

**UPDATE 9.0**

***Support plan 1 for ESF 8 of the Pacific County Comprehensive  
Emergency management Plan:***

**Public Health Emergency  
Response Plan**

~ 2011 ~



PACIFIC COUNTY COURTHOUSE  
National Historic Site

***Lead Agency***

***Pacific County  
Public Health And  
Human Services***

**RECORD OF CHANGES: On File**

*Pacific County*

**Public Health Emergency  
Response Plan**

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***PACIFIC COUNTY***

**PUBLIC HEALTH EMERGENCY  
RESPONSE PLAN**

**LEAD: Pacific County Public Health and Human Services**

**SUPPORT:**

- Pacific County Emergency Management Agency
- Pacific County Sheriff's Office
- Pacific County Department of Community Development
- American Red Cross
- Willapa Harbor Hospital
- Willapa Harbor Hospital Medical Staff
- Ocean Beach Hospital
- Ocean Beach Hospital Medical Staff
- Pacific County Prosecuting Attorney
- Fire Districts
- Community Mental Health
- Shoalwater Tribe
- Pacific County Medical Reserve Corps

**I. INTRODUCTION**

**A. MISSION**

Ensure and maintain the health of Pacific County residents in the face of a public health emergency.

**B. PURPOSE**

Provide a coordinated response by Pacific County Public Health and Human Services (PCPHHS) and supporting local regional, state, and federal agencies to a public health emergency. This plan is meant to

provide guidance and procedures in organizing the mobilization of community resources to respond to a public health emergency. This plan will be used in conjunction with (but does not supersede) the Pacific County Comprehensive Emergency Management Plan (CEMP).

### **C. SCOPE**

This plan is intended to utilize the health department's existing program expertise and personnel to provide surveillance, internal and external mitigation, event tracking, rapid health risk assessment, community education, dissemination of information, and coordination with hospitals, health care providers, EMS, public safety, and volunteers. The rapid health risk assessment of an event will determine the breadth and depth of the health department's recommendations and the County and community response.

## **II. POLICIES, AUTHORITIES, AND RESPONSIBILITIES**

### **A. GENERAL**

1. In the event of a public health emergency the Pacific County Public Health and Human Services Department shall make every effort to provide guidance to its political jurisdictions, partner agencies, and the general public on basic public health issues dealing with communicable diseases, environmental health, and other health concerns as needed during an event.
2. The Department of Public Health and Human Services will coordinate response efforts with other community partners and liaison with state and federal authorities. Assignment of responsibilities will be at the direction of the PCPHHS Director or his/her designee(s).
3. The health department's ability to respond to a public health emergency will be limited by defined laws and policies, jurisdictional boundaries, and available resources.
4. As appropriate, event command and control will be managed through the National Incident Management System (NIMS).

## **B. AUTHORITIES**

1. RCW 70.05.070. The local Health Officer has authority to act to control and prevent the spread of any dangerous contagious or infectious disease that may occur in his/her jurisdiction.
2. RCW 43.20.050(4). All police officers, sheriffs, constables and all other officers and employees of the state or any county, city or township thereof, are authorized to enforce all rules adopted by the State Board of Health.
3. WAC 246-101-505. Local Health officers are to review and determine the appropriate action for instituting disease prevention and infection control, isolation, detention and quarantine measures necessary to prevent the spread of communicable disease, invoking the powers of the courts to enforce these measures when necessary.
4. WAC 246-101-425. Members of the general public shall cooperate with public health authorities in the investigation of cases and suspected cases, and cooperate with the implementation of infection control measures including isolation and quarantine.
5. Basic Life Support (BLS) and Advanced Life Support (ALS) will be provided by ambulance services within the county, which will operate under one of the following: South Pacific County EMS Protocols and Standing Orders, North Pacific County EMS Protocols and Standing orders, Raymond Fire Dept. ALS Care Guidelines, and Washington State BLS Guidelines, in coordination with the Pacific County Emergency Operations Center.
6. Refer to Emergency Support Functions #8 Health, Medical, and Mortuary Services; #10 Hazardous Materials; #21 Recovery and Restoration.

## **C. RESPONSIBILITIES**

1. **PCPHHS Director:** Under statutory authority, the Pacific County Health Officer designates the PCPHHS Director to assume the role of Incident Commander during a major public health event. The

PCPHHS Director or his/her designee will decide policy, maintain contact with other agencies, develop public health priorities, lead event response, and delegate tasks. (A Unified Command with local law enforcement will be set up if criminal activity is identified or suspected.)

2. **Pacific County Health Officer (PCHO):** Acts as lead planner. Also exercises legal authority to take appropriate public health measures such as detention, quarantine, venue closures, and other disease prevention measures authorized under previously cited RCW and WAC paragraphs.
3. **Pacific County Board of Health (PCBOC):** Exercises legal authority to take appropriate public health measures authorized under previously cited RCW and WAC paragraphs.
4. **Public Health and Human Services Department:**
  - a. Provides representation to the EOC
  - b. Serves as liaison between local agencies and state and federal public health agencies
  - c. Coordinates public health and medical services
  - d. Performs assessment of medical/ health needs
  - e. Performs Epidemiological and Surveillance functions:
    - 1) Investigation of outbreak source
    - 2) Identification of cases and contacts
    - 3) Monitoring cases and contacts
  - f. Maintains a plan to receive, store, distribute, and administer vaccines and/or prophylactic treatment (See Attachment 2 to ESF 8, Pacific County Strategic National Stockpile Plan).
  - g. Recruits and trains volunteer manpower (*See Attachment 5 to ESF 8, Pacific County Region 3 Medical Reserve Corps*).
  - h. Prioritizes critical personnel for early vaccination or prophylactic treatment
  - i. Maintains access to and disseminates pre-event information on bioterrorism, mass chemical agents, radiation injury, and infectious disease risks.
  - j. Fulfills other responsibilities as delineated elsewhere in this plan
5. **Emergency Management:** Provides expertise and training on the Incident Command System and NIMS. Provides logistical and other

supports to public health, hospitals and emergency medical service providers

6. **Fire Agencies:** Provide functions as delineated under ESF #8 V.A.1.b. and provide lists of critical personnel for early vaccination or prophylactic treatment
  
7. **Ocean Beach Hospital and Willapa Harbor Hospitals:**
  - a. Maintain public health emergency response plans complementary to this county plan.
  - b. Provide personnel for continued hospital operation and participate in management and staffing of off site congregate quarantine or care facilities.
  - c. Participate in identification of off site congregate quarantine or care facilities
  - d. Develop security plans in conjunction with law enforcement to secure all medical facilities.
  - e. Provide management and logistical support as appropriate for congregate quarantine or care facilities
  - f. Provide a list of critical personnel for early vaccination or prophylactic treatment.
  - g. Provide expertise and cooperate with Department of Community Development- Environmental Health in decontamination efforts
  
8. **Medical Staffs of Ocean Beach Hospital and Willapa Harbor Hospital:**
  - a. Provide staffing of hospital facilities and congregate quarantine facilities
  - b. Integrate non-staff providers into a “medical crisis staff”
  - c. Provide a list of providers and family members eligible for early vaccination or prophylactic treatment
  - d. Maintain access to up-to-date medical references pertaining to bioterrorism agents, chemical agents, radiological injuries, infectious diseases, and other public health threats.
  
9. **American Red Cross:**
  - a. Under its charter, provides supplementary medical, emergency aid, and other health services upon request, dependent upon volunteer

availability. Local capabilities may be limited during a region-wide crisis.

- b. Fulfills its roll under ESF #6

**10. Community Development Environmental Health:**

- a. In cooperation with local hospitals and fire districts, leads in decontamination.
- b. Provides for sanitation services at mass care facilities and cooperates with hospitals in maintaining sanitation at congregate quarantine or care facilities.
- c. Maintains access to up-to-date information concerning decontamination after mass bioterrorism, chemical or radiological events.
- d. Plans and directs site cleanup/decontamination and determines safety of re-entry to previously contaminated sites/facilities.

**11. Pacific County Prosecutor/Coroner:**

- a. Provides legal guidance concerning legal authorities
- b. Acts as legal counsel re: Isolation, Quarantine, Treatment or other Health Officer or Board of Health Orders
- c. Lead agency dealing with mortal remains in event of high mortality event:
  - 1) collection and transportation of remains,
  - 2) laws and legalities of alternate disposition of remains
  - 3) ID and track location of remains if temporarily interred or stored

**12. Pacific County Sheriff:**

- a. Cooperate with hospitals and public health in maintaining security of medical facilities and supplies, maintaining public order at mass vaccination sites, and in enforcing quarantine.
- b. Sheriff or designee acts with the PCPHHS Director or designee in a Unified Command if criminal activity is identified or suspected.

