current threat, anticipated load, transportation and parking accessibility, and proximity to medical treatment facilities. Optional dispensing sites could be existing clinic and/or doctor's offices that might become sites.

The selection of process can be collapsed or expanded as necessary to increase or decrease the flow of people through the dispensing site. If waiting times become long, additional briefing lines may be set up to occupy people as they wait.

To achieve dispensing venues, the following criteria are recommended:

1. Dispense antibiotics to at least 100-150 people per hour utilizing four dispensing stations.

2. Be capable of a least 4 dispensing stations per dispensing venue (POD)

3. Safely and successfully dispense antibiotics at least 3,000 people in a 48-hour period by operating at least 12 hours per day for two days.

4. Able to repeat the dispensing operations on at least three separate occasions in order to provide the antibiotics required to achieve up to 60 days of treatment for each exposed person.

B. Dispensing prophylaxis to special population facilities:
The Yakima Health District has determined that this population requires top priority due to residents identified with the following care issues: specialty dementia, elderly, wheel chair, respite, specialty mental health, and specialty developmental disability. Special population center facilities are listed beginning on page 22 of this annex.

1. A portion of the population are unable or unlikely to come to the central dispensing sites, including:
   a. Residents of nursing homes and large assisted living facilities
   b. Residents of other types of assisted living residences, such as group homes for the elderly and developmentally disabled, residential addiction treatment programs, and adult and foster care programs.
   c. People who are homebound
   d. The homeless
   e. Undocumented aliens
   f. Hospital patients

g. Detention Centers and Jails
h. Home health care patients

2. In the event of a health emergency, medical supplies may also have to be delivered to these populations. Points of contact may be used by Yakima Health District to incorporate following populations into the dispensing plan:
   a. Nursing homes
   b. Assisted living residences
   c. Community residence facilities (CRFs)
   d. Group homes and facilities,
   e. Homeless

C. Dispensing prophylaxis to First Responders & Essential Personnel:

- Approximately 12,800 essential personnel and families will need POD sites
- Implementation procedures are in Part Three

1. General Public (Primary) Central Dispensing Sites (PODs)—Public Schools/Higher Education *(Updated April 2018)*

Public Schools	Point of Contact
East Valley	Superintendent – 509-573-7300
Grandview	Superintendent – 509-882-8500
Granger	Superintendent – 509-854-1515
Highland	Superintendent – 509-678-8630 Dist. Admin. Assistant & HR – 509-678-8631
Mabton	Superintendent – 509-894-4852
White Swan (Mt. Adams S.D.)	Superintendent – 509-874-2611
Harrah (Mt. Adams S.D.)	Superintendent – 509-874-2611
Naches Valley	Superintendent – 509-653-1802
Selah	Superintendent – 509-698-8002
Sunnyside	Safety & Security Specialist – 509-840-5003 Facilities Director – 509-840-2147
Toppenish	Superintendent – 509-865-8155
Union Gap	Head of Maintenance – 509-952-7451 Superintendent – 509-952-9905
Wapato	Central Admin – 509-877-4181
West Valley	Facilities Director – 509-972-6030
Yakima	Safety and Security Director, 509- 573-5581 ***After July 1, 2018: 509-573-7031 (# above obsolete)***
Zillah	Superintendent – 509-829-5911, c: 509-945-2033
Higher Education	**Point of Contact**
Heritage University	EM/Safety 509-865-8613 ext 1743
Perry Technical Institute	Facilities/Safety – 509-453-0374 ext 5791
Yakima Valley Community College	Safety& Security Office- 509-574-4610
Pacific Northwest University of Health Sciences	Chief Operation Officer – 509-452-5100

2. General Public (Alternate) Central Dispensing Sites (PODs)—Public Facilities *(Updated April 2018)*

Public Facilities	Point of Contact
State Fair Park/Sundome	Assistant General Manager – 509-949-7909, General Manager – 509-949-7901, Office - 509-248-7160
Selah Civic Center	Rec. Manager, City of Selah – 509-698-7302
Sunnyside Community Center	Recreations Coordinator – 509-837-8660
Wapato Community Center	Field Supervisor, 509-853-8013
Ahtanum Youth Park	Dir. Of Public Work and Community Development, City of Union Gap – 509-728-1917
Grandview Community Center	Parks and Rec. Director, City of Grandview – 509-882-9219
Zillah Civic Center	Director of Public Works, City of Zillah – 509-829-5676, c: 509-221-8493
The Henry Beauchamp Community Center	Center Director – 509-575-6114

3. General Public (Alternate) Central Dispensing Sites (PODs)—Clinics *(Updated April 2018)*

Clinics	Point of Contact
Yakima Valley Farm Workers Clinic Grandview Medical Clinic	Clinic Director – 509-882-3444 ext 4099
Granger Medical Clinic	509-865-6450 (also used for Toppenish MC)
Community Health of Central WA Central Washington Family Medicine Highland Clinic Naches Medical Clinic Yakima Pediatrics	Corporate – 509-494-6700 509-452-4520 509-673-0044 Clinic Mgr – 509-653-2235 Main: 509-575-0114, Nurse Station: 509-575-0125, Clinic Mgr: 509-494-6713
Selah Family Medicine	Office Manager - 509-697-5511
Family Medicine of Yakima	Clinic Manager – 509-966-9480
Mid-Valley Community Clinic	Office Manager – 509-839-6822
Toppenish Medical Clinic	509-865-6450 (also used for Granger MC)
Yakima Neighborhood Health Services	COO – 509-574-5552
Yakima Valley Farm Workers Clinic Toppenish Medical Clinic	Senior Director of Regional Operations – Corp. Main #: 509-865-5600 ext 2280
Yakima Valley Farm Workers Clinic Mid-Valley Family Medicine	Senior Director of Regional Operations – 509-877-4111 ext 2280
(Family Health Network) Yakima Valley Farm Workers Clinic Lincoln Ave Medical and Dental Center	Clinic Director – 509 865 6175, ext. 3305
Yakima Valley Farm Workers Clinic Yakima Medical Clinic	Clinic Director – 509 865 6175, ext. 3271
Apple Valley Family Medicine	Office Supervisor, 509-965-1035
Cornerstone Medical Clinic	Clinic Manager - 509-249-5030, Front Desk 509-248-3263
Astria Health Center (formerly Terrace Heights Family Physicians)	Clinic Manager, 509-575-4800

4. General Public Dispensing Sites—Pharmacies *(Updated April 2018)*

Pharmacies	Point of Contact
Grandview Safeway Yakima Valley Farm Workers Clinic	 509-882-1060 509-882-3444
Granger	None found
Harrah	None found
Mabton	None found
Moxee	None found
Naches	None found

Selah	
Howard's Drug	Pharmacist - 509-697-6125
Save-On Pharmacy	Pharmacist - 509-697-6188
Sunnyside	
Wal-Mart	Pharmacy Manager: 509-839-7030
Rite-Aid	Store Manager: 509-839-2711
Safeway	Pharmacy: 509-839-2103
Bi-Mart	Pharmacist: 509-839-0766
Tieton	None found
Toppenish	
Safeway	509-865-4700
Gibbons Pharmacy	Pharmacy Manager: 509-865-2722
Union Gap	
Shopko	Pharmacy Manager: 509-248-9567
Costco	Pharmacy Manager: 509-454-5249
Rite-Aid	Pharmacy Manager: 509-453-3603
Wapato	
Horizon Pharmacy	Pharmacist: 509-584-0300
Yakima	
Bi-Mart-2	Pharmacy Manager – 5th Ave, 509-452-6648 40th Ave, 509-457-1650
Fred Meyer	Pharmacy: 509-576-6833
Safeway-4	56th/Summitview: 509-965-3870 16th/W. Lincoln: 509-452-6567 E. Mead: 509-248-8782 5th Ave: 509-457-8869
Shopko	Summitview: Pharmacy Manager -509-965-6393
Walgreens-3	Yakima Avenue, 509-469-0246, Summitview, 509-972-2986 Nob Hill, 509-965-0541
Rite Aid-2	Summitview: 509-965-2037 N. 9th Ave: 509-452-2600
Bartons Center Pharmacy	Pharmacy Manager,509-248-6232
Medicine Mart Westside	Owner/Manager – 509-966-9672
River Village Pharmacy (Supplies Skilled Nursing Facilities [SNF], etc.)	Owner/Pharmacist, c:509-961-2103
Tieton Village Drugs	Owner/Pharmacist, c:509-961-2103, main #: 509-966-6850

Rosauers Wray's Pharmacy	Pharmacist, 509-972-2327 Summitview, 509-966-0530 W. Nob Hill, 509-966-0202
Zillah	None found

5. Dispensing Prophylaxis to Special Population Facilities *(Updated June 2018)*

Grandview

Memory Care Provider	Total Beds	Specialty Care
Tayons Adult Family Home 880 Stover Rd. Shannon Stewart 509-882-4949	6	Mental Health, Dementia, Developmental Disabilities
Assisted Living Facilities	**Total Beds**	**Specialty Care**
Homestead Place 2001 W 5th Street. Moya 509-882-4400	37	Assisted Living, Continued Care Community, Short Term Care: Respite, Alzheimer's Care, and Hospice
Nursing Homes	**Total Beds**	**Specialty Care**
Prestige Care & Rehabilitation 912 Hillcrest St 509- 882-1200	0	Changing ownership.

Mabton

Adult Family Home	Total Beds	Specialty Care
Rosa's Adult Family Home 817 S 6th St, Rosa Bonewell 509-894-4786	4	Mental Health, Dementia

Naches

Assisted Living Facilities	Total Beds	Specialty Care
Gleed Orchard Manor 30 Link Rd. Gleed Shawna Stoneking 509-966-5880	30	Enhanced Adult Residential Care and Expanded Community Svcs, Adult Residential Care

Selah

Adult Family Home	Total Beds	Specialty Care
Health Tech Inc. 121 Emerald Acres Dr. Will Gladney 509-697-5638	6	Mental Health, Dementia
Tranquility Saints AFH431 Rainier View Lane Mara Edith Lopez 509-697-3397	5	Mental Health, Dementia
Assisted Living Facilities	**Total Beds**	**Specialty Care**
Riverview Manor 555 E. Goodlander Rd Robert Kaercher 509-697-3333	60	Specialized Dementia Care, Enhanced Adult Residential Care, Assisted Living Facility (ALF), Adult Residential Care
Nursing Homes	**Total Beds**	**Specialty Care**
Selah Care & Rehabilitation 203 W. Naches Ave Donald Werner 509-697-8503 Fax: 509-895-0288	39	Specialize in the treatment of the frail elderly, including patients with dementia, Alzheimer's, Parkinson's disease and multiple sclerosis.
Yakima Valley School 609 Speyers Rd B 39-15 Tammy Winegar 509-698-1300 Fax: 697-2230	160	

Sunnyside

Assistant Living Facilities	Total Beds	Specialty Care
Just Like Home Resident Care 906 North Ave Cherelyn Strickland 509-839-4663	13	Enhanced Adult Residential Care
Sunnyside Assisted Living 907 Ida Belle St. Michelle Coe 509-839-0579	96	Adult Residential Care, Assisted Living SOW
Nursing Homes	**Total Beds**	**Specialty Care**

Prestige Care & Rehabilitation, Sunnyside 721 Otis Ave Mary Arthur 509-837-2122 Fax: 509-837-3139	80	
Detention Centers/Jails	**Total Beds**	**Specialty Care**
Sunnyside Jail 401 Homer Street 509-836-6200	97	

Toppenish

Nursing Homes	Total Beds	Specialty Care
Toppenish Nursing & Rehab Center 802 W 3rd Ave Amadou Jallow 509-865-3955 Fax: 509-865-3799	75	

Union Gap

Nursing Homes	Total Beds	Specialty Care
Prestige Care & Rehabilitation, Parkside 308 W Emma St Kay Traube 509-248-1985 Fax: 509-457-1121	88	

Wapato

Nursing Homes	Total Beds	Specialty Care
Emerald Care 209 N Ahtanum Ave Mike Hoon 509-877-3175 Fax: 509-877-7370	82	

Yakima

Adult Family Homes	Total Beds	Specialty Care
A Part of the Family Too 412 Warrior Rd. Lisa M. Dixon 509-469-8157	6	Mental Health, Developmental Disabilities

Angel House AFH 5704 Douglas Dr. Dana Rutz 509-972-.0416	5	Mental Health, Dementia
Apple Creek 517 W. Washington Diep Miller 509-248-2809	6	Mental Health, Dementia, Expanded Community Services
Apple Creek 521 W. Washington Diep Miller 509-248-2809	6	Mental Health, Dementia, Expanded Community Services
Apple Creek 525 W. Washington Diep Miller 509-248-2809	6	Mental Health, Dementia, Expanded Community Services
Covenant House 226 S. 16th Ave. Cheryl Miles 509-453-1301	6	Mental Health, Dementia, Expanded Community Services
Cozy House AFH 708 S. 34th Ave. Jodi G. Gonzalez 509-469-9001	5	Mental Health, Dementia
Deaver Adult Foster Home AFH 1213 Pleasant Ave Loretta Deaver 509-453-1564	5	Developmental Disabilities
Dollys Loving Care AFH 315 N. 9th St. Delores J. Kilstrom 509-469-9313	6	Mental Health, Dementia, Developmental Disabilities
Fieldstone Adult Family Home Yakima 4206 Englewood Ave. Jaimee N. Castro 509-571-1465	6	Mental Health, Dementia
Garden Terrace Adult Family Home 602 South 27th Ave Glen D. Isom 509-426-2909	5	Dementia
Gasseling House 905 Beaudry Rd. Allen Gasseling, Paula Brush 509-248-8584	6	Mental Health, Dementia
God's Loving Home AFH 2201 South 67th Ave. Brenda L. Rojas 509-249-4348	6	Mental Health, Dementia

Harmony House AFH 1501 S. 6th Ave. Cora E. Braten 509-249-0867	6	Mental Health, Dementia, Developmental Disabilities
Hawthorn North 1608 D Drake Ct John Reese 509-457-1908	6	Mental Health, Dementia, Developmental Disabilities
Hawthorn South 1608 C Drake Ct John Reese 509-457-3479	6	Mental Health, Dementia, Developmental Disabilities
Hillsong Manor 581 Sage Trail Rd Charlene Wood 509-454-4538	3	Mental Health, Dementia, Developmental Disabilities
Holbrook North 1700 Cedar Hill Ct. #A John Reese 509-452-8477	5	Mental Health, Dementia, Developmental Disabilities
Holbrook South 1700 Cedar Hill Ct. #B John Reese 509-249-2979	6	Mental Health, Dementia, Developmental Disabilities
Izzy's Adult Family Home 600 South 83rd Ave Cheryl Miles 509-388-9475	6	Mental Health, Dementia
Lola Kay 402 S. 16th Ave Cheryl Miles 509-453-0407	6	Mental Health, Dementia
Loving Hands Adult Fam. Home 7504 W Chestnut Jennifer Pell 509-833-9411	6	Mental Health, Dementia, Developmental Disabilities
Milligan House 3504 Stanton Rd John Reese 509-966-5478	6	Mental Health, Dementia, Developmental Disabilities
Miranda Care 601 N 39th St Nicole Reese 509-577-0423	6	Mental Health, Dementia, Developmental Disabilities
Oakridge North 1608 B Drake Court John Reese	5	Mental Health, Dementia, Developmental Disabilities

509-469-2764		
Oakridge South 1608 A Drake Ct. John Reese 509-453-2870	5	Mental Health, Dementia, Developmental Disabilities
Reese's Residential Care AFH 9618 Mieras Rd Tami Reese 509-248-7230	6	Mental Health, Dementia, Developmental Disabilities
Robin Guthrie AFH 12971 Cottonwood Canyon Robin Guthrie 509-965-3357	5	Developmental Disabilities
Rockenfield North 1701 A Cedar Hills Ct John Reese 509-454-4544	6	Mental Health, Dementia, Developmental Disabilities
Rockenfield South 1701 B Cedar Hills Ct John Reese 509-576-8692	6	Mental Health, Dementia, Developmental Disabilities
Shepherd's Gate 203 S. 77th Ave Deborah, Nordberg 509-966-1075	5	Mental Health, Dementia
Shirley's Place 1503 Cherry Ave Shirley Bush 509-457-0266	4	Mental Health, Dementia
The Ellen House AFH 616 S 30th Ave Cynthia Clark 509-895-7149	6	Dementia
The Meadows 1301 Rock Ave Dorothy Edgerly 509-469-8970	5	Dementia, Developmental Disabilities
Your Home With Us 7004 Mieras Rd. Carla Scull 509-249-5589	4	Developmental Disabilities
Assisted Living Facilities	**Total Beds**	**Specialty Care**
Arbor House Memory Care Community 3706 Kern Way Samantha Schwartzkopf	20	Enhanced Adult Residential Care

