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# Region 6

## Healthcare Preparedness

### Washington State to Hold Statewide Earthquake Drill April 22

April is Disaster Preparedness month in Washington State. Highlights will include a statewide earthquake drill. The statewide drill will be initiated through an Emergency Alert System message on broadcast media between 9:45 a.m. and 10 a.m. on April 22.

Disaster preparedness month will also encourage government agencies, businesses, schools and citizens to review response plans and procedures that could significantly reduce the loss of life and property damage in an emergency. Here are a few examples of activities that your organization might consider:

- Conducting an agency-wide drop, cover, and hold earthquake exercise
- Checking and refreshing emergency food, water, and first-aid supplies
- Subscribing to the Regional Public Information Network ([www.rpin.org](http://www.rpin.org))
- Hosting a 1-2 hour Personal Preparedness workshop for your employees
- Conducting a management team or all agency discussion about your agency's preparedness plan.

Information on earthquake preparedness and a one-page fact sheet is available in multiple languages at URLs listed below:

Earthquakes: [http://www.doh.wa.gov/phepr/handbook/hbk\\_pdf/quake.pdf](http://www.doh.wa.gov/phepr/handbook/hbk_pdf/quake.pdf)

Spanish version: Terremotos [http://www.doh.wa.gov/phepr/handbook/spanish\\_pdf/quake\\_spanish.pdf](http://www.doh.wa.gov/phepr/handbook/spanish_pdf/quake_spanish.pdf)

Chinese version: 地震 [http://www.doh.wa.gov/phepr/handbook/chinese\\_pdf/earthquake\\_chinese.pdf](http://www.doh.wa.gov/phepr/handbook/chinese_pdf/earthquake_chinese.pdf)

Korean version: 지진 [http://www.doh.wa.gov/phepr/handbook/korean\\_pdf/earthquake\\_korean.pdf](http://www.doh.wa.gov/phepr/handbook/korean_pdf/earthquake_korean.pdf)

Russian version: Землетрясения [http://www.doh.wa.gov/phepr/handbook/Russian\\_pdf/earthquake\\_RU.pdf](http://www.doh.wa.gov/phepr/handbook/Russian_pdf/earthquake_RU.pdf)

Vietnamese version: Earthquakes [http://www.doh.wa.gov/phepr/handbook/vietnamese\\_pdf/earthquake\\_VN.pdf](http://www.doh.wa.gov/phepr/handbook/vietnamese_pdf/earthquake_VN.pdf)

LARGE TYPE: [http://www.doh.wa.gov/phepr/handbook/large\\_type/earthquake\\_lgtype.pdf](http://www.doh.wa.gov/phepr/handbook/large_type/earthquake_lgtype.pdf)





**King County**

Information about the Office of Emergency Management can be found online at : <http://www.metrokc.gov/prepare/>

## Are You Ready?

- Get Informed about local emergency plans
- Learn to identify hazards that affect your local area
- Develop and maintain an emergency communications plan
- Prepare a disaster supply kit

# Study - Seattle Fault Earthquake Illuminates Need to Understand Public Disaster Preparedness Attitudes

News Release | King County Executive Ron Sims

Each year more than a thousand earthquakes are recorded in Washington State, fifteen to twenty of which are strong enough to be felt. A recent study completed on the significant threat posed by a Seattle Fault earthquake, shows that special attention should be paid to the level of preparedness for such an event among residents of the Central Puget Sound region. The results of two benchmark surveys on local emergency and disaster preparedness attitudes outline potential concerns and behaviors that regional residents may have in the event of a major earthquake or other significant emergency.

Conducted by two national survey research organizations and funded by a homeland security grant, this marks the first time King County has had the ability to assess the preparedness motivations of the Puget Sound region, making these results all the more valuable for the insight they lend to our public education programs on earthquake hazard mitigation and other natural and manmade disasters.