**13. Community Mental Health:**

- a. Leads, trains and maintains a roster of volunteer personnel for crisis Mental Health services.
- b. Maintains operating plans for the function of crisis Mental Health services

- c. Provides a list of critical personnel for early vaccination or prophylactic treatment
- d. Maintains access to up-to-date references on the recognition and treatment of crisis related mental health conditions.

**14. Shoalwater Tribe** (see appendix H for contacts)

- a. Coordinates Public Health Emergency Response with Pacific County
- b. Maintains a bioterrorism response plan complementary to this county plan.

**15. Pacific County Medical Reserve Corps**

- a. Registers and trains volunteer personnel including but not limited to pharmacists, mental health personnel, nurses, support staff, phone volunteers and so on.

**D. LIMITATIONS**

1. Depending on the type and severity of the public health emergency, response may be limited by such factors as (but not limited to) the following:

- Damage to facilities and infrastructure
- Transportation services
- Staff reluctance to respond
- Lack of surge capacity
- Communication difficulties
- Personnel out due to illness

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.

3. Cooperative Agreements for Emergency Management between Pacific County and other government and non-government entities are subject to the “*Memoranda Of Understandings*” listed in *Appendix A*, in *Attachment 2 to ESF 8, Pacific County Strategic National Stockpile*

***Plan and in the Pacific County Comprehensive Emergency Management Plan (CEMP).***

**III. SITUATION**

- A. The Center for Disease Control and Prevention (CDC) has listed potential bioterrorism related infectious illnesses, toxins and radiation according to level of threat – ***See Appendix B, Biological, Chemical, and Radiological agents of highest concern.***
- B. This plan is also applicable to naturally occurring public health emergencies that have the potential to broadly affect the residents of Pacific County, such as pandemic influenza, or the aftermath of natural disaster (tsunami, earthquake, storm, etc).

**IV. PLANNING ASSUMPTIONS**

- A. A significant bioterrorism, chemical or radiation event, communicable disease outbreak, or public health emergency could pose public health threats, including problems related to communicable diseases, mass care and sheltering, weather related dangers, responder and victim mental distress, dealing with mortal remains and other health problems.
- B. A massive bioterrorism, chemical or radiation attack would likely first affect urban areas in Western Washington and Oregon and secondarily the surrounding rural areas such as Pacific County. A terrorist incident is an intentional act designed to maim, or kill members of the general public, or to inspire fear in the general public or a specific group of people.
- C. A Weapons of Mass Destruction event could include but is not limited to: nuclear, biological or chemical agents that are extremely toxic and lethal – and not typical of hazardous substances generally found at a hazardous materials (HAZMAT) incident.
- D. See Pacific County pandemic Influenza Plan, Attachment 3 to ESF 8 of the Pacific County CEMP for planning assumptions concerning pandemic influenza.
- E. Such an event may disrupt sanitation services, water, power, transportation, and other basic infrastructure. Rural areas like Pacific County may be

viewed as disease-free sanctuaries, creating an influx of “refugees” who may be disease carrying, and who may need to be sheltered. Usual sources of supply and distribution of all materials from foodstuffs to medicines may be disrupted.

- F. Ongoing acute medical care needs typical of Pacific County must continue to be met in time of emergency. Medical supplies in clinics, hospitals and pharmacies will be consumed much more rapidly than is typical for Pacific County.
- G. First responders, medical personnel, and key infrastructural personnel may be at higher risk for contracting bioterrorism or outbreak related diseases than is the general public. First Responders **MUST** be aware of the threat, be properly trained, be vaccinated if appropriate, be issued the proper protective clothing and equipment and be constantly aware of the threat of a secondary event.
- H. The catastrophic nature of a bioterrorism attack or disease outbreak, especially one with mounting fatalities and casualties, will produce urgent needs for mental health crisis counseling in victims as well as responders.
- I. High mortality public health emergencies will overwhelm the usual systems for dealing with mortal remains.
- J. The county may have future exposure to hazards not listed heretofore as well as to other hazards not yet developed.
- K. A number of diseases considered to be potential bioterrorism agents require various levels of quarantine to facilitate control of spread. Quarantine may need to be imposed involuntarily on individuals and enforced.
- L. No single agency at the local, state, federal, county, or private sector level, possesses the authority and expertise to act alone on the many difficult issues that may arise in response to a threat or act of terrorism. If Weapons of Mass Destruction (WMD) are involved, State, Federal and Regional assistance is likely to be absorbed by the needs of urban areas, there may be little outside help available to surrounding rural areas.
- M. Comprehensive emergency management planning includes activities to mitigate, prepare for, respond to and recover from the effects of a

bioterrorism, chemical or radiation event, massive disease outbreak, or public health emergency. Implementation of this plan is designed to reduce the impact of any such event that will affect the local and surrounding jurisdictions.

- N. A terrorist incident will create the need for special response considerations unlike any other emergency event. Pacific County Public Health and Human Services does not have the resources or personnel to provide for all the functions outlined in this plan. Staff from other agencies and community partners, and community volunteers will be identified and trained for roles in bioterrorism response.
- O. The Pacific County Public Health and Human Services Department and local governmental officials recognize their responsibilities with regard to public safety and accept them in the implementation of this plan and in responding to any biological, chemical or radiological event, will do so in accordance with RCW 38.52.110, regarding utilization of public and private resources.
- P. In situations not specifically addressed in this plan, the Pacific County Public Health and Human Services Department and other emergency management officials will carry out their responsibilities to the best of their abilities under the circumstances utilizing planning and management techniques appropriate to ICS/NIMS.

## **V. Command**

### **A. Nation Incident Management System (NIMS)**

Event management will follow the Incident Command System (ICS) and is coordinated with the County EOC. The EOC and PCHHS will utilize the National Incident Management System (NIMS) in all emergencies involving public health (see *Appendix C, Command*)

### **B. Role of Health Officer (PCHO) – Planning Section Chief**

The PCHO or designee will assume the role of Planning Section Chief. In addition to that role the PCHO will be responsible for initiating any legal actions or Health Officer Orders.

### **C. Role of PCPHHS Director – Incident Commander**

The PCPHHS Director or his/her designee assumes the role of Incident Commander during a major event that impacts public health. The PCPHHS Director will decide public health policy, maintain contact with other agencies, develop public health priorities, lead event response, and delegate tasks. A Unified Command with local law enforcement will be set up if criminal activity is identified or suspected. A Unified Command with Emergency Management will be set up if indicated under the Pacific County CEMP.

### **D. Role of the Sheriff – Unified Incident Command**

The Pacific County Sheriff or his/her designee acts with the PCPHHS Director or designee in a Unified Command if criminal activity is identified or suspected during a major event that impacts public health. The Sheriff will decide law enforcement policy, maintain contact with other agencies, develop security and criminal investigation priorities, co-lead event response, and delegate tasks (see *Appendix C, Command*).

### **E. Role of Emergency Management Director – Unified Incident Command**

The Pacific County Emergency Management Director or his/her designee will act with the PCHHS Director in a Unified Command as appropriate per the Pacific County CEMP.

#### **F. Role of the County EOC**

The county Emergency Operations Center (EOC) coordinates the multi-agency response to any hazard as outlined in the Pacific County CEMP (see *Pacific County CEMP*).

## **VI. CONCEPT OF OPERATIONS**

### **A. GENERAL**

#### **1. *Pre-event Phase***

##### **a. Mitigation and Planning Activities**

- 1) Planning and updating plans
- 2) Training by all PCHHS staff
- 3) Identifying non PCHHS resources
- 4) Maintain communication plans between and among responding agencies during an emergency
- 5) Maintain protocols for developing and releasing public information before and during an event.
- 6) Maintain protocols that link the Health Department to the *Secures System*.
- 7) Maintain and update epidemiologic surveillance protocols. See: *Appendix I. Epidemiologic Surveillance*
- 8) Maintain and update vaccination and pharmaceutical distribution plans. See: *Attachment 2 to ESF 8, Pacific County Strategic National Stockpile Plan,*
- 9) Recruit and train a reliable pool of volunteers to be called upon during an event. See: *Attachment 5 to ESF 8, Pacific County Medical Reserve Corps.*

10) Decontamination planning: Encourage continuing education and training of environmental health staff in techniques of decontamination.

**b. Disease Surveillance and Reporting.**

1) Agents listed in *Appendix B* are to be considered as “notifiable” whether or not they appear on the Washington State Department of Health “List of Notifiable Conditions,” and if appropriate will be reported under the category “Potential Agents of Bioterrorism.”