509-452-5822		
Blossom Place 5100 W Nob Hill Blvd. Sherri Kuehl 509-972-7862	55	
Brookdale Chesterley Assisted Living Community 1100 N 35th Ave Melissa Puente 509-452-1010	80	Assisted Living
Brookdale Englewood Heights Assisted Living 3710 Kern Rd. 509-452-5822	88	Assisted Living
Brookdale Yakima 4100 Englewood Ave Susan Van Tuinen 509-965-0111	82	Adult Residential Care
Chandler House Unit A, B, C, D 701 N 39th Ave Lynette Denison 509-248-1007	36	Specialized Dementia Care, Enhanced Adult Residential Care, Adult Residential Care Four Units 9 beds in each Unit
Comprehensive Healthcare 202 North 7th St. Shawna Stoneking 509-575-4084	12	
Fieldstone Memory Care 4120 Englewood Ave Shannon Glessner 509-965-5282	58	Specialized Dementia Care, Enhanced Adult Residential Care, Enhanced Adult Res Care and Expanded Community Svcs
Fieldstone OrchardWest 4130 Englewood Ave Tracy L. Ramirez 509-426-2756	92	Enhanced Adult Residential Care
Highgate Senior Living 5605 W Chestnut Ave Caela Bianchi 509-972-4141	64	Enhanced Adult Residential Care, Adult Residential Care 48 units
Hillcrest at Summitview 3801 Summitview Ave. Dennis G. Malgasini 509-966-6240	47	
Ponderosa Retirement Center 3300 Englewood Ave Brian Sorenson 509-453-1366	85	Enhanced Adult Residential Care and Expanded Community Svcs, Adult Residential Care, Assisted Living

Sun Tower 6 N 6th St Julie A. Adams 509-248-3191	19	Assisted Living
Nursing Facilities	**Total Beds**	**Specialty Care**
Crescent Health Care, Inc. 505 North 40th Ave Molly Foster 509-248-4446 Fax: 509-575-0899	85	
Garden Village 206 South 10th Ave Doug Bault 509-453-4854 Fax: 509-225-7882	101	
Good Samaritan Health Care Center 702 North 16th Ave Joany Gardin Gonzalez 509-248-5320 Fax: 509-453-0225	105	
Landmark Care and Rehabilitation 710 North 39th Ave John Striker 509-248-4104 Fax: 509-248-6391	93	
Summitview Healthcare Center 3801 Summitview Ave Dennis Malgesini 509-966-6240 Fax: 509- 853-3095	78	
Willow Springs Care and Rehabilitation 4007 Tieton Drive Michael Cleveland 509-966-4500 Fax: 509-966-1187	75	
Homeless Shelters	**Cap.**	**Specialty Care**
Transform Yakima Together (principle business) **509-426-2929** Camp Hope (Shelter) Office 509-424-3640	100 130 (new location)	1702 Englewood Ave. **By July 1, 2018, Camp Hope moving to area behind old K-Mart (2300 E. Birch St.)** Camp Hope will remain there for two years, as they seek a permanent location for the shelter.
Union Gospel Mission 1300 N. 1st St. Operations Manager 509-853-4340	240	Congregate facility. May have transportation needs. Avg 150-180 per night
YWCA Domestic Violence Shelter 818 W. Yakima Ave. 509-248-7796	48	DV victims; providing shelter in congregate setting could be unsafe Occupancy varies
Rod's House – Drop-In Youth Shelter 204 S. Naches Ave 509-895-2665	Avg 25/day	M-F 3-6pm. A multi-service house open to homeless and underserved youth ages 13-21. Includes drop in center with showers, laundry, meals, school supplies, and clothing.

S Street Apartments: Spruce St. Apt., Spruce St. Two Apt., Chestnut St. Apt. 509-248-8211	88 units	Primarily families
Family Shelter 215 W. Yakima Ave.	34	Primarily families.
Detention Centers/Jails	**Total Beds**	**Occupancy**
Yakima City Jail Law and Justice Center South Third Street 509-575-3571 Option 6	79	
Yakima County Main Facility and Annex 111 N. Front Street 509-574-1700	1139	Includes Main Complex, Annex and Yakima Criminal Justice Center
Yakima County Juvenile Justice Center 1728 Jerome Ave 509-574-2050	68	

Zillah

Group Homes/Residence Centers	Total Beds	Specialty Care
James Oldham Treatment Center 201 Highland Dr. Buena, WA 98921 509-865-6705	78	

6. Dispensing Prophylaxis to First Responders & Essential Personnel

POD Site— First Responders & Essential Personnel	Point of Contact
Fire District #1 (Highland)	Acting Fire Chief - 509-678-4563, 509-728-0707
Fire District #2 (Selah)	Fire Chief - 509-698-7312
Fire District #3 (Naches)	Fire Chief - 509-653-2380
Fire District #4 (East Valley)	Fire Chief- 509-728-3092, Shift Officer, 509-728-8109
Fire District #5 (Lower Valley)	Fire Chief - 509-829-5111
Fire District #6 (Gleed)	Fire Chief - 509-966-5060, 509-728-1618
Fire District #7 (Glade)	Fire Chief - 509-894-4034
Fire District # 9 (Naches Hgts.)	Fire Chief - 509-965-7292
Fire District #12 (West Valley)	Fire Chief - 509-966-3111
Fire District #14 (Nile/Cliffdell)	Fire Chief - 509-658-2445
Yakima Fire Dept.	Fire Chief - 509-575-6060
Grandview Fire Dept.	Fire Chief - 509-831-9224, 509-882-9224
Granger Fire Dept.	Fire Chief - 509-854-1725

Harrah Fire Dept.	Battalion Captain - 509-969-6283 (Fire Dis.#5)
Mabton Fire Department	Fire Chief - 509-894-4777
Sunnyside Fire Dept.	Fire Chief - 509-837-3999, 509-391-0821
Toppenish Fire Dept.	Fire Chief - 509-865-3111, 509-728-0182
Wapato Fire Department	Fire Chief - 509-877-7146, 509-961-4003
Zillah Fire Department	Fire Chief - 509-829-3760, 509-945-5904
Yakima Sheriff's Office	509-574-2500, 24/7 Dispatch

Tab B
POD Implementation

The purpose of the implementation phase is to triage, register, and dispense antibiotics to persons who have had an exposure to a communicable disease.

The implementation phase is supported by venue-specific administrative functions.

Part One: General Population (Primary and Alternate Sites) Implementation Phase

Primary and alternate dispensing sites are listed in Tab A. Use of the primary and alternate sites may depend on site availability, current threat, anticipated load, transportation and parking accessibility, and proximity to medical treatment facilities.

Section One: On-Site Command Functions
The following command functions may be required at each site. We include security that should be posted at specific stations. Total security requirements for each dispensing site may be determined by OAEOC Law Enforcement Mutual Aid Coordinator. The total at the bottom of the table is the number of dispensing staff that should be provided.

Function	Staff Position	Number per shift
Incident Commander	Point of Dispensing Branch Director	1
Deputy IC	Point of Dispensing Branch Deputy Director	1
Logistics	Logistics Group Supervisor	1
Supply	Supply Team Leader	1
Medical Records	Medical Records Team Leader	1
Data Entry	Data Entry Team Leader	1
Security	Security Team Leader	1
Human Resources	Human Resources Team Leader	1
Operations	Operations Group Supervisor	1
Triage	Triage Team Leader	1
Education	Education Team Leader	1
Registration	Registration Team Leader	1
Dispensing Operation	Dispense Task Force Leader	1
Health Screening	Health Screening Team Leader	1
Dispensers	Dispensing Team Leader	1
Dispensing Support	Dispensing Support Team Leader	1
Checkout	Checkout Team Leader	1
	Total	17

Translators are not in the staff listed above. Additional language support staff may be needed if there are not sufficient multilingual dispensing staff members. Yakima Valley Office of Emergency Management can be contacted to find additional State certified translators who are volunteers in the YVOEM Limited Langue Proficiency cadre.

Section Two: Dispensing Procedure (See Tab D for Site Operations)

In this section, the plan includes a general dispensing procedure for a non-contagious scenario. Reference page 37 Dispensing Site Layout. This diagram may be adapted by the Operational Area EOC for use at the other dispensing sites**.**

There are four main sections in the dispensing process. The process may be collapsed or expanded as necessary to increase or decrease the flow of people through the dispensing site. The counseling and briefing process may be shortened if it is necessary to increase the flow of people through the site. If waiting times become long, additional briefing areas should be set up to occupy people as they wait (this approach worked well during the postal worker prophylaxis).

1.0 Public Arrive At Dispensing Site

1.1 Public Arriving

- Signs should be posted to direct people to the education area.
- Security guards should be posted for crowd control.
- General information sheets should be handed out.
- People should be directed to the next station.

1.2 Initial Triage

The purposes of triage are as follows:

- Identify people who need special assistance while moving through the regular dispensing line
- Physical disability that may slow down line
- Non-English speakers or other situation in which communication may be challenged
- Identify ill people and send them to the sick station
- Provide the public with sufficient information to determine if they have had an exposure requiring antibiotic chemoprophylaxis.
- Begin the education about antibiotic chemoprophylaxis, specifically the names of antibiotics, the risks of these drugs, and the duration of treatment that will be necessary to provide complete chemoprophylaxis

1.2.1 Functional Layout of Triage

- There should be signage at the initial triage station and just outside the entrance that describes what an exposure is and why it is important to receive antibiotics only if there has been an exposure.
- There should be a security guard stationed at the entrance.
- There should be one set up of a table and appropriate number of chairs to accommodate the needs of the initial triage staff. Plan for one triage desk for each 4 dispense lines.
- Clear access to special needs assessment, sick assessment, and education area.
- EMT personnel should do an initial assessment and separate the symptomatic and asymptomatic patients.
- RN or MD should perform a basic health exam on the symptomatic patients and determine whether they need to be transported to a treatment facility.
- EMT/B personnel may transport patients via ambulance or bus to the treatment facility.
- People should be directed to the next station.

1.2.2 Education Area

- Chairs are needed for citizens to sit and complete the consent/registration form or read materials. Chairs should not block access to registration station.
- General information is presented and questions are answered.
- Public are given NAPH Form to fill-out
- Two to four stations will be set up to offer private counseling for patients with certain conditions or special needs.
- Security guards may need to be posted for crowd control.
- People will be directed to the next station.

1.3 Possible Supporting Materials

- Forms-English and other language versions as possible
- Emergency Antibiotic Treatment Records and Consent Forms
- Disease fact sheets
- Maps to alternate dispensing locations
- Megaphones to make announcements to groups
- Pens, clipboards
- Laminated cards or other signage that describe, "What is an Exposure?" and why only people who were exposed should obtain antibiotic treatment.
- Emancipated minor qualification information sheet
- NAPH Forms

2.0 Registration Process

Registration

The purposes of registration are as follows:

- Assures that emergency antibiotic treatment record and consent form has been completed thoroughly
- Assure proper consent has been given
- Assures that traffic flow to the dispensing station is orderly and continuous.
- Weighs small children and indicates weight on the emergency antibiotic treatment record and consent form.
- Highlight allergies.
- Sign in for POD patients.

Staff Position Descriptions for Registration:

- The sole staff function in this area is administrative in nature and consists of the following activities:
  - Assures proper consent, specifically:
    * For minor children, assures that parent, or legal guardian, has authorized consent.
    * For young persons claiming to be either emancipated or mature minors, contacts triage function leader to confirm and document eligibility. Triage Function Leader should indicate confirmation of status by signing the emergency antibiotic treatment record and consent form.
    * For adults, assures that each one has provided their own consent.
  - Assures that registration and consent form are completed and appropriately signed for each person exposed.
  - Writes in the number of days of chemoprophylaxis required on emergency antibiotic treatment record and consent form if not already included on the form. Note: Obtains this information from

the assistant operations chief.
- Weighs children and records weight.
- Using highlighting pen, highlights form if antibiotic allergies exist.
- Verifies spelling and writes name of patient on backside of form.
- Identifies any ill persons who had not been cleared by initial triage or sick assessment and obtains determination from health screener before allowing persons to proceed to dispense.
- Directs persons to take their completed emergency antibiotic treatment record and consent form to one of the dispensing station.

- Supporting Materials
  - Same as for Triage
- Functional Layout of Registration
  - To accommodate a flow of 100 to 150 people per hour, three registration desks are recommended. Each of these should be staffed with one person.
  - Each registration desk should have a table and chairs.
  - Registration desks should have clear access to dispensing stations.
  - Consider placing a security guard within register.

3.0 Dispensing Station

Supplies/Forms Router

- Maintains an orderly and continuous flow of traffic to the dispensing stations.
- On an hourly basis, collects and counts completed registration forms from dispense team.
- Gives completed emergency antibiotic treatment record and consent forms to data manager.
- Returns supplies of clipboards and pens to the Initial triage station.

Supporting Materials

- Physicians' Desk Reference information on antibiotics
- Highlighting pens to reinforce instruction
- Ballpoint pens
- Dosage schedules for children and adult by antibiotic
- Pre-packaged and labeled antibiotics. Label should include the following information:
  - One option is to have two copies of the label on each antibiotic package.
  - One of the copies could be affixed to the emergency antibiotic treatment record and consent form.
  - Calibrated, oral dosing syringes (10 ml) if dispensing suspension
  - Doxycycline and ciprofloxacin fact sheets
  - Table and Chairs

Functional Layout of Dispense

- Each dispense station consists of one pharmacist and two to three pharmacy technicians.
- Each station will require at least 1 table and 4 chairs.
- To secure antibiotics, keep them boxed and under the dispensing station table prior to dispensing.
- Completed emergency antibiotic treatment record and consent forms should be kept in a box at the dispensing station, out of sight of the other patients, until the Supplies/Forms Router has retrieved the forms for counting.
- The Dispense area should have clear access to the Exit.
- A security guard should be in or near the dispensing area at all times.

Sick Assessment Station

The purpose of the Sick Assessment Station is as follows:
- To provide a medical assessment

Staff Positions Descriptions for the Sick Assessment Station

Primary Care Provider
- Assesses illness symptoms.
- If illness is compatible with the disease associated with the exposure, then arranges transport of patient by ambulance to a hospital for care
- If person assessed and then is found to be eligible for treatment, then clears patient to proceed with Register and Dispense.
- The primary care provider should also be prepared to respond to anaphylactic reactions.

Supporting Materials
- None

Functional Layout of Sick Assessment Station
- Should provide privacy
- Cots
- Clear access to exit for medical transport
- Table and chairs
- Supplies for managing illness until medic support arrives such as IV fluids, blood pressure cuff, stethoscope, epinephrine, diphenhydramine, oxygen

Patient Specific Antibiotic Counseling
- Shaking doxycycline suspension before measuring.
- Showing how to measure suspension for the specific correct dose
- Potentiated risk of side effects for persons who are already taking another antibiotic
- Potentiation of theophylline
- If possible, avoid breastfeeding if taking ciprofloxacin or doxycycline.
- If decide to breastfeed and baby is taking chemoprophylaxis, to reduce the chance of complications mother and baby should be prescribed the same chemoprophylactic antibiotic
- If using birth control pills and taking doxycycline, use back up birth control method.
- If kidney or liver problems, health care provider should be contacted regarding exposure, so that blood and urine tests can be monitored during antibiotic regimen. People with kidney or liver problems will require reduced dosing if kidney or liver function declines.

Transport of Symptomatic Patients to Treatment Sites

Vehicles and drivers should be provided to each dispensing site to transport symptomatic patients to the appropriate treatment facility. These vehicles may include buses, ambulances, police cars, or other emergency vehicles.