Using three locally held focus groups to help define the direction of the survey, researchers found that most individuals expect first responders operating during a widespread or catastrophic emergency will be overwhelmed, and unable to provide immediate assistance. Focus group participants also identified the media, especially broadcast media, as sources for information when a significant event occurs. In particular, cable news networks were perceived to be the initial source of choice because they broadcast on a continuous basis.

The King County Office of Emergency Management plans to utilize the survey results in working with regional partners to help measure the effectiveness of emergency and disaster preparedness public education programs, as well as to help define the direction of future survey efforts.

Article Reference: [http://www.metrokc.gov/exec/news/2005/03/08\\_QuakeStudy.htm](http://www.metrokc.gov/exec/news/2005/03/08_QuakeStudy.htm)

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## King County names Robin Friedman Director of the Office of Emergency Management

Press Release | King County Executive Ron Sims



Robin Friedman  
Photo Courtesy of  
2008 EMA, Inc.

Mr. Robin Friedman has been selected to lead King County's emergency management, planning and preparedness as the director of the Office of Emergency Management effective April 7, 2008.

Mr. Friedman, employed with Seattle Public Utilities (SPU) for the past ten years, directed both the security of SPU's regional water, drainage, wastewater and solid waste infrastructure and emergency management programs since 2003. A graduate the United States Military Academy at West Point, Friedman served 16 years in the United States Army before honorably retiring in 1996.

During active duty, Mr. Friedman earned his Masters in Public Administration in 1990. Jeff Bowers, Acting Director of OEM, will assist Friedman in the immediate transition and will resume his position as the assistant director for the office.

# Code-red Situation Has Local Hospitals Diverting Patients

Carol M. Ostrom | Seattle Times health reporter | Seattle Times Online

More often than expected, emergency rooms at hospitals around Puget Sound closed their doors this winter, as flu, respiratory illness and insurance problems brought patients to emergency departments in droves.

As a result, hospitals around the region signaled a central ambulance-routing system to alert that patients must be diverted to other hospitals. This winter, virtually all hospitals in King County have been closed to emergency patients as often as six times a month, said Chris Martin, former chair of the Central Region Emergency Medical Services & Trauma Care Council.

"We have really struggled," said Martin, whose group helps set hospital-divert policy. "You can only hold so many patients in your emergency departments, waiting to get a bed upstairs, before you don't have a functioning emergency room."

Here's the problem: If hospitals in Pierce County start closing emergency-room doors, ambulances start taking patients north. When it happens in Snohomish County, ambulances head south.



Soon, all the hospitals are showing up "red" on a shared Web site that lists bed status so that ambulances can be routed to the closest hospitals.

Two years ago, the trauma council adopted a policy that hospitals in King County would no longer divert when their own emergency departments or critical-care beds were full, or when they had staff shortages. They agreed to stabilize critically ill patients, and then send them to other hospitals.

A health-care-worker shortage sometimes means an available bed can't be filled. "If you don't have a bed with a nurse attached to it, it's not a bed," Martin notes.

Statistics collected by the hospital association show that from December 2006 through March 2007, hospitals in King County had nearly 6 percent more patients than the rest of the year, Menaul said.

This summer, Martin said, a new tracking system will help route ambulances to hospitals around King County more efficiently. And Harborview Medical Center, where Martin is administrative director of emergency and trauma services, will open 50 new beds.

"We, as hospitals, are very concerned about this, and we're working very collaboratively to fix the problem," Martin said. "You may not be able to go to your hospital of choice, but we are working very hard to make sure you will get to a hospital."

**For Full Article please visit:**  
[http://seattletimes.nwsourc.com/html/localnews/2004298810\\_hospitals22m.html](http://seattletimes.nwsourc.com/html/localnews/2004298810_hospitals22m.html)

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April 16 is National Healthcare Decisions Day, the day set aside to focus on the issue of advance directives. The recommendation is to discuss the issue with family, have family members sign a formal document (website has links to templates), then appoint an "executor" to increase the possibility of those wishes being followed.