2) Early identification and notification of infectious, chemical or radiation agents listed in *Appendix B* will be incorporated into the ongoing communicable diseases surveillance of the health department (see *Appendix I. Epidemiologic Surveillance*)

c. See as an example of pre-event planning: *Attachment 3 to ECF 8 of Pacific County CEMP: Pacific County Pandemic Influenza Plan.*

**2. Response Phase**

**a. Alerts and Notifications**

1) Receive and transmit health alerts and other communications. See: *VI. C. Communications, and Attachment 4 to ECF 8 of the Pacific County CEMP: Pacific County Health and Human Services Emergency Communication Plan and Appendix G: Communications.*

2) Notify Pacific County health care providers via broadcast fax, via PCHO email list and by phone notification as necessary. A request for staffing assistance from medical providers will also be made as part of the message.

- 3) Situation appropriate messages will be developed for release to the general public (see *IV. B. Public Information, and Appendix F*).
- 4) Washington State Department of Health, Public Health Response Region 3, and cooperating local health jurisdictions will be notified per the regional response plan.
- 5) Emergency management and law enforcement will be notified per the *Pacific County CEMP*.

**b. Incident Action Plans**

- 1) Developed by the Planning Section under NIMS/ICS management (see *Appendix C*). Planning will be supervised by the Incident Commander (or if appropriate by the Planning Section Chief).
- 2) Incident Action Plans will be needed for the following:
  - a. Epidemiology/Surveillance
  - b. Disease control measures such as quarantine or social isolation
  - c. Patient Care and Movement
  - d. Volunteers – managers, just-in-time training, deployment
  - e. Forensics
  - f. Logistics
  - g. Mass Vaccination/Pharmaceutical distribution (see *Attachment 2 to ESF 8, Pacific County Strategic National Stockpile Plan*)
  - h. Other as necessary

**c. Epidemiology**

Designated Communicable Disease personnel will be responsible for implementing Incident Action Plans (IAP) for epidemiological investigation. During an event, supervision will be through the Incident Command System.

**d. Controlling the Outbreak**

Incident Action Plans for surveillance and quarantine will be implemented as appropriate. In order to provide additional support to the county team, local, regional, state and federal agencies may be involved. The magnitude of the event will determine the availability and the depth of involvement of other agencies. (See *Appendix J, Quarantine*)

**e. Laboratory Services**

In a bioterrorism event or other public health emergency, laboratory services provide a critical capacity for identifying a potentially infectious agent. The Health Department will follow State DOH protocols. For additional information see: *Appendix E, Laboratory Services*.

- Collecting and handling specimens.
- Identifying and establishing type of testing.
- Establishing chain of custody for transporting specimens between labs.
- Communications between labs, local Health Department and State Department of Health

**f. Patient Care and Movement**

Patient care and movement will be determined at the time of the event, according to the type of organism or agent involved. The determination will be made by the Incident Commander working with staff as appropriate. For additional informational see: *Pacific County CEMP, ESF-6 Mass Care/Shelter. ESF-8 Health, Medical & Mortuary Services. Region 3, Regional Hospital Plan. Ocean Beach Hospital Disaster Plan. Willapa Harbor Hospital Policy & Procedure Manual Fire, Safety, Disaster & Communications Plan.*

**g. Mass Vaccination or Chemoprophylaxis**

Mass vaccination or prophylaxis will follow health department plans, and DOH, and CDC guidelines and protocols. Such services are determined by the organism or agent involved. For additional information see: ***Attachment 2 to ESF 8; Pacific County Strategic National Stockpile Plan***), and ***Tab D for radiation emergencies***.

**h. Mass Fatality**

The prosecuting attorney's office has jurisdiction over fatalities in a mass mortality event. However, it is expected that public health will play a strong support role in such circumstances. Teams dealing with mortal remains will follow procedures outlined in "*Management of Dead Bodies after Disaster: A Field Manual for First Responders*" (WHO, Int Red Cross, Pan Am Health org, ISBN 92 75 12630 5). An electronic copy is available on the PCHSD shared drive and on the internet at:

<http://www.paho.org/English/DD/PED/DeadBodiesFieldManual.pdf>

**i. Shoalwater Tribe**

Public health emergency response will be coordinated with the Shoalwater Tribe with Pacific County being the agency through which the tribe liaisons with regional and state response (see ***Appendix H: Shoalwater Tribe Contacts***).

**3. Recovery Phase**

**a. Environmental Restoration**

Incident Action Plans for environmental restoration will be developed at the time of the event by the Incident Commander working with staff as appropriate, based on CDC protocols for the organism or agent involved. The County Health Officer will give final approval for all protocols performed.

**b. Re-entry Authorization**

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

**c. Decontamination**

Decontamination will follow Incident Action Plans of the division of Environmental Health of the Department of Community Development under guidance from and with the assistance of regional, state and federal authorities.

**B. PUBLIC INFORMATION**

1. Protocols for Public information are delineated in *Support Plan 4 to ECF 8 of the Pacific County CEMP: Pacific County Health and Human Services Public Health Emergency Communications and Public Information Plan. Also see: Pacific County CEMP, ESF-31, Public Information.*
2. **Public Information Officer (PIO):** The Incident Commander will appoint a Public Information Officer (PIO). Public information and media briefings will be handled by the PIO as outlined in the *Attachment 4 to ECF 8 of the Pacific County CEMP: Pacific County Health and Human Services Public Health Emergency Communications and Public Information Plan.*

**C. COMMUNICATIONS – OPERATIONAL**

1. The *Logistics Section* (See **Appendix C: Command**) will coordinate logistical communications during a response.
2. Personnel and/or teams may be linked per the Pacific County CEMP to equipment or organizations that can provide two-way radio communications, during an event.

3. Cell phones and/or radios will be assigned to personnel and/or teams assigned to fieldwork.
4. Personnel who will have the responsibility to communicate urgent messages will be trained in NIMS “emergency communications”
5. Pacific Co. Informational Service Depart. maintains secure and accessible information systems for
  - a. Phones
  - b. Computer Networks
  - c. Internet Connections
6. The health department maintains connection with the “Health Alert Network” and “Secures” network (see *Appendix J: Secures Policy*)
  - a. This network ensures secure connection and communications between federal, state and local health agencies.
  - b. This system will be used for urgent communications and collaboration for public health emergency response partners in Washington State.
  - c. It will provide a secure web portal for ongoing coordination and collaboration on training materials, resources and protocols for public health emergencies
  - d. It has capabilities for a rapid and redundant call-down of designated public health emergency responders.
7. A broadcast fax system is maintained to provide fax capabilities to:
  - a. Hospitals
  - b. Physicians
  - c. Law enforcement agencies
  - d. EMS
  - e. Other community partners
8. A provider contact database **is** maintained containing:
  - a. Contact name
  - b. Phone number and alternate
  - c. Fax number
  - d. Address

9. Group email lists are maintained that include health department lead personnel and community partners.
10. Satellite phones will be maintained in health department offices and routinely tested (as fiscally feasible)
11. A log book of phone calls with emergency notifications/information will be maintained at reception desks to note date, time, and substance of such calls.

## **VII. PLAN MAINTENANCE**

### **A. TRAINING**

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

### **B. DRILLS AND EXERCISES**

The plan will be exercised on a regular basis in conjunction with cooperating agencies.

### **C. RECOMMENDING CHANGES**

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

### **D. PERIODIC REVIEWS AND UPDATE**

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

### **E. ANNUAL PLANNING MEETING**

At least annually response personnel from PCHHSD will meet to review and provide current input into this plan, associated response plans,

exercises and AARs. Response partners including but not limited to Pacific County Emergency Management will be asked to attend.

**VIII. PLAN APPROVAL**

This plan has been reviewed for accuracy and compliance with the Pacific County Public Health and Human Services Department guidelines. Experience has indicated that maintaining it in “Draft” form facilitates review, update, and improvement of the plan. This plan is not intended to be “complete,” but rather a work in progress undergoing continuous improvement.