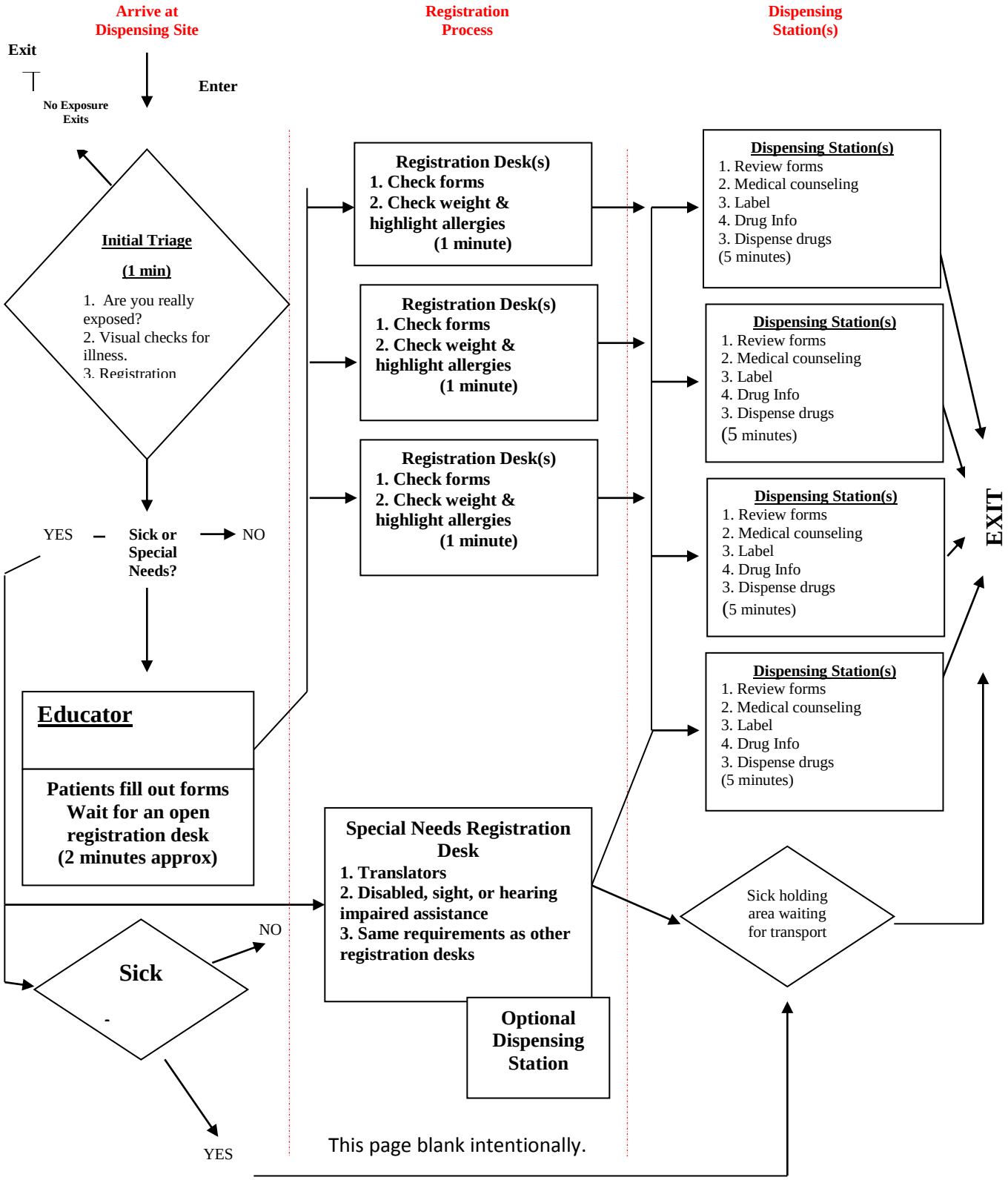
4.0 Exit
- Staff should review all documentation. Forms will be stamped if necessary.
- Signs should be posted to direct people back to parking lot (if using a different exit and entrance).

- Security guards will be posted for crowd control.

It is anticipated that family members may report to the site for prophylaxis. Contingency plans that allow for a person to pick up prophylaxis for his or her family members should be developed.

It is also assumed that people may be able to get to the dispensing sites using personal or public transportation. Contingency plans that provide alternate transportation methods for the public should be developed.

Dispensing Site Layout



This page blank intentionally.

Part Two: Special Population Implementation Phase

Yakima County has approximately 87 special population facilities that may be relying on assistance during public health emergency. Yakima County should be able to provide these residents with emergency prophylaxis during a health emergency. Complete listing on page 21.

Special Needs Registration

- The purposes of special needs registration are as follows:
- To facilitate smooth traffic flow of the Register function by providing separate attention to those persons who require special assistance. Persons who require special assistance include persons with mobility or communications issues that could slow down register. It includes persons who are not fluent in English or who have other communication difficulties.
- To accomplish the purposes of Initial Triage and Register while in one location.
- In addition, dispense may be handled here if large numbers of special needs persons are anticipated.

Functional Layout of Special Needs Registration

- Table and chairs
- Clear access to Dispense
- There is an option to create a dispensing station within special needs registration. This may be effective when anticipating larger numbers of special needs patients.
- Medication will be handed out along with information sheets.
- Separate lines for those with questions/children.
- A pharmacist will be present to oversee the dispensing operation.
- Public will sign consent forms (include IND forms if required).
- Logs kept on who received medication.
- People will be directed to the next station.

This page blank intentionally.

Part Three: First Responder & City/County Essential Personnel Implementation Phase

Estimated Number of First Responders and/or Essential Personnel		
Category	Essential Personnel	Estimate including family members
Law Enforcement	455	1,592
Fire Service/EMS	1,000	3,497
OEM	4	14
Public Works	494	1,729
Government Admin	43	150
Public Safety/Communications	70	245
Healthcare	1,570	5,495
Public Health	30	91
Total	**3,666**	**12,813**

Note: The estimate of the number of family members based on a multiplier of 3.5.

A. Notification Procedure

In the event of an emergency requiring the prophylaxis of first responders, the designated Yakima County OAEOC should notify the designated primary point of contact for each first responder organization. The OAEOC should provide first responder POC with:

- A general description of the emergency
- The location and time to pick up the prophylaxis medications and materials.

B. Pick up and Transportation of Medical Supplies

Once POCs have been notified, they should arrange for the pick-up of the prophylaxis medications and materials and their transport to the dispensing site(s).

C. Dispensing Sites

The main dispensing sites for providing prophylaxis to first responders and essential personnel are listed in Tab A, with Fire Departments being the primary site for treatment of essential personnel.

Alternate sites may be designated in case the primary sites are unavailable.

D. Staff

The PODs have staff that may be called on to perform prophylaxis duties. Staff for the designated sites is outlined in the SNS plan. The responsibilities of these staff are:

- Provide the necessary forms and information to first responders and their families
- Provide counseling to those that request it or have special needs
- Dispensing prophylaxis to the first responders and their family members
- Keep track of the necessary records.

E. Communications

The Operational POC for each first responder organization should be responsible for maintaining communications with the OAEOC or designating someone to perform this duty. The Operational POC should notify the first responders in their organization to report for prophylaxis according to pre-developed procedures.

F. Dispensing Process

First responders should report to the appropriate dispensing site to receive prophylaxis. Depending on the emergency, their family members may also be asked to report to the dispensing site to receive prophylaxis. An alternate method for providing prophylaxis to family members may be to have the first responder pick up the appropriate medications for their family members at the time they receive medications for their self.

The dispensing sites should be set up to move people through in one direction with a multi-line operation.

The following steps at each dispensing site:

- Entrance: Signs should be posted to direct people to a designated entrance
- Table 1: Briefing Area: People will be given questionnaires to fill out and information materials on the medications being distributed (fact sheet, instructions, etc.). Briefings will be given at 15- minute intervals to provide general information on the process and the medication.
- Table 2: Holding Area: After completing questionnaires and receiving the briefing and additional information materials, people will be directed to a holding area where personnel will be available to answer questions.
- Table 3: Dispensing Area: People then will be directed to the dispensing area, where they will sign a consent form, provide the necessary information for the dispensing log, and will receive the medication.
- Exit: People will then be directed to the designated exit.

The Dispensing Center should provide the first responder organizations with the following materials at the time prophylaxis is picked up:

- Fact sheets and instructions specific to the disease and type of medications
- Consent NAPH Forms to be filled out and signed by people receiving prophylaxis (see example Attachment Two)
- Log sheets to track the persons receiving prophylaxis.

Tab C
Equipment, Supplies, Signage

Each site will be given a dispensing site kit that includes the following:

- Signs to display around the site that provide information and directions (printed in multiple languages)
  - General information signs
  - Triage signs directing people into appropriate lines
  - Direction signs directing people where to go next
- Rope dividers or cones to separate lines
- Long boards
- Office supplies
  - Sign- in sheets
  - Index cards
  - Pencils, pens, markers, highlighters
  - Stapler and staples
  - Stamps and ink pads
  - Calendars
- Public information sheets (printed in multiple languages)
  - Fact sheets on disease
  - Specific information sheets on medical conditions
- Algorithms or protocols for triage and sick assessment, including questions to be asked and actions to take based on the answers (printed in multiple languages)
- Medical algorithm for counselors
- Visual aids to be used in group counseling sessions
- Communications equipment (radios, telephones)
- English- foreign language dictionaries
- Flash lights
- Dispensing supplies
  - Calculator
  - Plastic vials or baggies for dispensing the medications
  - Sterile or distilled water for dispensing medications that need to be mixed
  - Drug reference book
  - Graduated cylinder
  - Mortar and pestle
  - Counting tray with spatula
  - Alcohol
  - Markers for labeling boxes, etc
  - Pens, pencils, highlighters
  - Rubber bands
  - Wet-ones or antibacterial wipes
  - First aid kit
  - Suspending solution (Oral Plus etc)
  - Extra labels
  - Written medication information (instructions)
  - Staples, scissors
  - Drinking water for staff
  - Poison control reference book/telephone number for center
  - Lab jacket or some clothes article with DOH

- Amber colored dispensing bottles for dispensing liquids
- Prescription numbering machine (back- up)
- Rubber stamps (back-up with name, address, and telephone numbers) and ink pads
- Disposable gloves

Yakima Health District has patient information sheets, dosing instruction, and labels for medications for anthrax, plague, and tularemia translated into different languages. Additional supplies that may be needed at the dispensing sites include:

- Tables and chairs
- Telephones, fax machines, copier machines
- Computers.

Equipment and Supplies (for POD serving up to 750 people utilizing 4 lines))

#s	Equipment/Supplies Required
53	Clipboards
92	Pens
775	Disease Specific Fact Sheets
1000	Emergency Antibiotic Treatment and Consent Forms
4	8-foot tables
7	6-foot tables
44	Chairs
25	Special Needs Registration Forms
25	Antibiotic Information Sheets
*	Translated Information and Fact Sheets (*=local demographics)
4	Dosage Schedules for Adults/Children
4	Highlighting Pens
4	Indelible Marking Pens
750	Prepackaged Ciprofloxacin Dosage Packs
750	Ciprofloxacin Information Sheets
75	Prepackaged Doxycycline Dosage Packs
250	Doxycycline Information Sheets
750	Where to Obtain Additional Treatment Information Sheets
5	Disposable Thermometers
1	Stethoscope
1	Blood Pressure Cuff
1	Oxygen

***Yakima Health District has an excel spreadsheet "POD Supplies." This spreadsheet will automatically identify what supplies and equipment are needed based on population and number of PODs that will be operational.**

Medication Center Basic Toolkit
(Signs are being stored at the Yakima Health District)
Signage (in order seen)
All signs are two colors unless otherwise noted with a # sign.
* No translations

Sign#	Verbiage	Size	Holder	Qty.	Print $
1.	Medication Center (banner)	3' x 8' Vinyl One sided *	Banner mounts Four grommets	1	
2.	Emergency Preparedness Drill (banner)	3' x 8' Vinyl One sided *	Banner mounts Four grommets	1	
3.	**FRONT:** Medication Center • Free medicine – large supply • Four simple steps • We are here to help **BACK:** Thank you for your cooperation 1. Read and follow your medication handout. 2. Regularly check for updates (radio, TV, newspaper, Internet). 3. Call area hotlines for more information.	22" x 28" Two sided Two prints (of back for sign 27) *	A-frame holder (encapsulated 5-ml laminate 1" above sign for two grommets)	1	
4.	**Prohibited** Photography Smoking Weapons Alcohol Video or sound recording Pets (service animals allowed)	22" x 28" One sided *	No holder (encapsulated 5-ml laminate)	1	
5.	This is a medical services facility. Patient privacy is protected by state and federal law. Authorized personnel and patients only. The procedures inside this facility are private; no video/sound recording and no photography are allowed.	22" x 28" One sided *	No holder (encapsulated 5-ml laminate)	1	

Sign#	Verbiage	Size	Holder	Qty.	Print $
6.	**Anthrax Symptoms** If you have recently developed the following symptoms, go to the hospital now: fever, cough, headache, chills, weakness, difficulty breathing, and chest discomfort. **Botulism Symptoms** If you have recently developed the following symptoms, go to the hospital now: double or blurred vision, drooping eyelids, slurred speech, difficulty swallowing, dry mouth, and muscle weakness (starts with shoulders and descends through body). **Plague Symptoms** If you have recently developed the following symptoms, go to the hospital now: fever, headache, weakness and a bloody or watery cough due to infection of the lungs(pneumonia). **Smallpox Symptoms** If you have recently developed the following symptoms, go to the hospital now: high fever, fatigue, headache, and backache, followed by a rash on face, arms, and legs. **Tularemia Symptoms** If you have recently developed the following symptoms, go to the hospital now: fever, chills, headaches, body aches, and weakness. **Hemorrhagic Fever Symptoms** If you have recently developed the following symptoms, go to the hospital now: marked fever, fatigue, dizziness, muscle aches, loss of strength, and exhaustion.	22” x 28” One sided * 22” x 28” One sided * 22” x 28” One sided * 22” x 28” One sided * 22” x 28” One sided * 22” x 28” One sided *	A-frame holder (encapsulated 5-ml laminate 1” above sign for two grommets)	1	
7.	Any staff person wearing a vest can	14” x 11”	Top holder	1	

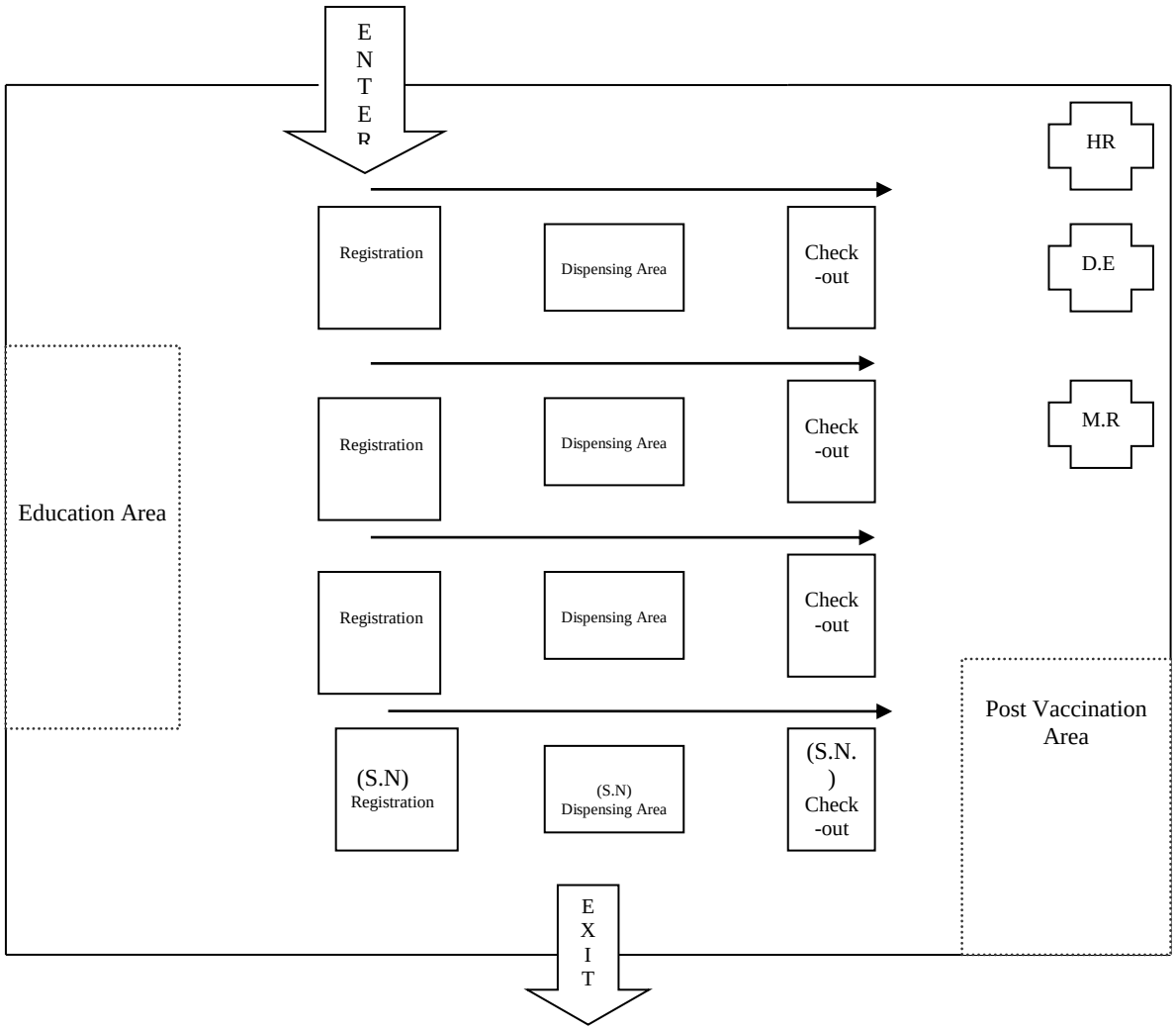
Sign#	Verbiage	Size	Holder	Qty.	Print $
	assist you.	One sided *	(mount)		
8.	**FRONT:** Entrance **BACK:** Entrance	22” x 28” Two sided Duplicate image	A-frame holder (encapsulated 5-ml laminate 1” above sign for two grommets)	2	
9.	Four Simple Steps 1. Fill Out Form 2. Show Form 3. Pick Up Medicine 4. Turn In Form & Exit	22” x 28” One sided *	Metal stanchion	1	
10.	Anthrax is not passed from person to person. You cannot catch it from someone else. Botulism is not passed from person to person. You cannot catch it from someone else. Plague can be passed from face-to-face contact when an infected person coughs or sneezes. Pick up a mask here! Smallpox can be passed from face-to-face contact when an infected person coughs or sneezes. Pick up a mask here! Tularemia is not passed from person to person. You cannot catch it from someone else. Hemorrhagic fever can be passed from face-to-face contact when an infected person coughs or sneezes. Pick up a mask here!	22” x 28” One sided * 22” x 28” One sided * 22” x 28” One sided * 22” x 28” One sided * 22” x 28” One sided * 22” x 28” One sided *	Metal stanchion	1	