<http://www.nationalhealthcaredecisionsday.org/>

on **April 16, 2008**, join Americans across the country to talk to others about your future healthcare decisions and to complete your advance directive

## Quick Response Scenario Could Slow Flu Pandemic

Red Orbit News Online



Courtesy of NY Times Online  
Joon Mo Kang

SEATTLE -- The spread of pandemic influenza in a big city could be slowed -- possibly long enough to develop a targeted vaccine -- by quickly administering anti-viral drugs, closing schools, and taking other measures to reduce person-to-person contact, according to researchers at Fred Hutchinson Cancer Research Center. But success would depend on how quickly such measures were implemented -- and whether people complied with suggestions to stay home and so-called "social distancing" methods, conclude the authors, who include Dr. M. Elizabeth Halloran and co-author Ira Longini.

The two researchers, who are professors of biostatistics at the University of Washington, were among 17 working in three groups to create mathematical computer models studying how best to contain the flu, using Chicago as the example.

Without such interventions, the authors conclude, about 4 million of Chicago's 8.6 million population would catch the flu within six months. If all the interventions were used quickly, the models show that number could be cut to about 10,000 cases, Halloran said. "We can effectively reduce the number of cases and slow the pandemic."

Though the authors themselves caution that many of their assumptions aren't supported by much data, the models can stimulate discussion and help find gaps in current pandemic preparedness, said Dr. Jeff Duchin of Public Health-Seattle & King County. However, "you have to take these models with a grain of salt," Duchin said, because some assumptions are "flat-out unrealistic."

For example, the models assume that sick people can get anti-viral medications, such as Tamiflu, within a day. "This is an unrealistic expectation right now," Duchin said. "The system is overwhelmed during a typical flu season." The models also assumed people would be quickly identified as having the flu, Duchin noted. "We don't have a good way to identify people with pandemic flu rapidly right now," he said. In addition, the model calls for the drugs to be given preventatively to household contacts of sick people, but "we don't have enough anti-viral drugs in the national stockpile even to treat all the sick people," Duchin said.

To Reference Full Article visit:

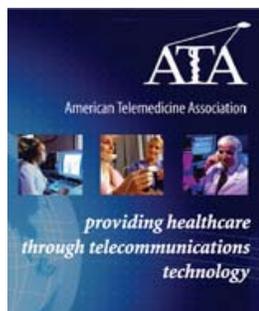
[http://www.redorbit.com/news/health/1291922/quick\\_response\\_scenario\\_could\\_slow\\_a\\_flu\\_pandemic/](http://www.redorbit.com/news/health/1291922/quick_response_scenario_could_slow_a_flu_pandemic/)

## High-Tech Healthcare - Telemedicine Meeting in Seattle

Over the weekend of April 6-8<sup>th</sup>, The American Telemedicine Association (ATA) hosted its Thirteenth Annual Meeting & Exhibition at the Washington State Convention Center in Seattle, Washington. Thousands of health care professionals, high-tech companies and experts from around the world gathered to hear about the latest research by medical and technology experts in the field of telemedicine. Included in the exhibition were devices that will help train emergency responders by simulating disaster areas and networks that manage and deliver improved treatment of patients with infectious diseases. The three-day meeting also explored the latest findings in homeland security, emergency preparedness and disaster response, chronic care, mental health, and access for underserved populations.

For more information about the meeting please visit:

[www.americantelemed.org](http://www.americantelemed.org)



To View:

[Modeling targeted layered containment of an influenza pandemic in the United States](#)

Click on the graphic to the left.

Found at PNAS 2008  
105: 4639-4644;  
published online on  
March 10, 2008

Original Source: Business Wire

The American Telemedicine Association is a non profit organization and information clearing house that seeks to promote access to medical care for consumers and health professionals via telecommunications technology

## ***Report: Telecommuting Options Expand for Federal, Private Sectors***

**Occupational Health & Safety Online | March 31, 2008**

CDW Corporation, a Vernon Hills, Ill.-based provider of technology products and services, today announced the findings of its fourth annual telework survey. According to a national survey of employees and information technology professionals in the private sector and the federal government, private-sector employers have taken significant steps to expand telecommuting initiatives since a year ago, and private-sector telecommuting adoption is approaching the federal level, with 14 percent of private-sector employees telecommuting, compared to 17 percent of federal employees.