**This plan has been read and approved by:**

<hr/>	<i>Date</i>	<hr/>	<i>Date</i>
<b>James Edstam, MD, MPH</b> Health Officer		<b>Kathy Spoor RN</b> Director	

## Appendix A: List of Memoranda of Understanding

<u>Facility Name</u>	<b>Use Agreement</b> (last updated)
South Bend School District	12/03
Raymond School District	12/03
Willapa Valley School District	12/03
Naselle School District	1/04
Ocean Beach School District	12/03
Ocosta School District In Cooperation with GH County	12/03
Shoalwater Bay Tribe	1/04
Region 3 Public Health Emergency Memorandum of Understanding (Between region 3 LHJ's and Tribes)	2/05
<b>Inter-county Mutual Aid Agreement</b> <b><i>Omnibus Agreement</i></b> (Between all Washington LHJs)	11/09

## Appendix B: Biological, Chemical and Radiation Agents of Greatest Concern

### A. Biological Agents of Highest Concern

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

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

- coli 0157.H7
- Norwalk-like virus
- Staphylococcus aureus
- Clostridium perfringens
- Bacillus cereus
- Salmonella
- Shigella
- Campylobacter

**b. Outbreaks or suspected outbreaks of disease that occur in or are treated in a health care facility.** These may include but are not limited to the following:

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

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

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

**2. Bioterrorism agents of highest concern:** According to the CDC, the following items have been identified as most likely to be used in a bioterrorism event:

**a. Category A - agents:**

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

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

These agents may include but are not limited to:

- Anthrax
- Botulism
- Plague
- Smallpox
- Tularemia
- viral hemorrhagic fevers

**b. Category B - agents:**

Second highest priority agents are moderately easy to disseminate and:

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

These agents include but are not limited to:

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

**c. Category C - agents:**

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

1. Availability
2. Ease of production and dissemination
3. Potential for high morbidity and mortality rates
4. Pose major health impact
5. These agents include but are not limited to emerging infectious disease threats such as nipah virus and hantavirus

**B. Chemical Agents of Highest Concern**

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

Chemical agents are divided into the following categories:

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

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

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

**C. Radiological Agents of Highest Concern**

Radiological materials can pose both an acute and long-term hazard to humans. In many ways, radiological agents can result in similar effects as chemical agents. A major difference is that radiological agents do not necessarily have to be inhaled or come in direct contact with the skin to do damage. Some types of radiation such as x-rays can penetrate significant layers of protective material.

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

The three concerns during an incident are:

- |                      |                            |
|----------------------|----------------------------|
| A.                   | Whole body exposure        |
| B.                   | Ingestion or inhalation of |
| radioactive material |                            |

C. Contamination by contact  
with radioactive material

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

## **Appendix C: Command Bioterrorism/Communicable Disease Outbreak/Public Health Emergency**

### **Use of Incident Command System (ICS)**

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

#### **1. Incident Commander**

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

#### **2. Command Staff**

##### **A. Public Information Officer**

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

##### **B. Safety Officer**

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

##### **C. Liaison Officer**

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

#### **3. General Staff**

##### **A. Planning Section Chief**

The Planning Section Chief is responsible for the assessment of the event, determining resources needed, and establishing a plan that responds to the needs of the public and mitigates the existing threat.

##### **B. Operations Section Chief**

The Operations Section Chief is responsible for directing the activities of personnel responding to and implementing the plan established by the

Planning Section based on the nature of the event. Within this Section are Divisions. A supervisor leads each division. These divisions may include, but are not limited to: Security, Epidemiology, Education, EMS, Inoculations, Triage, Mortuary Services, Hospitals, Medical Services, and Mental Health.

**C. Logistics Section Chief**

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

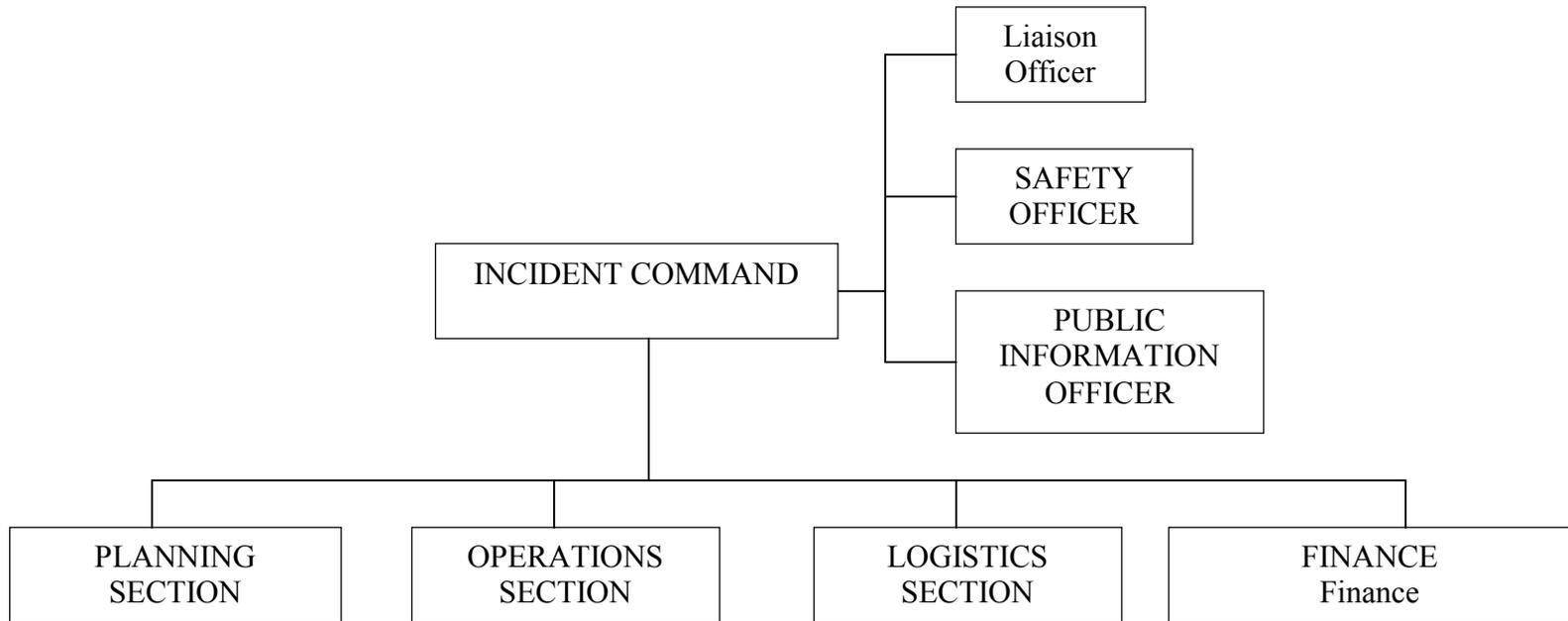
**D. Finance/Administration Section Chief**

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

**4. Unified Command**

Unified Command is used when there is more than one responding agency with responsibility for the incident. Under unified command the agencies work together through the designated members of the Unified Command (e.g Health Officer and Sheriff) who function jointly in place of a single Incident Commander.

## Command and Control Structure



## Appendix D: LABORATORY SERVICES

### I. Laboratory Services (Lab)

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

#### A. The points of contact for shipping of laboratory samples for Washington State Public Health Laboratories *are*:

<b>PRIMARY:</b>	
Name:	DOH Public Health Lab
Work Phone:	206 418-5500
Fax:	206-418-5515
Pager:	
E-mail:	<a href="http://www.doh.wa.gov">www.doh.wa.gov</a>
Home Phone:	
Home Address:	
<b>ALTERNATE:</b>	
Name:	
Work Phone:	1-877-539-4344 (After-Hours)
Cell Phone:	
Pager:	
E-mail:	
Home Phone:	
Home Address:	

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

1. All suspected Bioterrorism specimens that meet the criteria for submission must be coordinated with the local health department first and then the Public Health Laboratory by calling **(206) 418-5500** during business hours or

**1-877-539-4344**, a 24-hour emergency phone number. *No specimens will be accepted unless the Public Health Laboratory has been contacted prior to arrival of the specimen.*

2. In most situations, local law enforcement, HAZMAT, Washington State Patrol or an FBI representative will transport the specimen directly to the Public Health Laboratory located at 1610 150<sup>th</sup> Street NE, Shoreline WA 98155. (North of Downtown Seattle).
3. Driving directions from I 5: Take exit N.E. 145<sup>th</sup> St. (exit #175); head east on 145<sup>th</sup> Ave NE; turn LEFT onto 15<sup>th</sup> Ave NE; turn RIGHT on NE 150<sup>th</sup>; the Public Health Laboratory will be on your left. *No specimens will be accepted unless the Public Health Laboratory has been contacted prior to arrival of the specimen.*
4. In cases where the specimen is shipped by commercial carrier, State and Federal shipping regulations pertaining to infectious substances must be followed.
5. The follow URLs provide additional information on safe handling of laboratory specimens:

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

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

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

packaging, durable outer packaging) upon which the regulations are built.