Sign#	Verbiage	Size	Holder	Qty.	Print $
11.	Step 1: Fill In Form	36” x 48” Two sided 22” x 28” Two sided	Ceiling mounts Two grommets Metal stanchion	1 1	
12.	Step 2: Show Form #	36” x 48” Two sided Three colors 22” x 28” Two sided Three colors	Ceiling mounts Two grommets Metal stanchion	1 1	
13.	Help line	14” x 11” One sided	Top holder (mount)	1	
14.	Family line	14” x 11” One sided	Top holder (mount)	1	
15.	Adult line	14” x 11” One sided	Top holder (mount)	1	
16.	Please Wait	14” x 11” One sided	Top holder (mount)	3	
17.	Step 3: Pick Up Medicine #	36” x 48” Two sided Three colors 22” x 28” Two sided Three colors	Ceiling mounts Two grommets Metal stanchion	2 1	
18.	Step 4: Turn In Form & Exit	36” x 48” Two sided 22” x 28” Two sided	Ceiling mounts Two grommets Metal stanchion	1 1	
19.	Thank you for your cooperation	22” x 28”	Metal	1	

Sign#	Verbiage	Size	Holder	Qty.	Print $
	1. Read and follow your medication handout. 2. Regularly check for updates (radio, TV, newspaper, Internet). 3. Call area hotlines for more information.	One sided *	stanchion		
20.	Medical Evaluation	14” x 11” One sided	Top holder (mount)	1	
21.	Ambulance	14” x 11” One sided	Laminated (no stand)	1	
22.	First Aid	14” x 11” One sided	Laminated (no stand)	1	
23.	Exit	14” x 11” One sided	Laminated (no stand)	2	
24.	No Exit	14” x 11” One sided	Laminated (no stand)	2	
25.	Incident Command Post (*)	14” x 11” One sided	Laminated (no stand)	1	
26.	Break/Staging Room – Staff Only (*)	14” x 11” One sided	Laminated (no stand)	1	
27.	No entrance	14” x 11” One sided	Top holder (mount)	2	
28.	Arrows	10.5” x 10.5” One sided	Top holder (mount)	5	
29.	Sign language/assisted hearing device symbols (no text)	8.5” x 11” One sided	Acrylic	4	
30.	Interpreter - Spanish	8.5” x 11” One sided	Acrylic	1	

This page blank intentionally.

Tab D
POD Site Operations



This page blank intentionally.

Tab E
Point of Dispensing—Job Action Sheets

Function	Staff Position
Incident Commander	Point of Dispensing Branch Director
Deputy IC	Point of Dispensing Branch Deputy Director
Logistics Section	Logistics Group Supervisor
Supply	Supply Team Leader
Medical Records	Medical Records Team Leader
Data Entry	Data Entry Team Leader
Security	Security Team Leader
Human Resources	Human Resources Team Leader
Operations Section	Operations Group Supervisor
Triage	Triage Team Leader
Education	Education Team Leader
Registration	Registration Team Leader
Dispensing Operation	Dispense Task Force Leader
Health Screening	Health Screening Team Leader
Dispensers	Dispensing Team Leader
Dispensing Support	Dispensing Support Team Leader
Checkout	Checkout Team Leader

NOTE: Detailed Job Actions are located separately.

This page blank intentionally.

Tab F
Pre-Event Policies

I. Pre-Event Policies Issues

A. Purpose

The purpose of these policies is to delineate what actions shall be taken when the "Strategic National Stockpile (SNS) Plan" is activated in a public health response to an emergency. These policies address Point of Dispensing (POD) Site operational issues that shall be addressed pre-event.

B. Scope

These policies apply to all POD Sites that are operating within the County of Yakima, as well as, POD Site operators, treatment providers, staff and their patients.

C. Legal Authorities

- RCW 38.52 (Local Emergency Operations Centers)
- RCW 43.20 (Local Public Safety Authority)
- RCW 43.20.050 (State Board of Health)
- RCW 70.05 (Local Health Officers and Boards)
- WAC 246-100-036 (Local Health Officer – Responsibilities and Duties)
- WAC 246-100-040 (Local Isolation and Quarantine Procedures)
- WAC 246-101-505 (Local Prevention and Control)
- WAC 246-101-425 (Public Cooperation)

D. Policy/Procedures

1. Distributing Agency, Prescriber
   The Yakima Health District will look to The Washington State Department of Public Health to be the prescribing/distributing agency and be labeled as such on all prescriptions dispensed within the POD in Yakima County. This should include name and address. If this does not occur, the Yakima Health District will be labeled as the prescribing/distributing agency.

   Additional label requirements by the Food, Drug, and Cosmetic Act, Chapter V, requires that drug labels have the following information:
   • Drug name, strength, and quantity,
   • Directions for use,
   • Serial number of the prescription and,
   • Date of the prescription.

2. Investigational New Drugs (IND)
   Informed consent forms shall be signed by all POD patients for investigational new drugs, given that, the State of Washington follows these same practices and provides the Center for Disease Control consent forms.

3. Twenty-Four Hour Phone Number
   The Yakima Health District will institute and publicly announce a 24-hour phone number that will direct callers to the appropriate care facility or follow-up contacts, including the worried well population. The local 211 information number may be utilized for directing callers to the proper agency or facility. Callers needing immediate emergency services should still be directed to call 911. This number should have bilingual operators available when possible**.**

4. Data Collection
   The Yakima Health District will assist, to the best of abilities, POD sites in providing the proper forms to patients associated with medical screening, diagnosis, dispensing, and follow-up. Patients should receive this documentation prior to exiting the POD site.

   Data that is gathered from each POD site will remain with the Health District unless requested by another organization for follow-up or reporting.

5. Adult Pick-up for Other Family Member(s)
   The Yakima Health District will institute a multiple-regimen dispensing authorization for the County of Yakima. The authorization allows a member of a family and/or household to request medication for other family/household members. The Yakima Health District should require authorized members to bring identification/evidence such as picture identification cards, social security cards, birth certificates, infant/toddler shot records, and permanent or temporary resident cards to receive these additional regimens.

6. Worried Well
   The Yakima Health District shall setup a facility, or contact number for numerous facilities, to assist those that are worried well. This number should have bilingual operators available when possible.

7. Unaccompanied Minors
   The Yakima Health District should authorize POD sites and other health care facilities to provide the proper care and medication to those minors unaccompanied by an adult. These patients may also be provided a personal care guide to assist them in getting forms completed and direction through the POD site.

8. Non-English Speaking, Reading, and/or Writing
   The Yakima Health District will seek, to the best of abilities, the proper translators to assist Non-English speaking, reading and/or writing patients.

9. Disabled (Mentally or Physical)
   The Yakima Health District shall, to the best of abilities, assist those patients requiring additional support due to a disability. The Yakima Health District may authorize a point of contact at each POD site prior to its opening.

10. Pediatric Dispensing
    The Yakima Health District will meet with physicians specializing in pediatrics to have consistency within each POD site dispensing section with regard to infant/toddler medication/treatment. For example, if a regimen is for a child, the POD will need an accurate estimate of the child's weight or a scale on hand. The Strategic National Stockpile includes some medications specific to this age group.

11. No Identification
    The Yakima Health District will authorize the dispensing of medication to those with no identification if proper documentation is completed. A special area and/or line in each POD site shall be designated for those citizens entering a POD without proper identification. These patients may need to fill out additional documents and/or follow-up procedures.

12. Hours of Operation
    To the best of abilities, Yakima Health District should have POD sites operational 24/7.

13. Shifts
    The Yakima Health District may ask for assistance from the Yakima Valley Emergency Operation Center to staff POD sites for non-medical related positions. Staff positions should be three deep with a 12-hour work schedule.

14. Prophylactic Regimen
    The Yakima Health District will, reasonably and prudently, maintain prophylactic regimen consistency within operating sites. This may include holding an advisory meeting prior to opening sites.

16. Who Shall Dispense
    The Yakima Health District will seek out permission from the governor that will authorize volunteers, under a pharmacist's supervision, to hand out medication during an emergency.

17. Non-segmented Site Operation
    The Yakima Health District may recommend that POD sites follow a non-segmented design, instead of a segmented design due to transportation requirements of a segmented design. The non-segmented POD setup should allow functions of the operation to be conducted within one site. The other design splits a POD into different locations by section and would require facilitating transportation between sites.

18. Critical Infrastructure
    Essential critical infrastructures should not be utilized as POD sites by the Yakima Health District.

19. Standard of Care
    It is the policy of the Yakima Health District to utilize the Public Health Emergency Response Plan as Yakima County's Standard of Care.

This page blank intentionally.

Annex Two
To the Yakima Health District
Public Health Emergency Response Plan
(PHERP)

Pandemic Influenza

I. References

A. Control of Communicable Diseases Manual, Current Edition, APHA.

B. Washington State Guidelines for Notifiable Condition Reporting and Surveillance, Washington Department of Health, Latest Edition

1. *Pandemic Influenza (the Flu) Questions and Answers.* National Center for Infectious Diseases (CDC) (May 2017). https://www.cdc.gov/flu/pandemic-resources/basics/faq.html

2. *Public Health Preparedness Capabilities: National Standards for State and Local Planning.* CDC Office of Public Health Preparedness and Response (March 2011). https://www.cdc.gov/phpr/readiness/00_docs/DSLR_capabilities_July.pdf

3. *Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP).* MMWR July 29, 2005 / 54(RR08);1-40. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5408a1.htm

4. Additional Influenza links
   a. Vaccines and Immunizations, CDC. (https://www.cdc.gov/vaccines/index.html)
   b. Influenza Division, National Center for Infectious Diseases, CDC (https://www.cdc.gov/ncird/downloads/fs-flu.pdf) (https://www.cdc.gov/ncird/downloads/fs-flu-plan-response.pdf)
   c. Vaccines, Blood and Biologics, FDA. (http://www.fda.gov/cber/index.htm)
   d. National Institutes of Health (NIH), National Institute of Allergy and Infectious Diseases (NIAID). (http://www.niaid.nih.gov/)
   e. Animal and Plant Health Inspection Service, U.S. Department of Agriculture. (http://www.aphis.usda.gov/)
   f. The USDA Agricultural Research Service (ARS). (http://www.ars.usda.gov/)
   g. The Department of Defense Global Emerging Infections Surveillance and Response System. (https://www.health.mil/Military-Health-Topics/Health-Readiness/Armed-Forces-Health-Surveillance-Branch/Global-Emerging-Infections-Surveillance-and-Response).

h. The World Health Organization. World Health Organization's Influenza Program (http://www.who.int/) (http://www.who.int/influenza/en/)
i. The Washington State Department of Health, Pandemic Flu. (https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Flu/Pandemicflu)

II. Responsibilities

A. Executive Director

1. Provides overall public health management of influenza-like illness in Yakima County.
2. Invokes the powers of isolation and quarantine to control the outbreak.
3. Communicates with healthcare providers on the recommendations for prophylaxis and therapy for influenza-like illnesses.
4. Provides recommendations to the public on how they can prevent exposure during the epidemic.
5. Provides recommendations to healthcare providers on personal protection needed to protect them during an outbreak.
6. Coordinates with DOH and other LHJs on outbreak mitigation and control activities.
7. Requests the Strategic National Stockpile as outlined in Annex One.

B. Environmental Health

1. Provides recommendation on protection of food, water, and other consumables to the general public.
2. Provides recommendations to the public on vector and pest control to minimize disease transmission.
3. Provides recommendations on environmental decontamination and other environmental health and safety actions needed to protect the general public.
4. Coordinates with other local and state agencies on impact of environmental contamination and decontamination efforts.
5. Coordinates with the Yakima County coroner on actions needed if there are excess deaths and inadequate facilities for storage of deceased prior to burial.

C. Disease Control

1. Manage the dispensing of pharmaceuticals or administration of vaccines.
2. Manages the quarantine of individuals potentially exposed to influenza.
3. Coordinates with hospitals on the isolation of patients ill with influenza-like illness.
4. Coordinates the submittal of laboratory samples to the state’s public health laboratories by hospitals and/or healthcare providers.

5. Manages the tracking of adverse events following administration of vaccines or chemoprophylactic agents.
6. Mental Health will be managed through Emergency Support Function 8 in the Comprehensive Emergency Management Program Section 3 (See also the Attachment Two of the Yakima Health District Basic Plan.)

III. Background

A. The worst natural disaster in modern times was the infamous "Spanish flu" of 1918-1919, which caused 20 million deaths worldwide and over 500,000 deaths in the U.S. Although the Asian influenza pandemic of 1957 and the Hong Kong influenza pandemic of 1968 were not as deadly as the Spanish influenza pandemic, both were associated with high rates of illness and social disruption.

B. Influenza is a highly contagious viral disease. Pandemics occur because of the ability of the influenza virus to change into new types, or strains. People may be immune to some strains of the disease either because they have had that strain of influenza in the past or because they have recently received influenza vaccine. However, depending on how much the virus has changed, people may have little or no immunity to the new strain. Small changes can result in localized epidemics. But, if a novel and highly contagious strain of the influenza virus emerges, an influenza pandemic can occur and affect populations around the world.

C. An influenza pandemic is unlike any other public health emergency or community disaster:

1. Many experts consider influenza pandemics to be inevitable, yet no one knows when the next one will occur.
2. There may be very little warning. Most experts believe that we will have between one and six months between the time that a novel influenza strain is identified and the time that outbreaks begin to occur in the U.S.
3. Outbreaks are expected to occur simultaneously throughout much of the U.S., preventing sharing of human and material resources that normally occur with other natural disasters.
4. The effect of influenza on individual communities will be relatively prolonged -- weeks to months -- when compared to minutes-to-hours observed in most other natural disasters.
5. Because of the substantial lead times required for vaccine production once a novel strain has been identified, it is likely that vaccine shortages will exist, especially during the early phases of the pandemic. Effective preventive and therapeutic measures -- including antiviral agents – will likely be in short supply, as may some antibiotics to treat secondary infections.

6. When vaccine becomes available, it is expected that individuals will need an initial priming dose followed by a second dose approximately 30 days later to achieve optimal antibody responses and clinical protection.
7. Health-care workers and other first responders will likely be at even higher risk of exposure and illness than the general population, further impeding the care of victims.
8. Widespread illness in the community will also increase the likelihood of sudden and potentially significant shortages of personnel in other sectors who provide critical community services: police, firefighters, utility workers, transportation workers, and health workers, just to name a few.