Broad telecommuting adoption could ensure the continuity of government and business operations in the aftermath of a major catastrophe, or even for the duration of a minor disruptive event--such as snowstorms, tornadoes, or wildfires--and this year's survey finds mixed news on the topic of continuity planning. In the private sector, continuity of operations capability increased but still trails the feds, with 46 percent of private-sector employees indicating that they could continue working during a disruption, up from 33 percent in 2007.

The CDW survey shows that 76 percent of private-sector employers now provide technical support for remote workers, up 27 percentage points over 2007. Federal agencies remain strong advocates for telecommuters, with 56 percent of federal IT professionals indicating that their agencies provide IT support for telecommuters. Since 2005, federal IT support for telecommuting, also called telework, has grown 23 percent, according to a year-over-year trend analysis of telework survey data.

**For more information on the report or to download a copy, visit [www.cdw.com/telework](http://www.cdw.com/telework)**

## ***A New Understanding for Handling Disaster***



**American Veterinary Medical Association | Katie Burns | April 1, 2008**

The AVMA signed a new memorandum of understanding with the Department of Health and Human Services to help clarify the roles of each entity in providing veterinary services during disasters and other emergencies.

In that original model, the AVMA maintained the teams and trained the members, with funding from the American Veterinary Medical Foundation. The VMAT members became temporary federal employees under the National Disaster Medical System during each deployment. Team members responded to numerous natural disasters, were on hand at major events, and provided veterinary care to search-and-rescue dogs at the World Trade Center after the terrorist attacks of 2001.

In the post-Katrina period, federal officials have developed the National Veterinary Response Team as a program that operates entirely under government oversight to provide veterinary emergency preparedness and response services.

Looking ahead, the AVMA is exploring new directions for its VMAT program, such as aiding state governments with emergency preparedness and response services. The VMAT mission remains the same—to assist with animal care, animal issues, and public health during and after disasters.

### **Article Reference:**

[http://www.avma.org/onlnews/javma/apr08/080401a\\_pf.asp](http://www.avma.org/onlnews/javma/apr08/080401a_pf.asp)



## HHS Releases Fifth Pandemic Planning Update

BioSecurity Online | Brooke Courtney | March 28, 2008

On March 17, 2008, the U.S. Department of Health and Human Services (HHS) issued the report, Pandemic Planning Update V.<sup>1</sup> The report outlines progress made in U.S. pandemic influenza planning in the areas of monitoring and surveillance, medical countermeasures, state and local preparedness, and communications and outreach. The last update was released on July 18, 2007.<sup>2</sup>

According to the new update, avian influenza remains highly pathogenic and “continues to play a prominent role in pandemic preparedness.”<sup>1</sup> HHS reports that in its planning it is giving highest priority to tasks that “it is best positioned or uniquely able to undertake,” such as:

- Stockpiling pre-pandemic vaccine and antiviral drugs;
- Providing financial and technical assistance to states to help them create complementary stockpiles of antiviral drugs and develop and test various mitigation strategies;
- Creating a domestic vaccine production capacity commensurate with the expected requirements of a pandemic; and
- Sponsoring advanced development projects toward the next generation of vaccines, therapeutics, and diagnostics.<sup>1</sup>

In addition, the report states that the U.S. had stockpiled 13 million courses of pre-pandemic vaccine by the end of 2007 and has invested more than \$130 million to date to study adjuvants, which are substances added to vaccines that may increase the magnitude and scope of the immune response.<sup>1</sup>