**a. Primary Package**

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

**b. Secondary package**

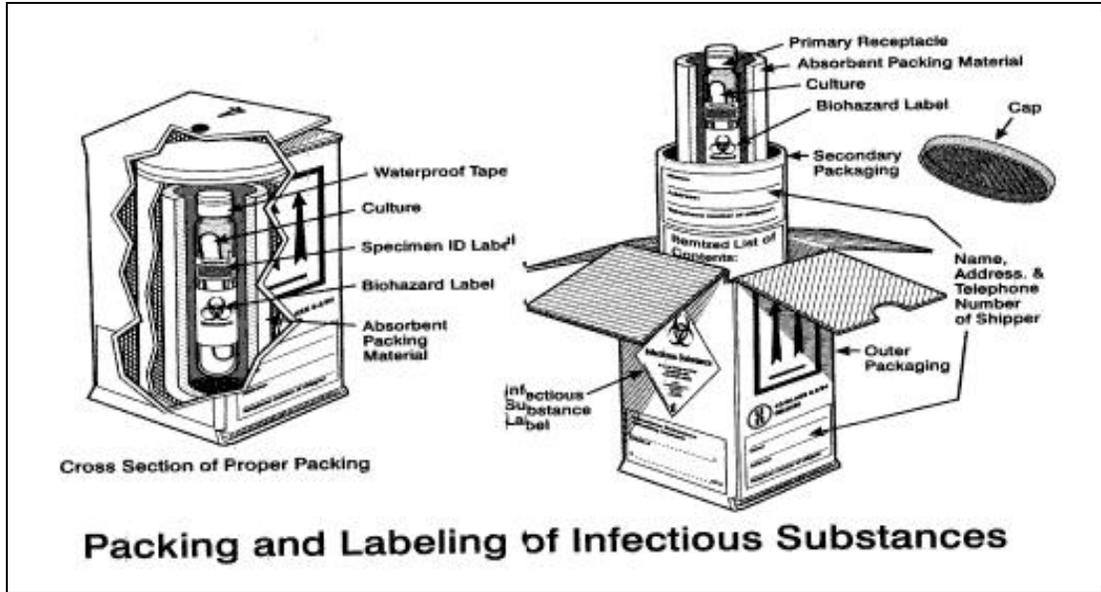
One or more primary receptacles are placed in a water-tight secondary package. Absorbent material, sufficient to absorb the entire contents of the primary container(s), must be placed between the primary and secondary package. The secondary package should be labeled with name, address, and telephone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

**c. Outside package**

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

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

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



#### **D. Environmental samples**

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

#### **E. Clinical samples**

1. Collection. Collection of diagnostic samples is normally done in clinical facilities. Confirmatory testing will be done by the State Public Health Laboratory. The State Public Health Laboratory will perform confirmatory testing for the following diseases: anthrax, botulinum toxin, tularemia, plague, brucellosis, melioidosis, vaccinia
2. Confirmatory testing for Smallpox is currently performed only by the Centers for Disease Control and Prevention.
3. Currently DOH has guidelines for clinical laboratories for the following diseases: Smallpox, anthrax, Plague, Tularemia, botulinum toxin.

#### **F. Questions on shipping of environmental and clinical samples should be directed to the Washington State Public Health**

Laboratory at (206) 361-2865 during business hours or 1-877-539-4344, a 24-hour number. Also see Pacific County CD Protocol for shipping directions for rabies, TB, etc samples

- G.** Shipping supplies, supply inventory, and directions for packaging and shipping for Pacific County Health Department are maintained in the lab area at both the South Bend Annex and Long Beach clinic facilities.

Individuals responsible for maintenance of shipping supplies are Wendy Hamlin and Teena Salme at the South Bend site, and Cory McKeown and Jeannie Weyl at the Long Beach site.

**Appendix E:  
PUBLIC INFORMATION**

**I. The point of contact for public information for Pacific County Health Department:**

<b>Primary:</b>	
<b>Name:</b>	<b>Kathy Spoor</b>
<b>Work Phone:</b>	<b>(360) 875-9343</b>
<b>Cell Phone:</b>	<b>(360) 580-4789</b>
<b>Pager:</b>	<b>(360) 942-6297</b>
<b>E-mail:</b>	<b>kspoor@co.pacific.wa.us</b>
<b>Home Phone:</b>	<b>(360) 875-5017</b>
<b>Home Address:</b>	<b>218 South Jackson, South Bend</b>
<b>Home E-mail:</b>	<b>spoors@centurytel.net</b>
<b>Alternate:</b>	
<b>Name:</b>	<b>Mike Desimone DCD/EH Director</b>
<b>Work Phone</b>	<b>(360) 642-9382</b>
<b>Cell Phone</b>	<b>(360) 589-3374</b>
<b>Pager:</b>	<b>(360) 942-6298</b>
<b>E-mail</b>	<b>mdesimone@co.pacific.wa.us</b>
<b>Home Phone:</b>	<b>(360) 642-4584</b>
<b>Home E-mail:</b>	

## **Appendix F: COMMUNICATIONS**

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

### **I. VOICE COMMUNICATIONS**

**A. PHONES:** During the first few hours of any emergency, the existing system may become overwhelmed with activity – causing a “no dial tone” situation. Hence all personnel must remain off of the telephone system, except for the transmission or receipt of communications that are pertinent to the event at hand.

1. **Public Networks/PBX** are similar to normal telephone systems, they have the same shortcomings in that they can be overwhelmed quickly in the early hours of an emergency. Personnel should know how to access them during an emergency.
2. **Wireless Phone Systems:** Most emergencies will quickly disable the “cell system”. Personnel are encouraged not to use their cell phones during the first few hours of an event. Cell phones are not secure and confidential information should not be discussed on wireless phone systems.
3. **Satellite Phones,** although very efficient and somewhat secure, are expensive to purchase and operate. When other systems fail satellite phones can be used to transmit and receive sensitive information.

### **B. RADIOS**

1. Radios may be available to County Health Personnel through the County EOC. Radio communications is not always secure; thus all transmissions should be carefully worded to prevent giving the wrong impression to the general population that may be listening on “scanners”.
2. Additional radio equipment and operators are available through ARES/RACES, a countywide volunteer communications organization. Access to this program may be ascertained by calling:
  - i. The Pacific County EOC manager
  - ii. WA Department of Emerg Management Duty Officer at: 1 800 562 6108
  - iii. The Washington State RACES Officer at: 1 360 698 0917

### **II. TEXT/DATA**

**A. Pagers:** Some personal pagers can be used for one-way transmission of text and other data. These devices are dependent on the use of normal telephone systems.

**B. Internet:** The system is dependent on normal telephone systems and networks. There are some avenues through ARES/RACES that use wireless communications to handle internet traffic. For further information call the Washington State RACES Officer at: 360 698 0917.

**Appendix G:**  
**SHOALWATER TRIBE CONTACTS**

<i>Name</i>	<i>Position</i>	<i>Phone</i>	<i>Fax</i>	<i>Email</i>	<i>Address</i>
Scott Powell	Health Director	267-8130	267-6217	<a href="mailto:spowell@shoalwaterbay-nsn.gov">spowell@shoalwaterbay-nsn.gov</a> Cell Phone – 360-591-6576	POB 130 Tokeland, WA 98590
	Police Chief	267-6766 ext.139	267-0616	Hiring in Process	
Charlene Nelson	Chairman of Tribal Council	267-6766 ext.108 Home-267-1219	267-0247	<a href="mailto:cubay@techline.com">cubay@techline.com</a>	
	Administrator	267-6766 ext.104		Hiring in Process	
Gary Burns	Environmental Director	267-3101 Home		<a href="mailto:burns@techline.com">burns@techline.com</a>  Cell phone - 360-580-6378	
Lee Shipman	Emergency Management Director	267-8120	267-8143	<a href="mailto:leshipman@shoalwaterbay-nsn.gov">leshipman@shoalwaterbay-nsn.gov</a> Cell Phone - 360-580-9697	POB 130 Tokeland, WA 98590
Tina Sturdevant	Emergency Management Specialist/MRC Coordinator	267-8127	267-6217	<a href="mailto:tsturdevant@shoalwaterbay-nsn.gov">tsturdevant@shoalwaterbay-nsn.gov</a>  Cell Phone – 360-580-0310	POB 130 Tokeland, WA 98590

## **Appendix H: EPIDEMIOLOGIC SURVEILLANCE**

### **Response to Report of Notifiable Conditions Pacific County Health and Human Services Department Updated February 2009**

This protocol refers to the notifiable disease conditions identified under WAC 246-101 and how the Pacific County Health and Human Services Department (PCHHSD) will pursue such notification. Authority for appropriate actions is authorized by:

- RCW 70.05.070. The local Health Officer shall control and prevent the spread of any dangerous contagious or infectious disease that may occur in his/her jurisdiction.
- RCW 43.20.050(4). All police officers, sheriffs, constables and all other officers and employees of the state or any county, city or township thereof, shall enforce all rules adopted by the State Board of Health.
- WAC 246-101-115 Health care providers must provide information for each case or suspected case.
- WAC 246-101-505. Local Health officers shall review and determine the appropriate action for instituting disease prevention and infection control, isolation, detention and quarantine measures necessary to prevent the spread of communicable disease, invoking the powers of the courts to enforce these measures when necessary.
- WAC 246-101-425. Members of the general public shall cooperate with public health authorities in the investigation of cases and suspected cases, and cooperate with the implementation of infection control measures including isolation and quarantine.