IV. Concept of Operations

A. Phases of Alert. For purposes of consistency, comparability, and coordination of the national, state, and local response, identification and declaration of the following "phases" will be done at the national level:

WHO Pandemic Phases	Federal Government Phases
INTERPANDEMIC PERIOD **Phase 1**. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low. **Phase 2.** No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.	**Phase 0** New domestic animal outbreak in an at-risk country.
PANDEMIC ALERT PERIOD	**Phase 0** New domestic animal outbreak in an at-risk country.
Phase 3. Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	**Phase 1.** Suspected human outbreak overseas.
Phase 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	**Phase 2.** Confirmed human outbreak overseas.

Phase 5. Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to human, but may not yet be fully transmissible (substantial pandemic risk).	
Pandemic Period **Phase 6.** Pandemic phase: increased and sustained transmission in general population.	**Phase 3.** Widespread human outbreaks in multiple locations overseas. **Phase 4.** First human case in North America. **Phase 5.** Spread throughout United States. **Phase 6. Recovery and preparation for subsequent wave.**

B. **As the pandemic develops, the World Health Organization (WHO) will notify the Centers for Disease Control and Prevention (CDC**) and other national health agencies of progress of the pandemic from one phase to the next. CDC will communicate with DOH and other state agencies about the United States pandemic phases, vaccine availability, virus laboratory findings, and national response coordination. The State will communicate with local health agencies through the Health Alert Network (HAN) and eventually through WA-SECURES.

C. **The Federal Role.** The Federal government has assumed primary responsibility for many key elements of the national plan, including:

1. Surveillance in the U.S. and globally
2. Epidemiological investigation in the U.S. and globally
3. Development and use of diagnostic laboratory tests and reagents
4. Development of reference strains and reagents for vaccines
5. Vaccine evaluation and licensure
6. Determination of populations at highest risk and strategies for vaccination and antiviral use
7. Assessment of measures to decrease transmission (such as travel restrictions, isolation, and quarantine)
8. Deployment of federally purchased vaccine
9. Deployment of antiviral agents in the Strategic National Stockpile
10. Evaluation of the efficacy of response measures
11. Evaluation of vaccine safety
12. Deployment of the Commissioned Corps Readiness Force and Epidemic Intelligence Service officers
13. Medical and public health communications
14. Determine the US Pandemic Phase based on the WHO Phase

D. The State Role

1. Identification of public and private sector partners needed for effective planning and response.
2. Development of key components of pandemic influenza preparedness plan: surveillance, distribution of vaccine and anti-viral medication, and communications.
3. Integration of pandemic influenza planning with other planning activities conducted under CDC and HRSA's bioterrorism preparedness cooperative agreements with states.
4. Coordination with local areas to ensure development of local plans as called for by the state plan and provide resources, such as templates to assist in planning process.
5. Development of data management systems needed to implement components of the plan.
6. Assistance to local areas in exercising plans.
7. Coordination with adjoining jurisdictions.

E. Yakima Health District Response

Interpandemic Phase/US Pandemic Phase 0

1. Novel Virus Alert. Novel virus detected in humans. Continue to monitor the situation and update infectious disease and infection control partners in hospitals.
2. Novel virus detected in two or more humans. There is little or no immunity in the general population; potential, but not inevitable, precursor to a pandemic.
    a. Surveillance
        (1) Monitor bulletins from CDC and DOH regarding virologic, epidemiologic, and clinical findings associated with new variants isolated within or outside the U.S.
        (2) Meet with appropriate partners and stakeholders and review major elements of enhanced surveillance activities; modify and update plan as needed.
        (3) Activate enhanced local surveillance to detect importation and local spread in coordination with the Public Health Laboratory.
        (4) Obtain appropriate reagents from the PHL, if appropriate, to detect and identify the novel strain.
    b. Vaccine and Pharmaceutical Delivery
        (1) Meet with hospitals, health care providers, and other partners and stakeholders to review major elements of the vaccine distribution plan, including plans for storage,

transport, and administration of vaccines and anti-viral medications.

(2) Modify plan as needed to account for updates, if any, on recommended target groups and projected vaccine supply.

c. Emergency Response and Communications

(1) Test local communication systems, including HAN WA-SECURES, to ensure that local and statewide communications are functional.

(2) Notify hospitals, health care providers, and other partners and stakeholders of the novel virus alert. Attachment 1 is an example of the Novel Virus Alert.

(3) Modify communications plan (and written materials) as needed (in collaboration with state officials) to account for updates, if any, on projected effects of the novel virus.

(4) Implement contingency plans, if any, for obtaining critical hardware, software, or personnel to expand communications systems if needed for a pandemic.

(5) Ensure ongoing coordination among surveillance, epidemiology, laboratory, EMS, Yakima Valley Office of Emergency Management, and other local response efforts.

(6) Develop and/or update press release templates. Develop materials for responding to questions that may come from the media.

Pandemic Alert Period/US Phases 1-3

1. In the Pandemic Phase 2 emphasis will be placed upon vaccination of personnel who are needed to maintain the human infrastructure of the community during an epidemic. The absence of services provided by these personnel would pose a serious threat to public safety or would significantly interfere with the ongoing response to the pandemic. These key personnel, who would also be the Health District's priority for administration of influenza vaccine or anti-viral medication, may include, but are not limited to:
   a. Public health staff
   b. Hospital employees
   c. Physicians, pharmacists, and other clinicians
   d. Local government decision-makers
   e. First responders: Public Safety, Fire, and EMS
   f. Utility, food service, and transportation personnel
   g. Family members of the key personnel listed

2. Novel virus demonstrates sustained person-to-person transmission and causes multiple cases in the same geographic area. Novel virus alert

activities will be continued at a more advanced level and other activities will be added.

a. Surveillance
    1) Fully activate enhanced surveillance activities. Assess functionality, timeliness, and completeness of data entry and dissemination, data links, and feedback mechanisms throughout the local the system.
    2) Monitor daily CDC and state reports.
    3) Meet with surveillance partners to increase the amount of patient demographic information collected, to identify groups with increased risk.
    4) Inform surveillance partners of the need to increase specimen collection for detection of novel virus and alert laboratories to prepare for increased numbers of specimens.
    5) If requested by PHL, distribute specimen collection kits to hospitals and clinicians and obtain cooperation to facilitate sending isolates to PHL.
    6) Recruit pharmacies to participate in reporting antiviral prescriptions filled.
    7) Assess inventory of laboratory equipment and supplies, noting what is needed.
    8) Assess inventory of medical equipment and supplies (including ventilators, ICU equipment, and oxygen saturation monitors), noting what is needed.
    9) Develop contingency plans for procurement of laboratory equipment and supplies, and for possible redirection and hiring of additional laboratory employees, including clerical/data entry personnel.
    10) Explore re-certification of non-traditional labor pool and redirection of staff with appropriate skills to alleviate need for additional laboratory personnel.

b. Vaccine and Pharmaceutical Delivery. During the pandemic alert stage, vaccine would not yet be available, and may not be for several months.
    1) Monitor reports from the CDC, FDA, and DOH to obtain information on plans for vaccine manufacture.
    2) Prepare to implement plan for storing and delivering vaccine as it becomes available to YHD (vs. private distribution).
    3) Review elements of plan for vaccine delivery with partners and stakeholders.

4) Ensure that human resources, equipment, and plans for mass immunization clinics are in place (see Annex One).
5) Obtain latest DOH recommendations for priority groups for vaccine allocation and modify as necessary based on current surveillance data.
6) Meet with local pharmacists and medical association to discuss potential need to:
   (a) increase antiviral and antimicrobial supplies.
   (b) increase role of pharmacists in vaccine delivery.
7) Coordinate with DOH to receive satellite broadcast training/refresher on vaccine administration techniques for persons who do not normally administer vaccines, but will be enlisted to do so in a pandemic;
   (a) arrange for viewing by appropriate groups.
   (b) provide video copies of the broadcast for local training.

c. Emergency Response and Communications
   (1) Ensure communication among the epidemiology and laboratory surveillance programs and emergency management.
   (2) Alert surveillance groups to increase surveillance activities.
   (3) Identify contact person (and backup person) for communication with DOH.
   (4) Identify spokesperson (and backup person) for communication with press, public, etc.
   (5) Prepare fact sheets detailing responses to questions coming from the media and the public:
      (a) include documents intended for electronic distribution on the YHD web site.
      (b) include telecommuting advice to employers, labor organizations, and others.
      (c) include travel alert information received from the State and/or CDC.
   (6) Respond to media inquiries regarding outbreak.
   (7) Notify hospitals, health care providers, emergency responders, coroners, and mortuary organizations via HAN, WA-SECURES, or other means as needed. Attachment 2 is an example of a Pandemic Eminent Alert.
   (8) Increase laboratory surveillance and disease surveillance.
   (9) Alert emergency responders to work with EMS to inventory critical supplies and solve problems arising from high response volumes.

(10) Alert neighborhood-watch, and/or other community-based response organizations.
(11) Conduct inventory of critical equipment, supplies, and personnel, including availability of hospital beds, antiviral pharmaceuticals, refrigerated depots for vaccines, and transport for delivery of vaccines.
(12) Identify methods to address personnel and supply shortfalls.
(13) Plan for implementation of emergency medical treatment sites and temporary infirmary locations, in coordination with local mass-care organizations such as Red Cross and/or Salvation Army.
(14) Send bulletins to private providers via local medical association and/or lists acquired from state licensing boards.
(15) Issue guidelines on influenza precautions for workplaces, emergency departments, airlines, schools, jails and prisons, public safety agencies, and individuals.

4. Phase 0.
   a. Surveillance
      (1) Outside of normal surveillance season, verify that hospital and health care surveillance has been activated and DOH is receiving ongoing reports of cases within the county.
      (2) Report the data collected to all participating facilities as well as to DOH.
      (3) Analyze the inpatient data to determine which population groups are at greatest risk and provide the information to DOH and to those determining priority groups for vaccine allocation when the supply is limited.
      (4) Participate in special studies, as requested by DOH:
         (a) to describe unusual clinical syndromes.
         (b) to describe unusual pathologic features associated with fatal cases.
         (c) to conduct efficacy studies of vaccination or chemoprophylaxis.
         (d) to assess the effectiveness of control measures such as school and business closings.
      (5) Maintain increased laboratory surveillance and other activities outlined previously in the pandemic alert section.
   b. Vaccine and Pharmaceutical Delivery
      (1) Continue activities as listed in Phase 0, including meetings with the local pharmacist and medical associations.

(2) Increase public information effort designed to keep ill persons at home, providing translations into Spanish and other languages commonly spoken in Yakima County.

(3) If vaccine delivery date is predicted by CDC, work with DOH to:

(a) establish local delivery date.

(b) review distribution plan and update when new information is available.

(c) obtain signed agreements with hospitals and private providers on priority order of groups to receive vaccine when supply is limited.

(d) Notify Law enforcement agencies of the potential need for security at immunization sites.

(e) alert to need for reporting adverse events to VAERS system.

(4) If vaccine is available, fully activate the immunization program.

(5) Obtain data on antiviral and antimicrobial supplies.

(6) Prepare or update recommendations and plans for allocation of antiviral and antimicrobial supplies.

c. Emergency Response and Communications

(1) Notify hospitals, health care providers and first response agencies of pandemic imminent stage. Set up information flow to all partners and stakeholders, including posting information on YHD website, HAN, and WA-SECURES. Attachment 2 is an example of a Phase 1 Alert.

(2) Update documents and fact sheets based on current surveillance information.

(3) Provide translations of all public information messages into Spanish and the other major languages in Yakima County.

(4) Monitor the ability of hospitals and outpatient clinics to cope with increased patient loads.

(5) Implement health education campaign with emphasis on the following:

(a) hand washing.

(b) stay home rather than be exposed to/spread the influenza virus.

(c) check on family, friends living alone.

(d) vaccination clinic locations.

(e) signs, symptoms.

(f) vaccine safety and storage.

(6) Work with employers and labor organizations to implement a telecommuting system so more people can stay home.

(7) Activate emergency response system, including Yakima County Operational Area Emergency Operations Center (OA EOC), as appropriate.

(8) Implement mutual aid or other procedures to address supply and personnel shortfalls.

(9) Conduct inventory of critical supplies/personnel and solve problems: shortage of supplies (gloves, safety needles, ventilators), personnel shortage (how to get nontraditional labor pool re-certified or alternative staff redirected).

(10) Develop plan for counseling/psychiatric services (Department of Health and Human Services, private mental health agencies).

(11) Develop plans for children orphaned by death of parents (Department of Health and Human Services, private welfare agencies).

5. Phase 2. Further spread of influenza disease with involvement of multiple continents.

a. Surveillance

(1) Influenza morbidity and mortality surveillance systems will likely become overwhelmed.

(2) Continue to monitor selected vital statistics for mortality and morbidity data received from the inpatient diagnosis surveillance system to establish age- and geographic area-specific rates.

(3) Use above data to establish priority groups for immunization as vaccine availability changes, providing data to DOH, hospitals, and private providers.

(4) Continue to monitor reports from WHO, CDC, and DOH on national and worldwide morbidity and mortality data.

(5) Laboratory surveillance will focus on detection of antigenic drift variants and resultant viruses that could limit the efficacy of vaccines produced against the original pandemic strain.

b. Vaccine and Pharmaceutical Delivery

(1) Continue all Phase 1 activities. Presumably vaccine would be available for a sizable proportion of the population.

(2) Monitor VAERS data for evidence of adverse reactions to the influenza vaccine. Report findings routinely to DOH.

(3) Modify recommendations and agreements on priority groups for receiving the vaccine to reflect greater availability of vaccine.

(4) Review surveillance data for changes in risk factors that could require modification of recommendations for priority groups for receiving vaccine.

(5) Monitor availability of anti-viral medication and, when appropriate, recommend changes in priority groups for receiving vaccine or anti-viral medication.

c. Emergency Response and Communications

(1) All the activities of the pandemic imminent stage and the following:

(2) Notify hospitals, heath care providers, and first responder agencies of Pandemic Stage. Attachment 3 is an example of a Pandemic Alert. Attachment 4 is an example of an information update during the Pandemic.

(3) Implement emergency medical treatment sites and temporary infirmary locations as needed in coordination with local mass-care organizations, such as Red Cross and Salvation Army, to respond to the overwhelming caseload.

(4) Increase public information effort designed to keep ill persons at home, providing translations into Spanish and other major languages in Yakima County.

(5) Request law enforcement mutual aid, if needed. If law enforcement mutual aid system is overwhelmed, the Operational Area EOC will assist in coordinating support.

(6) If the medical/health mutual aid system is overwhelmed, the State may request health care workers from other states and/or the federal government.

6. Phase 3, End of first wave. Continue surveillance as above, monitor the availability of vaccine and anti-viral medication, update plans and prepare for second wave.

7. Phase 4, Second Wave.

a. Typically, in a pandemic, the number of new cases of influenza peaks and then declines, giving the impression that the pandemic is over. Then within a few months, influenza incidence once again increases. State and local officials and health care providers need to remain vigilant for a return of the epidemic activity. This is especially difficult given that all personnel and supplies involved in responding to the epidemic will be exhausted by efforts to respond to the pandemic. The perceived “end of the pandemic” may be viewed as an opportunity to relax and recover. However,

all essential functions should be restored to return to pandemic imminent status.

b. Public health personnel who provide the data to DOH will probably still be backlogged with reports, but should be encouraged to maintain extra staffing levels.

c. All sources of surveillance data will need to be convinced that their contributions are still essential because of the likelihood of a second wave. If the decline in the number of cases occurs outside the normal influenza season, it will be necessary to explain the importance of maintaining vigilance because the second wave could occur at any time.

d. Immunization efforts in lower risk groups should continue as vaccine becomes available to increase "herd immunity" in the population in the event of a second wave.

e. Laboratory surveillance should also return to pandemic imminent status while maintaining surveillance for possible antigenic drift.

f. Attachment 5 is an example of a Second Wave information release.

F. Public Information and Risk Communication (See also Attachment One of Yakima Health District Basic Plan)

1. Dissemination and sharing of timely and accurate information with the health care community, the media, and the general public will be one of the most important facets of the pandemic response. Instructing the public in actions they can take to minimize their risk of exposure or actions to take if they have been exposed will reduce the spread of the pandemic and may also serve to reduce panic and unnecessary demands on vital services.

2. The Public Health PIO in consultation with the Health Officer and Disease Control staff will identify public health issues and concerns that will or may need to be addressed through public information messages regarding pandemic influenza and will identify affected target audiences for messages. Attachment 6 is a public information release to use upon declaration of a Public Health Emergency. Additionally, Attachment 7 is a media background paper on pandemic influenza.

3. Messages will address, but not be limited to, vaccine supply, anti-viral medication use, low-tech prevention methods, and maintenance of essential services. They will also identify appropriate strategies for dissemination of messages including postings to the Public Health website.