### To View the full article visit:

[http://www.upmc-biosecurity.org/website/biosecurity\\_briefing/archive/avian\\_pandemic\\_flu/2008/2008-03-28-hhs5thpanplanupdate.html](http://www.upmc-biosecurity.org/website/biosecurity_briefing/archive/avian_pandemic_flu/2008/2008-03-28-hhs5thpanplanupdate.html)

HHS reports that in 2008 it plans to “continue to reach out to stakeholders to shape some of the most difficult pandemic planning issues facing the Nation...Issues to be considered...include proposed vaccine allocation plans, proposed guidance for private-sector stockpiling of antivirals and respirators/facemasks, shared responsibility for medical countermeasures stockpiling, and the importance of individual preparedness.”<sup>1</sup> The agency also plans to continue its efforts to include some of the hardest to reach populations, such as the homeless and non-English speakers, in the pandemic planning process and develop appropriate messages for those groups.<sup>1</sup>

### References

1. U.S. Department of Health and Human Services. Pandemic Planning Update V: A Report from Secretary Michael O. Leavitt. March 17, 2008. Available at: <http://www.pandemicflu.gov/plan/pdf/panflureport5.pdf>.

2. U.S. Department of Health and Human Services. Pandemic Planning Update IV: A Report from Secretary Michael O. Leavitt. July 18, 2007. Available at: <http://www.pandemicflu.gov/plan/pdf/panflureport4.pdf>.

## Tamiflu Label Updated with Neuropsychiatric Warning



The FDA and Roche Laboratories have revised the product label for Tamiflu (oseltamivir phosphate) to include a warning about possible neuropsychiatric events. The updated label is based on recommendations from the agency's Pediatric Advisory Committee meeting in November 2007. Post marketing reports indicate that some patients with influenza who were receiving Tamiflu had delirium and abnormal behavior, leading to injury and even death. Most of the cases occurred in children and in Japan. Although it's not clear whether Tamiflu caused these events, the label cautions clinicians to monitor their patients for abnormal behavior when taking the drug. Adverse events should be reported through the FDA's MedWatch site.

Published in Journal Watch Pediatrics and Adolescent Medicine March 12, 2008  
Originally published in Physician's First Watch March 5, 2008

# ASPR Makes First Playbook Available

BioSecurity Online | Ann Norwood | March 28, 2008



The Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR) has posted online its **Hurricane Playbook** (ESF-8 Hurricane Response), the first in a series designed to “outline key options and recommended actions to support the HHS Secretary (or designee) in directing and coordinating the HHS Emergency Support Function (ESF) #8, Public Health and Medical Services, response to disasters and other large-scale emergencies.”<sup>1</sup>

The playbooks are the newest addition to a collection of key federal documents that now serve as the cornerstone of preparedness. ESF #8, which provides for federal assistance to state, tribal, and local governments specifically during public health and medical disasters, is just one of 15 emergency support functions described in the NRF, which recently replaced the National Response Plan.

The Department of Homeland Security (DHS) has created an NRF Resource Center, which is a “one-stop shop” for key federal documents on preparedness. The website contains the NRF and its Emergency Support Function Annexes, Support Annexes, and Incident Annexes, as well as other documents (most of which are named with frequently encountered acronyms). Also on the website is FEMA’s draft document on the National Incident Management System (NIMS). The “Additional Resources” section contains several documents that may be of interest to clinicians involved in preparedness and response:

- **Hurricane Playbook** <http://www.hhs.gov/disasters/discussion/planners/playbook/hurricane/index.html>
- **National Exercise Program** <http://www.fema.gov/emergency/nrf/nationalexerciseprogram.htm>
- **National Strategy for Pan Flu** <http://www.whitehouse.gov/homeland/pandemic-influenza.html>
- **NRF Resource Center** <http://www.fema.gov/emergency/nrf/mainindex.htm>
- **National Incident Management System** <http://www.fema.gov/pdf/emergency/nrf/nrf-nims.pdf>

## Reference

1. U.S. Dept. of Health & Human Services: <http://www.hhs.gov/disasters/discussion/planners/playbook>

## Senate Budget Resolution Restores First Responder Funding

The EIIP Virtual Forum

Homeland Security and Governmental Affairs Committee Chairman Joe Lieberman, ID-Conn., and Ranking Member Susan Collins R-Me., hailed the restoration of critical first responder funding in the Department of Homeland Security Fiscal Year 2009 Budget and cheered Senate acceptance of their amendment to increase funding for FEMA operations and management by \$141 million. The Senate and House both approved their FY09 Budget Resolutions.