#### **I. Notifiable conditions**

- Those medical conditions, typically infectious diseases of significant public health impact, established by Washington State Law, and listed by the Washington State Department of Health (DOH) that are required to be reported to local health jurisdictions, DOH, and/or CDC.
- See <http://www.doh.wa.gov/notify/> for current lists of notifiable conditions: providerposter.pdf, hospitalposter.pdf, veterinaryposter.pdf, laboratoryposter.pdf

#### **II. Reporting Entities**

- Clinical laboratories (hospital, commercial, and public health labs) report notifiable conditions to the Washington Department of Health. Those laboratory reports are forwarded via the *Public Health Reporting of Electronic Data* (PHRED) to the appropriate local health jurisdiction.
- Medical Care Providers (Physicians, Advanced Registered Nurse Practitioners, Physician Assistants, Dentists) are required to report notifiable conditions that are suspected and/or laboratory confirmed.
- Hospitals, clinics and other health care facilities are required to report notifiable conditions.
- Veterinarians are required to report notifiable veterinary conditions.

#### **III. Provider Education**

Health care providers (i.e. reporting entities) within Pacific County will periodically be provided with a list of *Notifiable Conditions* published by the Washington State Department of Health. Annually, health department personnel will conduct educational sessions and/or have informational visits with health care

providers to update them on their notification responsibilities. The health department will provide information about workday, off-hours, and weekend notification phone numbers to providers (see Pacific County Health and Human Services procedure for 24 hour 7 day per week accessibility).

IV. Receiving Reports

- II. See Pacific County Health and Human Services Department procedure for 24 hour 7 day per week contact phone numbers by which entities may report notifiable conditions
- III. PCHHSD fax numbers and email address as listed on stationary may also serve as means of contact to report notifiable conditions.
- IV. Laboratory reports of notifiable conditions typically come as PHRED email alerts
- V. A roster of public health nurses who are certified PHRED users is maintained by the director and kept in the notifiable conditions manual. Digital certification for PHRED access must be renewed bi-annually by each public health nurse on the roster.
- VI. During regular working hours notifiable conditions reports including those transmitted via PHRED will be fielded by the public health nurse with that work assignment.
- VII. During non-working hours the department director or his/her designate will receive reports of *immediately* notifiable conditions and will initiate the appropriate immediate response. The case will be assigned to the appropriate public health nurse the next working day.
- VIII. The assigned public health nurses(s) will be responsible for all investigations, public health response, contact management, record-keeping, and reporting. If any of this responsibility is delegated to another member of the health department, the investigative record will denote that clearly. See process of investigation below.

*Forwarding reports to Washington State Department of Health*

- II. Notifiable condition reports will be forwarded to the Washington State Department of Health using the *Public Health Issue Management System* (PHIMS) and Sexually Transmitted Infections PHIMS (STI-PHIMS).
- III. See HIV protocol concerning HIV reporting.
- IV. Case reports will be opened in PHIMS within one working day of notification of PCHHSD.
- V. Case reports will be completed and closed per PHIMS procedure within one week of completion of investigation and response.
- VI. Public health nurses assigned to notifiable conditions reporting will maintain bi-annual PHIMS certification.

V. Response to Immediately Notifiable Conditions

- For conditions that require *immediate* notification, the initial response from PCHHSD will take place during that working day, or during off-hours, within 8 hours.
- In all cases early consultation with the health care provider responsible for the index case will be the first priority.
- Opening the report to Washington State DOH via PHIMS will be completed within the first working day of receiving the report.
- The immediate response will differ for different conditions. *Categories of response* are enumerated as follows:
  - *Category One:* The only immediate need is case management advice. Typically there are no contacts at immediate risk. Epidemiological investigation is likely to be straightforward and involve very few individuals at risk. Help for health care providers in finding appropriate sources of consultation may be necessary. Involvement of state or federal public health authorities is not immediate. One person from the health department would be expected to handle the immediate tasks.
  - *Category Two:* Immediate public health involvement is required but the disease is not likely to be of environmental origin. Contact identification and notification is necessary. Contacts may be numerous and urgently require testing, prophylaxis or quarantine. State or federal public health interventions may

be required early. Response will require direct action and involvement by health department communicable disease personnel excluding those from environmental health.

- *Category Three:* Immediate public health involvement is required and the disease is likely to be of environmental origin. Contact identification and notification is necessary. Contacts may be numerous and urgently require testing, prophylaxis or quarantine. State or federal public health interventions may be required early. Response will require direct action and involvement by health department personnel including those from environmental health.
- *Category Four:* As in 2 or 3 above but mobilization of multiple staff members to handle the immediate tasks at hand may be necessary.
- *Category Five:* In addition to above there is immediate need for communication to Public Safety, the Health Care community at large, the Board of Health, Political Authorities, and the Media. Requires at least the involvement of Director of Public Health, Director of Environmental Health, or Health Officer, preferably all three. Early involvement of the Board of Health may be appropriate.

VI. Immediately Notifiable Conditions by Category of Response:

- *Category 1:* Animal Bites, Brucellosis, Hemolytic Uremic Syndrome\*, Listeriosis, Poliomyelitis\*, Relapsing Fever (borreliosis), Tuberculosis, Yellow Fever, Unexplained Critical Illness or Death\*. Rare diseases of public health significance\*.
- *Category 2:* Diphtheria, H. influenzae invasive disease, Hepatitis (unspecified), Measles\*, Meningococcal disease, Pertussis, Plague, Rabies, Rubella, Typhus
- *Category 3:* Botulism\*, Cholera\*, Diseases of suspected Bioterrorism Origin\* (Anthrax, Smallpox), Foodborne origin, Waterborne origin, E. coli 0157:H7, Hepatitis A, Paralytic shellfish poisoning\*, Pesticide poisoning, Salmonellosis, Shigellosis.
- *Category 4:* Any from 2 or 3 above
- *Category 5:* Diseases of suspected Bioterrorism origin\*, Plague, Meningococcal disease, Diseases of Food or Water borne origin (clusters)\*.

\* Require immediate report to Washington State DOH

VII. Response to Notifiable Conditions NOT “Immediately Notifiable”

II. The public health nurse assigned by work roster to communicable disease reporting will initiate investigation within the next working day.

III. Case reports will be opened in PHIMS within one working day of notification of PCHHSD.

IV. Case reports will be completed and closed per PHIMS procedure within one week of completion of investigation and response.

**Process of Investigation**

6. Health care provider(s) will be identified. If the individual identified as the index case has no health care provider, then appropriate referral and/or consultation request will be made by the public health nurse
7. If the etiological agent is unknown then investigation will begin in consultation with the attending physician or health care provider by developing a preliminary *case definition*. Investigation will then proceed to identify additional cases, source of origin, risk to contacts and any other epidemiological information that may aid diagnosis and control.
8. Initial *case definitions* will at least include the following four descriptors:
  - II. Clinical description (symptoms, signs, clinical course, laboratory finding)
  - III. Time of exposure
  - IV. Place of exposure
  - V. Individual characteristics of cases (age, sex, occupation, etc.)
1. If the etiological agent is known (or strongly suspected) epidemiological investigation and control measures will follow closely any *protocols* for individual communicable disease agents developed by the Pacific Co. Health and Human Services Department, the Washington State DOH, or the CDC. The Control of Communicable Diseases Manual 18<sup>th</sup> Edition (2004) will be used as a guide

*Pacific County*

- to investigation and control of specific agents when no state, federal, or specific local protocol is available.
2. If **Contact Prophylaxis** is a recommended control measure for the communicable disease agent under investigation, then prophylactic treatment of contacts will be advised. In the last resort, if there is no identifiable private physician to treat contacts when prophylactic treatment is advised, then such a contact will be treated under the Health Officer’s prescription (See Appendix 1).
  3. All significant notifiable disease occurrences will be discussed with the **Health Officer** early in the investigative phase.
  4. Pacific County **health providers** will be notified of serious disease episodes, outbreaks, or significant disease investigations in progress. Such notification will include educational material for providers concerning treatment and control of the condition. Periodic progress reports will be provided to practitioners. Blast fax and email will be used as noted in communications procedures.
  5. **Media notification** concerning a disease episode, outbreak or investigation in progress will be the responsibility of the Director of Public Health, the Director of Environmental Health, or the Health Officer (preferably all three), if possible with input from members of the Board of Health.
  6. **Public Information** in the form of talking points will be developed for cases requiring contact investigation and/or are of significant media or community interest. See additional public information policies of the department.
  7. Report of any Notifiable Condition listed in the PHIMS database (Public Health Issue Management System) will be opened in that database within one working day. Sexually transmitted infections (STI) will be opened in STI PHIMS within one working day. All other reports, such as veterinary Notifiable Conditions, or investigations that ultimately prove to not be Notifiable will be recorded in paper files. If appropriate, investigations will be recorded under “other diseases of public health significance.” The intent is to track all work done in the department. Thus every Notifiable (or potentially Notifiable) Condition reported will generate an entry into PHIMS, or STI PHIMS.
  8. HIV case reporting is unique – for procedures on reporting and record keeping for HIV cases please see: PACIFIC COUNTY PUBLIC HEALTH DEPARTMENT Clinical Services SUBJECT: HIV Counseling and Testing TITLE: Counseling, Testing, and Partner Notification Procedures

**Public Health Disaster**

- In the event of a disastrous outbreak of disease or bioterrorism event, then public health action will be guided by the current draft of *ATTACHMENT 1 TO ESF 8 of the Pacific County Comprehensive Emergency management Plan: Public Health Emergency Response Plan* (and related emergency response plans as appropriate).