4. The following examples of statements to providers and to the media and public may be used as templates and revised as appropriate to the actual event.

Attachments:

1. Sample Provider Novel Virus Alert
2. Sample Provider Stage 1 Alert
3. Sample Provider Information Statement – Pandemic Alert Declaration
4. Sample Provider Information Statement – Pandemic Alert Case Information
5. Sample Provider Information Statement – Pandemic Second Wave
6. Influenza Alert for Public Release
7. Information for the Media
8. YHD Checklist

This page blank intentionally.

Attachment I
Sample Provider Information Statement – Novel Virus Alert

Novel Virus Alert

As you are aware, one or more human cases of a novel virus, for which there is no immunity in the general population, has been detected in _____. This could potentially, but not inevitably, be a precursor to a pandemic.

The Yakima Health District is working closely with the State to monitor reports of disease progression and surveillance to detect the arrival of disease caused by the novel virus in Washington. Currently there have been no reported cases in Yakima County.

The CDC has issued recommendations for enhanced influenza surveillance for state health departments. The purpose of these recommendations is to enhance the capacity to rapidly identify an importation of this virus. Current recommendations are at www.cdc_____.

We will continue to provide you with updates on influenza activity and will distribute recommendations on any additional surveillance activities that may become necessary.

If you have any questions please call Yakima Health District Disease Control and Surveillance office at (509) 249-6503.

Attachment 2
Sample Provider Information Statement – Phase 1

Pandemic Imminent

The _____novel virus____ is causing unusually high rates of morbidity and mortality in widespread geographic areas. Travel advisories remain in effect for the following areas:

If your patient is ill with influenza-like illness and has recently traveled to these areas, or is a close contact to someone who has traveled to these areas the following recommendations should be considered:

1) home isolation
2) antivirals for household contacts
3) self-monitoring of symptoms
4) report to Public Health (?)

Yakima Health District continues to work closely with the State and CDC regarding influenza vaccine. We do not have a manufacturer's release date at this time but continue to review plans for distribution.

Providers are encouraged to use antivirals for household contacts of confirmed or strongly suspected cases of influenza.

Enforcement of respiratory hygiene is essential. Continue to implement respiratory programs in your area of practice:

- At entry, triage, or registration, ask all patients with symptoms of respiratory illness to wear a surgical mask, and provide instructions on their proper use and disposal.

- Offer masks to all other persons who enter the emergency room to use voluntarily for their own protection.

- For patients who cannot wear a surgical mask, provide tissues to cover the nose and mouth when coughing or sneezing and a small bag for mask and tissue disposal.

- Encourage and provide access to hand washing or a waterless hand hygiene product and instruct patients to decontaminate their hands after handling respiratory secretions and before their contact with a healthcare worker.

- Separate patients with respiratory illness from other patients by either placing them into a cubicle, examination room, or some physical separation by at least 3 feet.

Attachment 3
Sample Provider Information Statement – Pandemic Alert Declaration

Pandemic Alert Declaration

A formal declaration was made today by the CDC regarding the influenza pandemic. Further spread with involvement of multiple continents has been reported.

The United States reported _____hospitalizations or deaths to the CDC with _____being from Washington.

Yakima County has had _____related to complications from influenza.

Manufacturers of flu vaccine report a release date of _____. Yakima County continues to make plans for mass vaccination/prophylaxis/ public education. Current supply of antivirals remains low.

Up-to-date summaries of influenza activity are available at:
http://pan.co.yakima.wa.us/health/default.html

Attachment 4
Sample Provider Information Statement – Pandemic Alert Case Information

Pandemic Alert Case Information

The novel virus_____ has demonstrated sustained person-to-person transmission and multiple cases in the same geographic area.

Confirmed case definition:

Probable case definition:

Possible case definition:

The number of confirmed cases is _____. Number of deaths are_____.

The CDC and Washington Department of Health has released a travel advisory

for_____ .

Daily updates can be obtained at the state web site www.doh.wa.gov-------, or www.cdc.gov.___.

Yakima Health District has reported _____number of confirmed/ probable case (s) of influenza A _____. No deaths have been reported.

Antivirals are recommended for household contacts of confirmed cases and strongly suspected cases of influenza. Recommendations for asymptomatic household contacts can be downloaded from the county website at http://pan.co.yakima.wa.us/health/default.html

Attachment 5
Sample Provider Information Statement – Pandemic Second Wave

Pandemic Second Wave

Typically, in a pandemic, the number of new cases of influenza peaks and then declines, giving the impression that the pandemic is over. Health care providers need to remain vigilant for the return of the epidemic activity. Health care providers must make use of the interim period to prepare for a resurgence of disease.

Yakima Health District continues to urge providers to keep a respiratory hygiene program in place. Inventory and order supplies that may be necessary for disease resurgence. Continue to vaccinate (if applicable).

Log onto the Yakima Health District website or current information about self protection.
http://pan.co.yakima.wa.us/health/default.html

Attachment 6
Influenza Alert for Public Release

FOR PUBLIC RELEASE

Influenza Alert

For Immediate Release Contact:_____

Date:_____ Title: _____

Yakima Health Officer, declared a public health emergency this morning/evening, alerting Yakima County residents to take precautions to minimize the spread of the influenza virus. There is new strain of influenza virus that is unusually virulent, which means that most people have little or no natural immunity to protect them from illness. This means that, not only have more people come down with the "flu," the illness likely to be more severe. *(Add data about current number of local hospitalizations, etc.)*

Currently, no vaccine is available to prevent this new strain of the flu. Vaccine development may be delayed and vaccine may initially be in short supply. This makes prevention measures even more important.

Symptoms of the flu include abrupt onset of chills and fever, muscle aches, sore throat, and cough. Those who develop flu symptoms should notify their health care provider. *(Consider if we want everyone to do this, or just recommend that the elderly and those with medical conditions that increase their risk contact their provider.)*

Influenza virus is contagious from person-to-person. Infection spreads when droplets from a cough or sneeze of an infected person reach the mucous membranes of another person's mouth, nose, or eyes, or if they touch a surface or object (such as a doorknob or stair railing contaminated with infectious droplets and then touch their own mouth, nose, or eyes.

The risk of becoming ill can be reduced by frequent hand washing and keeping your hands away from your eyes, nose, and mouth. Also, try to avoid contact with people who have respiratory illnesses.

Those who become ill should stay home. This is crucial to preventing the spread of this disease to others, including co-workers and other people who would be encountered in public places.

If someone in the household has the flu, other family members can decrease their risk of becoming ill by wearing a mask over their nose and mouth whenever they come within three feet of the sick person. They should wear gloves whenever they come in contact with him or her or items they have handled and wash their hands after removing the gloves.

For more information, visit the Yakima Health District website at:
http://pan.co.yakima.wa.us/health/default.html

(Consider more extreme measures, such as canceling public gatherings, encouraging telecommuting, etc.)

Attachment 7
Information for the Media

Overview of Influenza Pandemic

- Pandemics result from the emergence of Influenza A virus that is novel for the human population.
- The hallmark of pandemic influenza is excess mortality --- the number of deaths observed during an epidemic of influenza-like illness more than the number expected.
- During this century, pandemics occurred in 1918, 1957, 1968, 2009.
- Although mortality rates associated with the pandemics of 1957 and 1968 were confined primarily to the elderly and chronically ill, both pandemics were associated with high rates of illness and social disruption, with combined economic losses of approximately $32 billion (in 1995 dollars). A 2009 study by economists at the Brookings Institution analyzed the direct economic impact of closing schools during a flu pandemic. Since about one-quarter of civilian workers in the United States have a child under 16 and no stay-at-home adult, closing all the nation's K-12 schools for two weeks would result in between $5.2 billion and $23.6 billion in lost economic activity; a four-week closing would cost up to $47.1 billion dollars — 0.3 percent of GDP.
- The potential impact of an influenza virus in humans depends on its virulence (ability to cause severe illness or death) and on whether there is protective immunity in the population. Protective immunity will inhibit the virus' ability to be passed from person-to-person and will decrease the severity of illness.
- Influenza viruses undergo two kinds of change. One is a series of mutations over time that causes a gradual evolution of the virus, known as antigenic drift. The other is an abrupt change in the surface antigen proteins, known as antigenic shift, thus suddenly creating a new subtype of the virus.
- When antigenic shift occurs, the population does not have antibody protection against the virus.
- Birds are the primary reservoir for influenza viruses. All 15 recognized influenza A subtypes have been found in birds.

In most years in the United States, influenza is responsible for 10,000-40,000 excess deaths, 50,000-300,000 hospitalizations, and approximately $1-3 billion in direct costs for medical care.

Influenza: Background Information

The influenza (flu) epidemics that happen nearly every year are important events. Influenza is a respiratory illness that makes hundreds of thousands of people sick each year. The illness can cause severe health problems for the elderly and for younger people with diseases like diabetes, heart or lung disease, and illness that can weaken the immune system. Typical primary influenza illness lasts about a week and is characterized by abrupt onset of fever, muscle aches, sore throat, and nonproductive cough. In some persons, severe malaise and cough can persist for several days or weeks.

Influenza infection not only causes primary illness but also can lead to severe secondary medical complications, including influenza viral pneumonia; secondary bacterial pneumonia; worsening of underlying medical conditions, such as congestive heart failure, asthma, or diabetes; or other complications such as ear infections (i.e., otitis media) in children.

Elderly persons (i.e., those 65 years and over) and persons with certain underlying medical conditions, such as chronic heart or lung disease, are at increased risk for developing complications from influenza infection. These complications increase the risk for hospitalization or death.

One of the most important features about influenza viruses is that their structure changes slightly but frequently over time (a process known as “drift”), and that this process results in the appearance of different strains that circulate each year. The composition of the flu vaccine is changed each year to help protect people from the strains of influenza virus that are expected to be the most common ones circulating during the coming flu season.

The ability of the vaccine to protect against influenza during a particular season depends on several factors, but particularly 1) the match between influenza strains in the vaccine and strains circulating in the community, and 2) the ability of each person's immune system to mount a protective response because of the vaccination. Although the vaccine may not prevent everyone who takes it from getting sick, it does reduce the risk of severe illness, hospitalization, and death. That's why it is so important for anyone who wants to reduce his or her risk of getting severely ill from influenza to receive the vaccine each year.

In contrast to the more gradual process of drift, in some years the influenza virus changes dramatically and unexpectedly through a process known as “shift.” Shift results in the appearance of a new influenza virus to which few (if any) people are immune. If this new virus spreads easily from person-to-person, it could quickly travel around the world and cause increased levels of serious illness and death, affecting millions of people. **This is called influenza pandemic.**

How Does an Influenza Pandemic Start?

There are three main types of influenza viruses: A, B, and C. Influenza C causes only mild disease and has not been associated with widespread outbreaks. Influenza types A and B, however, cause epidemics nearly every year. Influenza A viruses are divided into subtypes, based on differences in two surface proteins: hemagglutinin (H) and neuraminidase (N). Influenza B viruses are not divided into subtypes. During an influenza flu season, usually one or more influenza A subtype and B viruses circulate at the same time.

A pandemic is possible when influenza A virus makes a dramatic change (i.e., "shift") and acquires a new H or H+N. This shift results in a new or "novel" virus to which the general population has no immunity. The appearance of a novel virus is the first step toward a pandemic. However, the novel influenza A virus also must spread easily from person-to-person (and cause serious disease) for a pandemic to occur. Influenza B viruses do not undergo shift and do not cause influenza pandemics.

The reservoir for type A influenza viruses is wild birds, but influenza A viruses also infect animals such as pigs and horses, as well as people. The last two pandemic viruses were combinations of bird and human influenza viruses. Many people believe that these new viruses emerged when an intermediate host, such as a pig, was infected by both human and bird influenza A viruses at the same time, so that a new virus was created. Events in Hong Kong in 1997, however, showed that this is not the only way that humans can become infected with a novel virus. Sometimes, an avian influenza virus can "jump the species barrier" and move directly from chickens to humans and cause disease.

Since, by definition, a novel virus is a virus that has never previously infected humans, or hasn't infected humans for a long time, it's likely that almost no one will have immunity, or antibody to protect them against the novel virus. Therefore, anyone exposed to the virus--young or old, healthy or weak--could become infected and get sick. If the novel virus is related to a virus that circulated long ago, older people might have some level of immunity. It is possible that the novel virus may be especially dangerous to some age groups that are not usually at risk of severe illness or death from annual influenza (such as healthy young adults). Such widespread vulnerability makes a pandemic possible and allows it to have potentially devastating impact.

How Does a Pandemic Spread?

Although all pandemics begin with the appearance of a novel virus, most novel viruses do not spread and cause pandemics. It's more common for a novel virus to be detected and cause illness in a few people, but not go on to infect large numbers of people.

The Phases of a Pandemic

Pandemic Phases
Interpandemic period **Phase 1**. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is low.
Phase 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic alert period. **Phase 3**. Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
Phase 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
Phase 5. Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to human, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic period **Phase 6.** Pandemic phase: increased and sustained transmission in general population.
Post pandemic period Return to interpandemic period.

The Impact of a Pandemic: How Serious Might It Be?

There's no simple answer to the question of how serious a pandemic might be. It all depends on how virulent (severe) the virus is, how rapidly it can spread from population to population, and the effectiveness of pandemic prevention and response efforts. The 1918 Spanish flu is an example of a worst-case scenario because the strain was highly contagious and quite deadly. This pandemic killed more Americans than all the wars of the 20th century. Since our world today is vastly more populated, and people travel the globe with ease, the spread of a next pandemic could be more rapid than that of previous pandemics.

The impact of a pandemic isn't measured only by how many people will die. If millions of people get sick at the same time, major social consequences will occur. If many doctors and nurses become ill, it will be difficult to care for the sick. If the majority of a local police force is infected, the safety of the community might be at risk. If air traffic controllers are all sick at once, air travel could grind to a halt, interrupting not only business and personal travel, but also the transport of life-saving vaccines or antiviral drugs. Therefore, a vital part of pandemic planning is the development of strategies and tactics to address all these potential problems.

Historical Overview

History suggests that influenza pandemics have probably happened during at least the last four centuries. During the 20th century, three pandemics and several "pandemic scares" occurred. The most current outbreak was the H1N1 (swine flu). Highly transmissible, yet ultimately mild, it rapidly spread around the world, infecting74 different countries in all six continents within five weeks. The rate of spread of the pandemic was far more rapid than previously observed, enabled by high volumes of international air traffic. The WHO declared a pandemic on June 11, 2009. It ultimately reached more than 200 countries and infected hundreds of millions of people.

Despite initial fears, H1N1 had the lowest virulence characteristics of any previously measured pandemic influenza virus.

Background

Novel influenza A (H1N1) was a new flu virus of swine origin that first caused illness in Mexico and the United States in March and April 2009. It's thought that novel influenza A (H1N1) flu spreads in the same way that regular seasonal influenza viruses spread, mainly through the coughs and sneezes of people who are sick with the virus, but it may also be spread by touching infected objects and then touching your nose or mouth. Novel H1N1 infection has been reported to cause a wide range of flu-like symptoms, including fever, cough, sore throat, body aches, headache, chills and fatigue. In addition, many people also have reported nausea, vomiting and/or diarrhea. The first novel H1N1 patient in the United States was confirmed by laboratory testing on April 15, 2009. On April 26, 2009, the United States Government declared a public health emergency.

Clinician Guidance

Influenza antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) with activity against influenza viruses, including novel influenza H1N1 viruses. The priority use for influenza antiviral drugs during this outbreak is to treat people hospitalized with influenza illness, and to treat people at increased risk of severe illness, including pregnant women, young children, and people with chronic health conditions like asthma, diabetes and other metabolic diseases, heart or lung disease, kidney disease, weakened immune systems, and persons with neurologic or neuromuscular disease.

Public Guidance

Everyone should take everyday preventive actions to stop the spread of germs, including frequent hand washing and people who are sick should stay home and avoid contact with others to limit further spread of the disease.

Testing

A PCR diagnostic test kit to detect this novel H1N1 virus and has now distributed test kits to all states in the U.S. and the District of Columbia and Puerto Rico. The test kits are being shipped internationally as well. This will allow states and other countries to test for this new virus.

Vaccine

Vaccines are a very important part of a response to pandemic influenza. Making vaccine is a long multi-step process requiring several months to complete.

Stockpile Deployment

CDC has deployed 25 percent of the supplies in the Strategic National Stockpile (SNS) to all states in the continental United States and U.S. territories. This included antiviral drugs, personal protective equipment, and respiratory protection devices.

Surveillance

CDC tracks U.S. influenza activity through multiple systems across five categories.