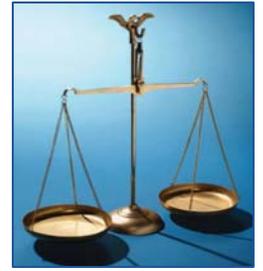
The Senate Budget Resolution rejected the President’s proposed cuts to first responder and instead funds the primary grant program for states – the State Homeland Security Grant Program – at its current level of \$950 million. The Senate also rejected proposed cuts to other vital grant programs including grants to firefighters, for emergency management, and for port and transit security. All of these programs were restored to FY 08 funding levels, adjusted for inflation. The Senate budget increases funding for the Interoperable Emergency Communications Grant Program (IECGP) from \$50 million this year to \$200 million in FY 09.

## Emergency Support Function:

A numeric system detailing the missions, policies, structures, & responsibilities for coordinating resource & programmatic support by areas for coordination. ESF 8 represents coordination of the health & medical response.



## Public Health Emergency Legal Preparedness Resource



The Journal of Law, Medicine & Ethics has compiled a listing of public health legal preparedness resources. The website cites several studies that touch of various aspects of legal preparedness issues:

- Setting Expectations for the Federal Role in Public Health Emergencies
- Public Health Emergency Legal Preparedness: A Framework for Action
- Public Health Emergency Legal Preparedness: Legal Practitioner Perspectives
- Assessing Laws and Legal Authorities for Public Health Emergency Legal Preparedness
- Assessing Competencies for Public Health Emergency Legal Preparedness
- Assessing Cross jurisdictional Coordination for Public Health Emergency Legal Preparedness
- Assessing Information and Best Practices for Public Health Emergency Legal Preparedness

To view Resources please visit: <http://www.aslme.org/cdc/>

### *"Ready, Willing and Able"*

#### Kansas City InfoZine Online

When disaster strikes, people with disabilities face greater risk of serious injury - even death. Researchers at the Life Span Institute at the University of Kansas have taken this lesson from the terrorist attacks of Sept. 11, 2001, and Hurricane Katrina to create a two-hour online training course on how to assist people with disabilities during a community emergency.

Targeting staff in county health departments and hospitals, emergency managers, disaster relief teams and professionals working with people with disabilities, "Ready, Willing and Able" was developed by institute's Research and Training Center on Independent Living. The course addresses the needs of people with sight, mobility, hearing and cognitive disabilities and covers disability etiquette, terminology, communications and assistance techniques during disasters.

The course is available free through TRAIN, an online training system for public health and safety workers. To register, go to [www.train.org](http://www.train.org). The course number is 1010882.



*An ADA Guide for Local Governments Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities*

<http://www.ada.gov/emergencyprep.htm>

### *FEMA Delayed Post-Katrina Mental Help*

#### Sun Herald Online | Megha Satyanarayana

In Feb. 2008, the federal government released a report detailing the FEMA-funded emergency psychological aid process after both Katrina and Sept. 11.

According to officials questioned from each state, including the Department of Mental Health in Mississippi, the application process for FEMA's Crisis Counseling Program was cumbersome and some of the data requested by FEMA was difficult to gather. Compounding these frustrations, said one DMH official, was a cloudy definition of mental health in the Stafford Act. These issues made it difficult for states to mobilize what is now seen as a critical part of disaster recovery - mental health care.