**Permanent Files**

- All paper records will be filed in a secure cabinet.
- Archived records of completed investigations and control efforts from 2006 to 2008 recorded in *notifiable2.mde* are archived by year on the Pacific County Health Department hl shared folder. on will consist of all PHIMS entries, maintained by DOH, a completed annual *n and*
- Written case investigation records including case contacts, secondary cases and contact prophylaxi will be filed chronologically by year in a secure filing cabinet in the originating office of the PCHHSD.

**Evaluation**

- Not all events will require quality review. However, episodes of vaccine-preventable diseases and episodes of diseases in which contacts require prophylactic treatment or diagnostic testing should be reviewed.

- Qualitative review will be accomplished by a debriefing subsequent to resolution of an incident and will involve communicable disease personnel, the Nursing Director, and the Health Officer. Suggested quantitative data to be recorded for review is as follows:
  - Number of cases
  - Number of contacts
  - Number of individuals identified to be at risk,
  - Number of secondary cases
  - Number of secondary cases in individuals not identified by the health department as at risk
  - Number of contacts with adequate prior immunization (if vaccine-preventable)
  - Other data that may be appropriate for a particular episode.
- Note should be made as to whether the debriefing and review process at the end of an incident results in system or process changes for future investigations and control efforts.
- Pacific County PHIMS and STI PHIMS entries will be reviewed annually for the following:
  - Timely initiation of the investigative record in PHIMS. (An investigative response within 8 hours would be expected for an immediately notifiable condition. Investigation should otherwise initiate within the next working day).
  - Proper completion of the entry with particular note that the “resolution” of the investigation and public health control efforts are indicated.
  - Post-investigation debriefing and review of processes has occurred where appropriate and is summarized under “Evaluation” or in PHIMS notes or in other formal after-action reporting.
  - An annual audit of PHIMS records will be made for timeliness. Departmental timeliness of case opening, case investigation, and case closure will be performed. The same data will be generated for each individual PHIMS user. Results of such audits will be used for quality improvement and for employee evaluation.

***Board of Health Report***

- An annual report to the ***Board of Health*** will summarize notifiable disease activity for the year with comparisons to historical experience where appropriate.
- Measures taken to protect public health during significant occurrences and changes in processes or approach developed in response to the last year’s experience and evaluation will also be reported. Board of Health guidance and input will be sought as appropriate.

***This protocol will be subject to annual review and revision.***

*J. Edstam MD*

2/28/09

James Edstam MD MPH, Health Officer

***APPENDIX A: Contact Prophylaxis.***

- In the event no private physician is available to write prophylactic medication prescriptions for the treatment of disease case-contacts, where recommended preventative treatment is indicated per accepted public health practice, then the Health Officer will be the prescribing physician of last resort.
- The investigating Public Health Nurse will contact the Health Officer in the event of this situation.

*Pacific County*

- The investigating Public Health Nurse will inform the case-contact of benefits, approximate costs and potential side effects or prophylactic treatment and obtained a signed consent form (see Appendix 2)
- The Health Officer's verbal order, which will be noted in the paper investigative record, will be forwarded as a prescription to the appropriate pharmacy using the prescription blank below a copy of which will be retained in the record.

*J. Edstam MD*

2/18/09

James Edstam MD MPH  
Pacific County Health Officer

James Edstam MD, MPH  
Pacific County Health Officer  
Pacific County Health and Human Services Department

P.O. Box 26  
9343  
South Bend, Washington 98586  
9323

Phone: 360 875-

Fax: 360 875-

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Condition of Public Health Significance: \_\_\_\_\_

Rx:

This prescription is not valid for controlled substances.

J. Edstam MD

By Public Health Nurse: \_\_\_\_\_ RN

Copy to file

Appendix I:  
**QUARANTINE**

**USE OF ISOLATION OR QUARANTINE LEGAL DOCUMENTS  
PROCESS CHART**  
Pacific County

**Options for Initiating Quarantine or Isolation Under WAC 246-100-040**

<b>LHO Request for Voluntary Quarantine WAC 246-100-040(1)</b>	<b>LHO Order for Involuntary Isolation or Quarantine WAC 246-100-040(3)</b>	<b>Court Order for Involuntary Isolation or Quarantine WAC 246-100-040(4)</b>
<b>Likely to be used when:</b>	<b>Likely to be used when:</b>	<b>Likely to be used when:</b>
<p>LHO is confident the quarantined individual will comply <b>NOTE:</b> a) The term "isolation" is not used in this request, as isolation is used when a person already has symptoms. This person would need care in a hospital or hospital-like setting, as opposed to a voluntary quarantine to home or other residential-type setting. b) The last part of the form calls for an attachment. The types of local resources which should be considered are telephone numbers for crisis clinic, mental health clinics, alcoholics anonymous, domestic violence counselors, or other support groups. The attachment should also inform the quarantined individual how to access basic necessities, e.g. Red Cross volunteers, volunteers from local faith-based organizations, whatever organizations the LHJ has enlisted and educated to safely assist the quarantined individuals.</p>	<p>Not as confident the individual will comply with a Voluntary Request for Voluntary Isolation or Quarantine; when the LHO believes the formality of the order with police enforcement and fine will better ensure compliance, or there is no time or ability to secure a Court Order (i.e., person ready to leave jurisdiction, need to impose quarantine on a weekend or at night and no prearrangements were made to locate a judge in an emergency). Want to avoid court filing fees of \$110.</p>	<p>Not confident that individual will comply with either Request or LHO Order; LHO believes that it may be necessary to move to a contempt of court proceeding with the threat of incarceration and/or greater fine to secure the individual; as a supplement to the LHO Order for Involuntary Isolation or Quarantine (both can be obtained, i.e. not mutually exclusive). <b>NOTE:</b> There are two sets of pleadings here – one is for use when no attempt is made to seek voluntary compliance due to the serious and imminent risk to the public. The second set is for use when voluntary compliance was sought, but the individual refused or otherwise indicated that he or she would not comply. WAC 246-100-040(4)(vi) provides for these two methods, which affects what the LHO must include in his or her declaration. That is the reason for the two sets of pleadings. Take note of the footer to see which pleading is being used.</p>

**Options for Non-compliance**

<b>If used LHO Request for Voluntary Quarantine Initially, then</b>	<b>If used LHO Order for Involuntary Isolation or Quarantine Initially, then</b>	<b>If used Court Order for Involuntary Isolation or Quarantine Initially, then</b>
a) LHO Order for Involuntary Isolation or Quarantine under WAC 246-100-040(3) <b>or</b> b) Court Order for Involuntary Isolation or Quarantine under WAC 246-100-040(4)	Court Order for Involuntary Isolation or Quarantine under WAC 246-100-040(4)	Seek an order from the court finding the individual in contempt of court under chapter 7.21 RCW (incarceration and/or fine up to \$2,000 per day) Note: Given potential exposure to others, imprisonment might take the form of electronic monitoring at the quarantine site

**To Extend Isolation or Quarantine Period**  
**WAC 246-100-040(5), (6)**

Note: Both the LHO Order and Court Order described above are valid for a maximum of ten days quarantine. If the LHO needs to extend the quarantine beyond ten days, only the Superior Court may order an extension for up to thirty days. If the individual is voluntarily complying, then the LHO may request the individual to continue in quarantine on a voluntary basis without seeking an order from the Court. There is **no** LHO Order extending an involuntary isolation or quarantine in WAC 246-100-040.