Ongoing Influenza Defense Tactics

Fighting the flu in the U.S. is a yearly battle that requires the combined resources of the Department of Health and Human Services, the World Health Organization (WHO), vaccine and drug companies, state and local health authorities, and the medical community. Early detection of changes in influenza viruses and rapid development of effective vaccines are the keys to defending against influenza each year and responding to the possibility of a pandemic. The cycle of surveillance and vaccine formulation is a never-ending process.

Ongoing Surveillance

The first line of defense against influenza is a worldwide surveillance system coordinated by WHO. This system makes it possible for changes in circulating influenza viruses and the emergence of novel influenza A viruses to be detected as soon as possible.
The task of identifying circulating strains of influenza--whether known or novel--is done by a worldwide network of 110 National Influenza Centers and many other WHO laboratories in 83 countries. WHO Collaborating Reference Centers for Influenza in London, Atlanta, Melbourne, and Tokyo coordinate the system and intensively analyze samples of virus isolated and collected by approximately 180 laboratories.

Each year, some influenza virus isolates from laboratories in the U.S. and overseas are sent to the Centers for Disease Control and Prevention (CDC) in Atlanta. Tests are done to determine the antigenic and molecular make-up of the viruses. CDC examines the viruses to determine which are the most important emerging influenza viruses and their ability to cause outbreaks, and then provides this information at yearly meetings held by the Food and Drug Administration (FDA) and by WHO so it can be used to formulate vaccine for the next influenza season.

During January through March, WHO, FDA, and CDC undertake the process of deciding which strains will be selected for vaccine production in the U.S.

In addition, the CDC actively monitors U.S. disease activity and deaths related to influenza between October and May of each year. This information is provided each week in influenza surveillance summaries.

Vaccine Development

The best method of preventing and reducing the severity of the flu is the timely development, distribution, and administration of influenza vaccine. The influenza vaccine used each year is an inactivated trivalent vaccine. This means that the flu vaccine contains three inactivated (or "killed") flu viruses that protect against three different strains of influenza virus (one influenza B and two influenza A strains). Because the current licensed vaccines are inactivated vaccines, flu vaccine cannot cause the flu – a common misconception. The effectiveness of the trivalent vaccine depends upon the "match" between strains of influenza that are circulating and the viruses in the vaccine. Although there is no guarantee that the strains picked for the vaccine will be the strains that go around during the following flu season, the match between vaccine strains and circulating strains is good about 90 percent of the time.

The vaccine strain selection process requires surveillance information collected year-round. In late January of each year, the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) reviews worldwide surveillance data. The Committee usually makes an initial recommendation about at least one of the three strains to be included in the vaccine. By mid-February, the WHO completes its review and makes recommendations for the Northern Hemisphere vaccine. The WHO repeats this process in September for Southern Hemisphere vaccine recommendations. In March, VRBPAC meets to finalize the recommendations for the U.S. influenza vaccine.

While the vaccine strain selection process is going on, the four influenza vaccine manufacturers licensed in the U.S. begin preparations for vaccine production. Because flu vaccine viruses are grown inside eggs, manufacturers must buy enough eggs to manufacture 80 million or more doses of vaccine. The FDA prepares the specific viral material for the manufacturers to use, to begin vaccine production. During the manufacturing process, the live viral ingredient is killed so that the vaccine will not cause people to become sick with the flu. As the manufacturers produce vaccine, FDA reviews safety data. The last steps of vaccine preparation include production and bottling of vaccine, distribution to vaccine providers, and administration to patients. All this must be done in time for vaccination campaigns to begin by late September.

Working closely with State and local health authorities, partners in the private sector, CDC, FDA, and vaccine manufacturers have built a successful program for vaccine delivery each year. CDC and its Advisory Committee on Immunization Practices (ACIP) issue

recommendations each year for the prevention and control of influenza. ACIP strongly recommends influenza vaccine for any person, 6 months of age or older, who is at increased risk for complications of influenza. Groups at increased risk include persons 65 years of age and older; residents of nursing homes and other chronic-care facilities; adults and children with chronic lung, heart, metabolic, kidney, or immune system disorders; and women who will be in the 2nd or 3rd trimester of pregnancy during the influenza season. Influenza vaccine also should be given to people who have close contact with high-risk persons, such as health care providers, family members of such persons, and others such as medical volunteers. The reason for vaccinating the close contacts is to prevent transmission of flu viruses to people who are at high risk for developing serious complications from flu. Influenza vaccine should also be administered to any person who wishes to reduce the likelihood of becoming ill with influenza.

Anti-viral Drugs

In addition to vaccines, antiviral drugs are available for both the prevention and treatment of influenza. Currently, there are two classes of drugs--amantadines and neuraminidase inhibitors. The amantadines (amantadine and rimantadine) are approved for the treatment and prophylaxis of influenza A only. The neuraminidase inhibitors (zanamivir and oseltamivir) have activity against both influenza A and B, but are currently approved by FDA only for treatment.

To prevent the flu, antiviral drugs must be taken consistently before infection occurs. When used to reduce the impact of the flu for someone who is already infected, antiviral drugs must be taken within two days after flu symptoms start. It is important to know that antiviral drugs can have some potentially serious side effects.

In non-pandemic situations, antiviral drugs have been useful in helping to control outbreaks in settings such as nursing homes, where many people could become sick with flu and develop serious complications. In addition, antivirals can be useful in preventing influenza in certain individuals who have a weakened immune system and, therefore, would not respond to the vaccine, or in those who have a known allergic reaction to the vaccine. There are important differences among the influenza antiviral drugs, including age-approved indications, side effects, and costs. A knowledgeable health care professional should be consulted when they are used.

During a pandemic, antiviral drugs are likely to play an important, but limited role. Guidelines are being developed to address how antiviral drugs should be used during a pandemic.

Preparing for the Next Pandemic

In the event of a pandemic, good surveillance, timely vaccine development and production, and the ability to administer vaccine to large numbers of people in a short amount of time will be very important.

The vaccination program during a pandemic will probably be different from current annual flu shot programs in several respects:

- More people will want and need to be vaccinated, so we will need a larger supply of vaccine.
- The warning period before a pandemic is likely to be short. Because the current vaccine manufacturing process takes a minimum of 6 months, it is likely that there will not be enough vaccine at the beginning of a pandemic to vaccinate everyone who wants it.
- It may be necessary for an individual to receive two doses of vaccine to be fully protected against the virus.

In addition, communication and emergency response systems are in place to assist in managing a pandemic. Since 1993, federal, state and local health officials have been working on several different preparedness efforts to reduce pandemic influenza-related deaths, sickness, and social disruption including enhancing surveillance and early detection of a novel virus, and improving the public health infrastructure so that pandemic-related programs can be effectively administered.
Source of "Information for the Media": http://www.cdc.gov/od/nvpo/pandemics/

Attachment 8
Pandemic Influenza Checklist

Interpandemic Period
Phases 1 and 2--Monitoring

- ☐ Notify YHD staff
- ☐ Meet with Infection Control Memorial and Regional Infectious Disease Physicians to discuss plans and treatment guidelines
- ☐ Meet with xxx Laboratory to discuss increased influenza testing
- ☐ Contact pharmacies for anti-viral surveillance
- ☐ Contact hospitals for status on isolation, respirators, and PPE for staff
- ☐ Inform DOH of vaccine requirements
- ☐ Establish vaccination priority matrix
- ☐ Develop and distribute home and workplace information on respiratory hygiene
- ☐ Inform public and media of plans
- ☐ Continue staff and volunteer training
- ☐ Continue to plan with YV OEM on vaccination and treatment locations
- ☐ Continue active hospital influenza surveillance
- ☐ Develop plan for psychological impact mitigation of pandemic
- ☐ Continue monitoring hospital capability status
- ☐ Coordinate with Yakima County Coroner

Pandemic Alert Period
Phases 3, 4 and 5--Prevention and Containment

- ☐ Meet with Infection Control Memorial and Regional Infectious Disease Physicians to discuss plans and treatment guidelines
- ☐ Meet with xxx Laboratory to discuss increased influenza testing
- ☐ Contact pharmacies for anti-viral surveillance
- ☐ Contact hospitals for status on isolation, respirators, and PPE for staff
- ☐ Continue active surveillance at hospitals
- ☐ Inform public and workplaces on actions they need to take
- ☐ Monitor activities at community treatment centers
- ☐ Provide testing and treatment guidelines to healthcare providers
- ☐ When vaccine is available, implement mass vaccination
- ☐ Continue Coroner Coordination

Pandemic Period

Phase 6--Response

- ☐ Meet with Infection Control Memorial and Regional and Infectious Disease Physicians to discuss plans and treatment guidelines
- ☐ Meet with xxx Laboratory to discuss increased influenza testing
- ☐ Contact pharmacies for anti-viral surveillance
- ☐ Contact hospitals for status on isolation, respirators, and PPE for staff
- ☐ Continue active surveillance at hospitals
- ☐ Inform public and workplaces on actions they need to take
- ☐ Monitor activities at community treatment centers
- ☐ Provide testing and treatment guidelines to healthcare providers
- ☐ Implement mass vaccination

Post pandemic period

- ☐ Return to interpandemic period.

Annex Three
To the Yakima Health District
Public Health Emergency Response Plan
(PHERP)

Continuity of Operations Plan

INTRODUCTION

This continuity of operations (COOP) plan annex provides guidance for the Yakima Health District (YHD) in carrying out its responsibilities and ensuring that its mission essential functions are continued during an emergency, or threat of an emergency, that would affect normal operations. This annex works within the broader context of the Yakima Valley Office of Emergency Management (YVOEM) COOP Program in addition to the YHD Public Health Emergency Response Plan. This annex also provides guidance to the district on performing its essential functions during an emergency event and providing for the safety and well-being of department employees.

The purpose of this COOP plan is to provide the framework for YHD to restore essential functions in the event of an emergency that affects operations. This document establishes the COOP program procedures for addressing three types of extended disruptions:

- Loss of access to a facility (as in fire);
- Loss of services due to a reduced workforce (as in pandemic influenza); and
- Loss of services due to equipment or systems failure (as in information technology (IT) systems failure).

This plan details procedures for implementing actions to continue essential functions within the Recovery Time Objectives established by the Yakima Health District.

The Yakima Health District's mission is to work to protect and improve the health of Yakima County. The following mission essential functions were identified:

1. Communicable Disease Investigations
2. Providing Vital Records
3. Emergency Notification Alerts
4. Foodborne Illness Investigations
5. Sexually Transmitted Disease Treatment
6. Rabies Investigations
7. Tuberculous Control

ORDERS OF SUCCESSION AND DELEGATIONS OF AUTHORITY

YHD has identified successors and pre-delegated authorities for making policy determinations and decisions. All such pre-delegations specify what the authority covers, what limits have been placed upon exercising the authorities, which successors will have the authority, and under what circumstances, if any, the authority may be delegated.

Orders of Succession

Orders of succession are an essential part of an organization's continuity of operations plan to ensure that organization personnel know who assumes the authority and responsibility of the organization's leadership if that leadership is incapacitated or becomes otherwise unavailable during a continuity situation. Below is the YHD succession of command

Succession Order	Position	Name
1	**Executive Director**	Andre Fresco
2	**Chief Operating Officer**	Ryan Ibach
3	**Director of Environmental Health**	Holly Myers
4	**Director of Disease Control**	Melissa Sixberry
5	**Director of Public Health Partnerships**	Lilian Bravo

Delegations of Authority

Delegations of authority ensure rapid response to an emergency that may require policy determinations and decisions under difficult circumstances. In preparation for emergency events, the department has taken the following actions:

- Identified which authorities can and should be delegated
- Described the triggering conditions under which the authority would be exercised
- Identified limitations on those delegations
- Documented whom authority should be delegated

Position	Authority	Delegation to Position	Triggering Conditions	Limitations
Executive Director	*Policy determination*	*Chief Operating Officer*	*- Out of contact - Medically incapacitated*	*- As stated in 70 RCW - YHD rules and regulations - Direction from the Board of Health*
Chief Operating Officer	*Operational decision making*	*Executive Director*	*- Out of contact - Medically incapacitated*	*- As stated in 70 RCW - YHD rules and regulations - Direction from the Board of Health*

Director of Disease Control	*Mission Essential Functions 1, 5, & 7*	*Public Health Nurse*	*- Out of contact - Medically incapacitated*	*- As stated in 70 RCW - YHD rules and regulations - Direction from the Board of Health*
Manager of Administrative Services-Chief Deputy Registrar	*Mission Essential Functions 2 & 3*	*Chief Operating Officer*	*- Out of contact - Medically incapacitated*	*- As stated in 70 RCW - YHD rules and regulations - Direction from the Board of Health*
Director of Environmental Health	*Mission Essential Functions 4 & 6*	*Environmental Health Specialist*	*- Out of contact - Medically incapacitated*	*- As stated in 70 RCW - YHD rules and regulations - Direction from the Board of Health*

CONTINUITY LOCATIONS

The department recognizes that normal operations may be disrupted and that there may be a need to perform essential functions at a continuity location. The following table identifies minimum space and infrastructure requirements to operate:

Mission Essential Function	Minimum Space Requirements	Infrastructure Requirements	Other Requirements
Communicable Disease Investigations	1 Workstation	Computer, internet, phone, fax	Locked area for medical records
Providing Vital Records	2 Workstations	Computer, internet, phone	State Paper Area public can access
Emergency Notification Alerts	1 Workstation	Computer, internet, phone	
Foodborne Illness Investigations	1 Workstation	Computer, internet, phone	
Sexually Transmitted Disease Treatment	1 Workstation	Computer, internet, phone, fax	Medications Locked area for medical records
Rabies Investigations	1 Workstation	Computer, internet, phone	Locked area for medical records
Tuberculous Control	1 Vehicle	Computer, internet, phone, fax	Medications Locked area for medical records

If necessary all Mission Essential Functions could operate out of a small conference room, ideally a large conference would be used to allow for greater flexibility and working space. The

following locations have been identified as suitable continuity locations to operate mission essential functions:

Site Type	Name	Address	Room	Agreement in Place
Primary Site	YHD	1210 Ahtanum Ride Dr Union Gap, WA 98903	N/A	N/A
Secondary Site	YVOEM	2403 S 18th Street Union Gap, WA 98903	OEM Conference Room CORE Room EOC	Yes
Tertiary Site	Courthouse	128 N 2nd Street Yakima, WA 98901	Various conference rooms	Yes

Continuity Communications

Internal Call List

Below is an internal call list that contains the work, home, and e-mail contact information for management, supervisory staff, and key personnel. Managers and supervisors maintain contact lists for personnel that report to them and are responsible for notifying their teams in the event of an emergency. The internal call list will be used to contact personnel should the department experience a situation that causes a major disruption to the department's functions or requires the department to relocate to a continuity location.

Last Name	First Name	Work #	Home #	Work E-mail
Fresco	Andre	509-249-6666	931-302-7116	andre.fresco@co.yakima.wa.us
Ibach	Ryan	509-249-6521	509-952-5923	ryan.ibach@co.yakima.wa.us
Everson	Teresa		419-215-5407	eversont@ohsu.edu
Sixberry	Melissa	509-249-6509	517-980-5912	Melissa.Sixberry@co.yakima.wa.us
Bravo	Lilian	509-249-6514	509-834-8715	Lilian.Bravo@co.yakima.wa.us
Myers	Holly	509-249-6504	509-985-3085	holly.myers@co.yakima.wa.us

Notification Software

The Yakima Valley Office of Emergency Management utilizes the Everbridge Mass Notification system for internal notifications of county employees and partner agencies. This notification system is available for the health district to utilize during daily operations and during continuity situations. The system has multiple redundant servers, the end user just needs to access to the internet.