To See the Full Article visit: <http://www.sunherald.com/living/health/story/447488.html>

# KING COUNTY HEALTHCARE COALITION

The Coalition is a network of healthcare organizations & providers that are committed to coordinating their emergency preparedness & response activities. The purpose is to develop & maintain a comprehensive system that assures coordination, effective communications, & optimal use of available health resources in response to emergencies & disasters.

## TOPIC

## STAFF

Coalition Program Manager	Cynthia Dold, (206) 263-8715, <a href="mailto:Cynthia.dold@kingcounty.gov">Cynthia.dold@kingcounty.gov</a>
Coalition Program Assistant	Que Mathis, (206) 263-8713, <a href="mailto:Que.Mathis@kingcounty.gov">Que.Mathis@kingcounty.gov</a>
Grants, Contracts & Marketing	Lydia Ortega, (206) 263-8721, <a href="mailto:Lydia.Ortega@kingcounty.gov">Lydia.Ortega@kingcounty.gov</a>
Alternate Care Facilities	Bryan Heartsfield (206) 263-8716, <a href="mailto:Bryan.Heartsfield@kingcounty.gov">Bryan.Heartsfield@kingcounty.gov</a>
Critical Care Planning	Lewis Rubinson, MD, (206) 263-8716, <a href="mailto:rubinson@u.washington.edu">rubinson@u.washington.edu</a>
Hospital Preparedness	Danica Mann, (206)947-5565, <a href="mailto:Danica.mann@overlakehospital.org">Danica.mann@overlakehospital.org</a>
Infectious Disease Group	Jeff Duchin, MD, (206) 263-8171, <a href="mailto:Jeff.duchin@kingcounty.gov">Jeff.duchin@kingcounty.gov</a>
Legal Workgroup	Amy Eiden, (206) 296-9015, <a href="mailto:amy.eiden@kingcounty.gov">amy.eiden@kingcounty.gov</a>
Long Term Care	Carlos Dominguez, (206) 263-8710, <a href="mailto:Carlos.Dominguez@kingcounty.gov">Carlos.Dominguez@kingcounty.gov</a>
Medical Directors Committee	Jeff Duchin, MD, (206) 263-8171, <a href="mailto:Jeff.duchin@kingcounty.gov">Jeff.duchin@kingcounty.gov</a>
Behavioral Health Planning	Michelle McDaniel, (206) 263-8712, <a href="mailto:Michelle.McDaniel@kingcounty.gov">Michelle.McDaniel@kingcounty.gov</a>
Palliative Care Workgroup	Kay Koelemay, MD (206) 263-8188, <a href="mailto:Kathryn.Koelemay@kingcounty.gov">Kathryn.Koelemay@kingcounty.gov</a>
Call Center Coordination	Joe Cropley, 206-517-2383, <a href="mailto:cropley@wapc.org">cropley@wapc.org</a>
Pediatric Workgroup	Kay Koelemay, MD (206) 263-8188, <a href="mailto:Kathryn.Koelemay@kingcounty.gov">Kathryn.Koelemay@kingcounty.gov</a>
Regional Medical Resource Center	Allison Schletzbaum, 206-744-6213, <a href="mailto:aschletz@u.washington.edu">aschletz@u.washington.edu</a>
Volunteer Management System	Bryan Heartsfield (206) 263-8716, <a href="mailto:Bryan.Heartsfield@kingcounty.gov">Bryan.Heartsfield@kingcounty.gov</a>
Coalition Special Projects Manager	Onora Lien (206) 263-8717, <a href="mailto:Onora.Lien@kingcounty.gov">Onora.Lien@kingcounty.gov</a>

## NEWSLETTER EDITORS

**Danica Mann**

(206) 947-5565

[Danica.mann@overlakehospital.org](mailto:Danica.mann@overlakehospital.org)

**Lydia Ortega**

(206) 263-8721

[Lydia.ortega@kingcounty.gov](mailto:Lydia.ortega@kingcounty.gov)