**If a lawsuit was already filed in Superior Court because a Court Order for Involuntary Isolation or Quarantine was obtained, the extension can be requested by filing a motion with the Superior Court under the same cause number.**

**If the involuntary quarantine is based solely on the LHO Order for Involuntary Isolation or Quarantine, no lawsuit has yet been filed, so the LHO will need to file a lawsuit using the summons and petition for order authorizing continued involuntary detention for quarantine or isolation.**

Note: WAC 246-100-040(6) authorizes another extension up to thirty days if so ordered by the Superior Court.

## Pacific County

### REQUEST FOR VOLUNTARY QUARANTINE

(Date)

Dear \_\_\_\_\_:

I am asking you to voluntarily quarantine yourself (or the following persons for whom you are the parent or legal guardian \_\_\_\_\_) because I have determined that you (they)<sup>1</sup> may have, or have been exposed to \_\_\_\_\_. I believe this is necessary because:

Quarantine means that you should not come into contact with other people. It protects your health and the health of others.

Please go and remain at \_\_\_\_\_ by \_\_\_\_\_.  
(Address) (Date and Time)

Based on what we now know about \_\_\_\_\_, you may need to stay there up to \_\_\_\_\_ days. We will be checking in on you and will let you know when it is safe for you to return to your normal activities.

If you have questions or need help, please call \_\_\_\_\_. Additional information about \_\_\_\_\_ is available at: [www.\\_\\_\\_\\_\\_](http://www._____).

It is very important that you comply with this request for voluntary quarantine. Your health and the health of others depend on it.

If you do not comply with this request for voluntary quarantine I may/will sign a detention order, enforced by the police, to ensure your compliance.

Thank you for your cooperation and help during this public health emergency. Attached is information about available local resources you can reach by telephone or via the Internet. Included in the attached information is a description of how your basic needs (e.g. groceries, medications) can be met while you are quarantined.

\_\_\_\_\_  
Local Health Officer

\_\_\_\_\_  
(Date and Time)

<sup>1</sup> The remainder of this letter should be modified if being delivered to the parent or guardian of dependents. The parent or guardian should be given the choice to be quarantined with the dependent. If the parent or guardian does not choose to be quarantined with the dependent, then arrangements need to be made for the dependent's care and appropriate level of supervision.

**LOCAL Emergency Response Plan – Public Health and Human Services**  
**Pacific County**

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**EMERGENCY INVOLUNTARY DETENTION ORDER**

Under authority of RCW 70.05.050 and WAC 246-100-040(3), I, \_\_\_\_\_, Local Health Officer for \_\_\_\_\_, order the person or persons on the attached Confidential Schedule to be detained for isolation or quarantine at the location described on the Confidential Schedule beginning on \_\_\_\_\_, 200\_\_ at \_\_\_\_\_ o'clock AM/PM (Pacific Time) and ending on \_\_\_\_\_, 200\_\_ at \_\_\_\_\_ o'clock AM/PM (Pacific Time) (not to exceed 10 days).

Based on my assessment of the information available, I suspect the communicable or infectious disease or agent affecting the person(s) identified in this order, or with which these persons have been exposed, infected, or contaminated by, is \_\_\_\_\_, and the person(s) identified in this order pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine.

I made the following efforts to obtain voluntary compliance, which were unsuccessful

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OR)

In my professional judgment, seeking voluntary compliance creates a risk of serious harm because

\_\_\_\_\_  
\_\_\_\_\_

This detention order is medically justified because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ at \_\_\_\_\_ AM/PM (Pacific Time).

\_\_\_\_\_  
LOCAL HEALTH OFFICER

**NOTICE TO PERSONS DETAINED BY THIS ORDER**

NOTICE: You have the right to petition the superior court for release from isolation or quarantine in accordance with WAC 246-100-055. You have the right to legal counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense and you should request the appointment of counsel at this time. If you currently have legal counsel, then you have an opportunity to contact that counsel for assistance.

**LOCAL Emergency Response Plan – Public Health and Human Services**  
**Pacific County**

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**STATE OF WASHINGTON**  
**PACIFIC COUNTY SUPERIOR COURT**

In re  
\_\_\_\_\_(use identifier per Confidential Schedule),  
Respondent(s).

NO. \_\_\_\_\_

PETITION FOR ORDER AUTHORIZING CONTINUED  
INVOLUNTARY DETENTION FOR QUARANTINE OR  
ISOLATION

COMES NOW \_\_\_\_\_, Local Health Officer for \_\_\_\_\_, by and through his/her attorney,  
\_\_\_\_\_, and petitions this court for an order authorizing the extension of the period for involuntary detention  
for quarantine or isolation. This petition is based on the pleadings and declaration of \_\_\_\_\_, attached hereto.

1. JURISDICTION. This petition is requested under authority of RCW 70.05.050 and WAC 246-100-040 (5).
2. IDENTITY OF PARTIES. \_\_\_\_\_ is the Local Health Officer for \_\_\_\_\_, with offices located at  
\_\_\_\_\_.

Respondents and their location are identified on the attached Confidential Schedule.

3. FACTUAL ALLEGATIONS.

a. On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_, Local Health Officer, issued an emergency order immediately involuntarily  
detaining the respondent(s) for quarantine or isolation under the authority of RCW 70.05.050 and WAC 246-100-040 (3).

b. The emergency order issued on \_\_\_\_\_, 20\_\_\_\_, authorized the involuntary detention for quarantine or isolation  
of respondent(s) at the location identified on the attached Confidential Schedule from \_\_\_\_\_, 200\_\_ at \_\_\_\_\_ o'clock  
AM/PM (Pacific Time) to \_\_\_\_\_, 200\_\_ at \_\_\_\_\_ o'clock AM/PM (Pacific Time), no more than  
ten days.

c. The \_\_\_\_\_ Health Officer has determined or has reason to believe that the respondent(s) is/are, or is/are  
suspected to be, infected with, exposed to, or contaminated with \_\_\_\_\_, which could infect or contaminate others  
if respondent(s) is/are not detained and quarantined or isolated from others.

d. The medical basis justifying isolation or quarantine is justified is:

e. The anticipated duration of isolation or quarantine based on the suspected communicable disease or infectious agent is  
\_\_\_\_\_ (not to exceed thirty days).

Adopted:  
Revised:

***LOCAL Emergency Response Plan – Public Health and Human Services***  
***Pacific County***

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f. The local health jurisdiction is in full compliance with the isolation and quarantine principles and conditions contained in WAC 246-100-045.

4. RELIEF REQUESTED. Based on the above allegations as supported by the attached declaration, the Local Health Officer requests the following:

a. the entry of an order authorizing the continued involuntary detention of the person(s) named on the attached Confidential Schedule at the location specified on the attached Confidential Schedule from \_\_\_\_\_, 200\_\_ at \_\_\_\_\_ o'clock AM/PM (Pacific Time) to \_\_\_\_\_, 200\_\_ at \_\_\_\_\_ o'clock AM/PM (Pacific Time) (not to exceed thirty days);

b. the entry of an order sealing the Confidential Schedule and any other documents containing identifying information of the respondent(s), including the location of isolation or quarantine, to protect the privacy of their health care information;

c. such other relief as the court deems reasonable and proper.

DATED this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
[Attorney's Name]  
Attorney for (LHO/County)  
WSBA #

## **Appendix J: SECURES Overview (From PCHSD Secures Policy)**

- a. The Washington State Secure Electronic Communication, Urgent Response and Exchange System (SECURES) is a web site (<http://secures.doh.wa.gov>) that will allow Washington public health and emergency response partners to communicate and collaborate securely and quickly.
  
- b. This web site's features include:
  - i. **Health Alerts.** The system will distribute health alerts from the Centers for Disease Control (CDC) and Washington State, to state and local public health and emergency response workers. Users will have the ability to hold secure online discussions with each other, as well as send targeted and broadcast e-mail, pages, and text messages.
  - ii. **Secure Emergency Call Down.** The system assures that public health colleagues can contact each other on a secure web site, receive accurate and up-to-date information, and communicate during a bioterrorism or other public health emergency on a 24-hours-a-day/7-days-a-week basis.
  - iii. **Track down.** Public health officials can be assured of contact in an emergency because the SECURES system uses multiple methods of communication including voice, email, and text messaging, to notify recipients of a message. And it documents receipt of messages.
  - iv. **Document Collaboration** – The system allows users to securely collaborate on and share documents; making SECURES a system that can be used for preparedness planning as well as emergency response.
  - v. **Public Health Directory** – The system features a contact directory for emergency preparedness, and public health personnel. The directory is housed centrally on SECURES, but is locally maintained and administered and is designed to meet Public Health Information Network (PHIN) standards.