CROSS TRAINING

Cross-training helps to ensure the essential functions can still be performed during an emergency that is causing staff shortages. The following table identifies those personnel that are cross trained in mission essential functions:

Staff	Missions Essential Function						
	#1	#2	#3	#4	#5	#6	#7
Myers, Holly				x		x	
Coleman, Orlantha		x	x				
Ibach, Ryan		x	x	x		x	
Sixberry, Melissa	x			x	x		x
Everson, Teresa	x				x		x

PAGE INTENTIONALLY LEFT BLANK

MISSION ESSENTIAL FUNCTIONS

1. Communicable Disease Investigations

Recovery Time Objective: Critical Recovery (<12 hours)

Description of Function: Investigate reports of possible communicable disease outbreaks.
Frequency: 24/7
Peak Time Period: Varies
Legal/Statutory Reference: 70 RCW, YHD rules and regulations, and CDC Regulations
Licensure Requirements: Registered Nurse, Physicians Orders
Continuity alternate locations: See Section III
Key Personnel Contact Information: See Section IV

Key Personnel		
Type	**Title**	**Staff Name**
Primary	Director of Disease Control	Melissa Sixberry
Secondary	Public Health Nurse	Denny Flodin-Hursh
Secondary	Public Health Nurse	David Miller

Critical Staff		
Personnel	**Minimum Quantity**	**License Required**
Public Health Nurse	1	Yes

Critical Equipment				
Item	**Minimum QTY**	**Vendor Name**	**Contact Name**	**Contact Phone Number**
Computer/Printer	1	Yakima County IT	Help Desk	509-574-2000
Internet Connection	1	Yakima County IT	Help Desk	509-574-2000
Phone	1	Yakima County IT	Help Desk	509-574-2000

Critical Software			
Item	**Vendor Name**	**Contact Name**	**Contact Phone Number**
Fax Finder Client	Multi-Tech Systems	Support Desk	800-972-2439
Secure Access Washington (SAW)	Washington State DOH	IT	877-899-3377
Public Health Issue Management System (PHIMS)	Washington State DOH	IT	877-899-3377

Public Health Report of Electronic Data (PHRED)	Washington State DOH	IT	877-899-3377

Vital Files, Records, and Databases				
Name	**Format**	**Backed Up?**	**Available at Alternate Location(s)?**	**Comments**
Communicable Disease Manual	Electronic Hard Copy	Yes	Both Sites	On Public Health Shared Drive
Public Health Issue Management System (PHIMS)	Electronic	Yes	Both Sites	Web based portal
Public Health Report of Electronic Data (PHRED)	Electronic	Yes	Both Sites	Web based portal

Other Essential Items	
Item	**Comments**
Ability to lock medical records	

Interim Processes
Action
Use personal cell phone to contact patients
Use hard copies of manual/access manual from another county computer
Utilize Health Officer are resource regarding questions

Essential Function Risk Assessment		
Risk Description	**Risk Level**	**Comments**
No or inadequate essential function documentation	Low	
No or inadequate offsite storage of vital documents/records	Low	
No or inadequate training of employee backups	Low	
No or inadequate interim processes	Low	
High level of dependence on external resources/other departments	Low	

2. Vital Records

Recovery Time Objective: Critical Recovery (<12 hours)

Description of Function: Provide access to vital records including birth and death certificates
Frequency: Office hours, year round
Peak Time Period: 8:30-09:00, 10:00-12:30, 1:30-3:30
Legal/Statutory Reference: RCW 70.58, YHD rules and regulations
Licensure Requirements: Registered DOH Deputy
Continuity alternate locations: See Section III
Key Personnel Contact Information: See Section IV

Key Personnel		
Type	**Title**	**Staff Name**
Primary	MOAS-Chief Deputy Registrar	Orlantha Coleman
Secondary	Deputy Registrar	Wendy Garcia
Secondary	Deputy Registrar	Soledad Gonzalez

Critical Staff		
Personnel	**Minimum Quantity**	**License Required**
Registered Deputy	1	Yes

Critical Equipment				
Item	**Minimum QTY**	**Vendor Name**	**Contact Name**	**Contact Phone Number**
Computer/Printer	1	Yakima County IT	Help Desk	509-574-2000
Internet Connection	1	Yakima County IT	Help Desk	509-574-2000
Phone	1	Yakima County IT	Help Desk	509-574-2000

Critical Software			
Item	**Vendor Name**	**Contact Name**	**Contact Phone Number**
Washington Health and Life Event System (WHALES)	Washington State DOH	IT	877-899-3377
Zebra scanner software	Washington State DOH	IT	877-899-3377
Electronic Death Registration System (ERDS)	Washington State DOH	IT	877-899-3377

Vital Files, Records, and Databases				
Name	**Format**	**Backed Up?**	**Available at Alternate Location(s)?**	**Comments**
Washington Health and Life Event System (WHALES)	Electronic	Yes	Both Sites	Web based portal
Electronic Death Registration System (ERDS)	Electronic	Yes	Both Sites	Web based portal

Other Essential Items	
Item	**Comments**
State DOH Paper	Used to print official certificates. Paper is located at the primary and the secondary sites.

Interim Processes
Action
Use computer and printer at alternate site Use computer and printer at another area that has access to State DOH Paper (Directly from DOH or neighboring county Health Departments

Essential Function Risk Assessment		
Risk Description	**Risk Level**	**Comments**
No or inadequate essential function documentation	Low	
No or inadequate offsite storage of vital documents/records	Low	
No or inadequate training of employee backups	Low	
No or inadequate interim processes	Low	
High level of dependence on external resources/other departments	Low	

3. Emergency Notification Alerts

Recovery Time Objective: Critical Recovery (<12 hours)

Description of Function: The ability to provide health related emergency notifications to partner agencies as well as to the public.
Frequency: As needed
Peak Time Period: Varies
Legal/Statutory Reference: WAC 246-101, YHD rules and regulations
Licensure Requirements: None
Continuity alternate locations: See Section III
Key Personnel Contact Information: See Section IV

Key Personnel		
Type	**Title**	**Staff Name**
Primary	MOAS-Chief Deputy Registrar	Orlantha Coleman
Secondary	Chief Operating Officer	Ryan Ibach
Secondary	Health Officer	Teresa Everson

Critical Staff		
Personnel	**Minimum Quantity**	**License Required**
Person with access/training on emergency notification systems	1	No

Critical Equipment				
Item	**Minimum QTY**	**Vendor Name**	**Contact Name**	**Contact Phone Number**
Computer	1	Yakima County IT	Help Desk	509-574-2000
Internet Connection	1	Yakima County IT	Help Desk	509-574-2000
Phone	1	Yakima County IT	Help Desk	509-574-2000

Critical Software			
Item	**Vendor Name**	**Contact Name**	**Contact Phone Number**
Civic Plus (Website)	Yakima County IT	Help Desk	509-574-2000
Everbridge (Mass Notification)	YVOEM	Duty Officer	509-574-1922

Vital Files, Records, and Databases				
Name	**Format**	**Backed Up?**	**Available at Alternate Location(s)?**	**Comments**
Pre-scripted Messages	Electronic Hard Copy	Yes	Both Sites	On Public Health Shared Drive

Other Essential Items	
Item	**Comments**
None	

Interim Processes
Action
Have YVOEM, SunComm, Sherriff Office Dispatch, or Lower Valley Dispatch send messages
Have County IT update the website

Essential Function Risk Assessment		
Risk Description	**Risk Level**	**Comments**
No or inadequate essential function documentation	Low	
No or inadequate offsite storage of vital documents/records	Low	
No or inadequate training of employee backups	Low	
No or inadequate interim processes	Low	
High level of dependence on external resources/other departments	Low	

4. Foodborne Illness Investigations

Recovery Time Objective: Urgent Recovery (12-24 hours)

Description of Function: Investigate reports of illnesses potentially related to food establishments
Frequency: Office hours, year round
Peak Time Period: Varies
Legal/Statutory Reference: 70 RCW, YHD rules and regulations
Licensure Requirements: None
Continuity alternate locations: See Section III
Key Personnel Contact Information: See Section IV

Key Personnel		
Type	**Title**	**Staff Name**
Primary	Director of Environmental Health	Holly Myers
Secondary	Environmental Health Specialist	Paul Garcia
Secondary	Environmental Health Specialist	Shawn Magee
Secondary	Environmental Health Specialist	Riley Moore
Secondary	Environmental Health Specialist	Ranulfo Perez
Secondary	Environmental Health Specialist	Ted Silvestri
Secondary	Environmental Health Specialist	Alison Towsley
Secondary	Environmental Health Specialist	John Wilson

Critical Staff		
Personnel	**Minimum Quantity**	**License Required**
Environmental Health Specialist	3	No

Critical Equipment				
Item	**Minimum QTY**	**Vendor Name**	**Contact Name**	**Contact Phone Number**
Computer/Printer	1	Yakima County IT	Help Desk	509-574-2000
Internet Connection	1	Yakima County IT	Help Desk	509-574-2000
Phone	1	Yakima County IT	Help Desk	509-574-2000

Critical Software			
Item	**Vendor Name**	**Contact Name**	**Contact Phone Number**
None			

Vital Files, Records, and Databases				
Name	**Format**	**Backed Up?**	**Available at Alternate Location(s)?**	**Comments**
YHD Foodborne Illness Forms	Electronic Hard Copy	Yes	Both Sites	On Public Health Shared Drive

Other Essential Items	
Item	**Comments**
None	

Interim Processes
Action
Use personal cell phone to conduct investigations
Use hard copies of forms/access forms from another county computer

Essential Function Risk Assessment		
Risk Description	**Risk Level**	**Comments**
No or inadequate essential function documentation	Low	
No or inadequate offsite storage of vital documents/records	Low	
No or inadequate training of employee backups	Low	
No or inadequate interim processes	Low	
High level of dependence on external resources/other departments	Low	

5. Sexually Transmitted Disease Investigation and Treatment

Recovery Time Objective: Necessary Recovery (1-3 days)

Description of Function: Investigate reports of sexually transmitted diseases and provide medication to patients.
Frequency: Office hours, year round
Peak Time Period: Varies
Legal/Statutory Reference: 70 RCW, YHD rules and regulations
Licensure Requirements: No
Continuity alternate locations: See Section III
Key Personnel Contact Information: See Section IV

Key Personnel		
Type	**Title**	**Staff Name**
Primary	Director of Disease Control	Melissa Sixberry
Secondary	Public Health Nurse	David Miller
Secondary	Public Health Nurse	Kalissa Scott

Critical Staff		
Personnel	**Minimum Quantity**	**License Required**
Public Health Nurse, Public Health Specialists, or Community Health Specialist	1	No

Critical Equipment				
Item	**Minimum QTY**	**Vendor Name**	**Contact Name**	**Contact Phone Number**
Computer/Printer	1	Yakima County IT	Help Desk	509-574-2000
Internet Connection	1	Yakima County IT	Help Desk	509-574-2000
Phone	1	Yakima County IT	Help Desk	509-574-2000

Critical Software			
Item	**Vendor Name**	**Contact Name**	**Contact Phone Number**
Fax Finder Client	Multi-Tech Systems	Support Desk	800-972-2439
Public Health Issue Management System (PHIMS)	Washington State DOH	IT	877-899-3377
Public Health Report of Electronic Data (PHRED)	Washington State DOH	IT	877-899-3377

Vital Files, Records, and Databases				
Name	**Format**	**Backed Up?**	**Available at Alternate Location(s)?**	**Comments**
Public Health Issue Management System (PHIMS)	Electronic	Yes	Both Sites	Web based portal
Public Health Report of Electronic Data (PHRED)	Electronic	Yes	Both Sites	Web based portal

Other Essential Items	
Item	**Comments**
STD Treatment Medication	Primary: Located at YHD primary site. Secondary back-up: send prescriptions to a pharmacy Tertiary backup: Use Yakima Neighborhood Health Services as a backup to provide treatment. (Must send referral per contract)
Ability to lock medical records	

Interim Processes
Action
Use personal cell phone to contact patients
Follow backup options outlined above for STD treatment medications

Essential Function Risk Assessment		
Risk Description	**Risk Level**	**Comments**
No or inadequate essential function documentation	Low	
No or inadequate offsite storage of vital documents/records	Low	
No or inadequate training of employee backups	Low	
No or inadequate interim processes	Low	
High level of dependence on external resources/other departments	Low	

6. Rabies Investigation

Recovery Time Objective: Necessary Recovery (1-3 days)

Description of Function: Investigate reports of animal bites and coordinate for testing of animals for presence of the rabies virus.
Frequency: Office hours, year round
Peak Time Period: Varies
Legal/Statutory Reference: 70 RCW, YHD rules and regulations
Licensure Requirements: No
Continuity alternate locations: See Section III
Key Personnel Contact Information: See Section IV

Key Personnel		
Type	**Title**	**Staff Name**
Primary	Director of Environmental Health	Holly Myers
Secondary	Environmental Health Specialist	Paul Garcia
Secondary	Environmental Health Specialist	Shawn Magee
Secondary	Environmental Health Specialist	Riley Moore
Secondary	Environmental Health Specialist	Ranulfo Perez
Secondary	Environmental Health Specialist	Ted Silvestri
Secondary	Environmental Health Specialist	Alison Towsley
Secondary	Environmental Health Specialist	John Wilson

Critical Staff		
Personnel	**Minimum Quantity**	**License Required**
Environmental Health Specialist	1	No

Critical Laboratory		
Name	**Address**	**Contact Phone Number**
Primary: Selah Vet Clinic	151 McGonagle Rd Selah, WA 98942	509-697-6111
Secondary: DOH State Lab	1610 NE 150th St Shoreline, WA 98155	206-418-5458

Critical Equipment				
Item	**Minimum QTY**	**Vendor Name**	**Contact Name**	**Contact Phone Number**
Computer/Printer	1	Yakima County IT	Help Desk	509-574-2000
Internet Connection	1	Yakima County IT	Help Desk	509-574-2000
Phone	1	Yakima County IT	Help Desk	509-574-2000

Critical Software			
Item	**Vendor Name**	**Contact Name**	**Contact Phone Number**
None			

Vital Files, Records, and Databases				
Name	**Format**	**Backed Up?**	**Available at Alternate Location(s)?**	**Comments**
YHD Rabies Forms	Electronic Hard Copy	Yes	Both Sites	On Public Health Shared Drive

Other Essential Items	
Item	**Comments**
Ability to lock medical records	

Interim Processes
Action
Use personal cell phone to contact patients
Use hard copies of forms/access forms from another county computer

Essential Function Risk Assessment		
Risk Description	**Risk Level**	**Comments**
No or inadequate essential function documentation	Low	
No or inadequate offsite storage of vital documents/records	Low	
No or inadequate training of employee backups	Low	
No or inadequate interim processes	Low	
High level of dependence on external resources/other departments	Low	

7. Tuberculous Control

Recovery Time Objective: Necessary Recovery (1-3 days)

Description of Function: Provide tuberculous medications to patients.
Frequency: Office hours, year round
Peak Time Period: Varies
Legal/Statutory Reference: 70 RCW, YHD rules and regulations
Licensure Requirements: Registered Nurse
Continuity alternate locations: See Section III
Key Personnel Contact Information: See Section IV

Key Personnel		
Type	**Title**	**Staff Name**
Primary	Director of Disease Control	Melissa Sixberry
Secondary	Public Health Nurse	David Miller
Secondary	Public Health Nurse	Kalissa Scott

Critical Staff		
Personnel	**Minimum Quantity**	**License Required**
Public Health Nurse	1	Registered Nurse

Critical Laboratory		
Name	**Address**	**Contact Phone Number**
Pathology Associates Medical Laboratories	1104 W. Spruce St Yakima, WA 98902	509-248-1653

Critical Equipment				
Item	**Minimum QTY**	**Vendor Name**	**Contact Name**	**Contact Phone Number**
Computer/Printer	1	Yakima County IT	Help Desk	509-574-2000
Internet Connection	1	Yakima County IT	Help Desk	509-574-2000
Phone	1	Yakima County IT	Help Desk	509-574-2000
Vehicle	1	Yakima County Public Services	Receptionist	509-574-2300

Critical Software			
Item	**Vendor Name**	**Contact Name**	**Contact Phone Number**
Fax Finder Client	Multi-Tech Systems	Support Desk	800-972-2439

Washington Disease Reporting System (WDRS)	Washington State DOH	IT	877-899-3377

Vital Files, Records, and Databases				
Name	**Format**	**Backed Up?**	**Available at Alternate Location(s)?**	**Comments**
Communicable Disease Manual	Electronic Hard Copy	Yes	Both Sites	On Public Health Shared Drive
Tuberculous Patient Charts	Hard Copy	No	Neither	Stored in locked fire proof cabinet in TB Nurse office.

Other Essential Items	
Item	**Comments**
Medications	Primary: Located at YHD primary site. Secondary back-up: obtain medications from a pharmacy
Ability to lock medical records	

Interim Processes
Action
Use personal cell phone to contact patients
Use hard copies of manual/access manual from another county computer
Use Personal vehicle to visit patients
Use Pathology Associates Medical Laboratories for lab testing

Essential Function Risk Assessment		
Risk Description	**Risk Level**	**Comments**
No or inadequate essential function documentation	Low	
No or inadequate offsite storage of vital documents/records	Medium	Medical Records are only in paper form stored onsite. While they are in a fire-proof cabinet which will protect them, there could still be scenario that the records became unusable.
No or inadequate training of employee backups	Low	
No or inadequate interim processes	Low	

High level of dependence on external resources/other departments	Low