## *The Healthcare Coalition in conjunction with Public Health – Seattle & King County is Hiring!*

### **Healthcare Coalition Project Management Position (Ambulatory Care Liaison)**

The Healthcare Coalition Project Manager will work closely with Public Health Seattle & King County (PHSKC) and the King County Healthcare Coalition to address planning and development gaps for the regional health and medical response. The position will manage a process focused on engaging clinicians and healthcare providers to define and prioritize essential healthcare services during a pandemic influenza. The position will also serve as a liaison for the Healthcare Coalition program with ambulatory care healthcare providers, other healthcare providers, and federal, state and local partners as needed on training and exercises, regional programming and special projects as needed. The position will research, analyze and develop products that are useful for the health and medical response such as mutual aid agreements and other tools and templates and provide strategic recommendations about planning to the program managers. The position will also assist with presentations, reports, grant writing and grant deliverables as assigned.

**To View the Job Announcement please go to:** <http://agency.governmentjobs.com/kinghealth/default.cfm>



## Upcoming Meetings

Healthcare Coalition  
Business Resiliency  
Workshop  
April 16-17, 2008  
9:00 – 4:30pm

Zone 5- Seattle EOC Meeting  
April 17, 2008  
2:30 – 4:00pm

KcHealthTrac Mental Health  
& Substance Abuse  
Workgroup  
April 22, 2008  
1:00 – 3:00pm

Palliative Care Workgroup  
April 23, 2008  
10:00 – 11:00am

Region 6 Hospital  
Emergency Preparedness  
Committee  
April 24, 2008  
7:30 – 10:00am

Healthcare Coalition  
Business Resiliency  
Workshop  
April 28-29, 2008  
9:00 – 4:30pm

Satellite Phone Drill  
May 1, 2008  
8:00 – 10:00am

## Workgroup & Committee Updates

Outlined below are current updates for some of the Healthcare Coalition Committees & Workgroups. Please consult the Coalition website for additional information.

### Behavioral Health

- KCHHealthTrac software has been successfully configured for use by the mental health and chemical dependency provider sectors. Work will now begin on developing the training course for users, which will take place this fall. We had excellent participation from our KCHHealthTrac workgroup, which consisted of several behavioral health providers and government partners. Thank you to all those who contributed to this effort!

### Hospital Preparedness Committee

- Hospitals are currently reviewing internal codes to evaluate the possibility of standardizing some across the region.
- Dispensing planning workshops, in preparation for the Full Scale Exercise in November, have been postponed from May until June. More information to be provided to the hospital emergency managers soon.
- KCHHealthTrac demonstrations and training will be offered again to reach those hospitals that missed the training in January.
- Regional Medical Evacuation Planning continues. A draft plan will be provided to the taskforce members for review in May with a goal of June for a final draft.

### Palliative Care Workgroup

- In March, the workgroup met at Group Health Central. Discussion centered around regional coordination of palliative care services, cultural and spiritual-specific issues and the complex ethical challenges surrounding rationing of life-sustaining interventions in a pandemic.
- April 16 is National Healthcare Decisions Day, the day set aside for families to focus on the issue of advance directives. More information is available at <http://www.nationalhealthcaredecisionsday.org/>

### Pediatric Workgroup

- The Mental Health, Triage & Critical Care and Perinatal task forces met in March. For more information about the work of these committees and other activities of the workgroup, contact Dr. Kay Koelema, 206-263-8188.

### Puget Sound Call Center Coordination

- The CDC is putting together a national call center stakeholder's workshop in Atlanta which will bring together representatives of 911 systems, consulting nurse lines, poison control centers, Red Cross, 2-1-1, HHS, FCC and Homeland Security to discuss coordination issues. PHSKC has been recognized by CDC as a 'subject matter expert' and will be asked to make a presentation. The Puget Sound Call Center Project is currently the only active planning in the country involving a coordinated effort by multiple organizations that will be networked during a disaster.
- Joe will meet with Eastside Communications, the 911 dispatch center for east King County, to discuss their current use of nurse advice lines and how the call center project may interface with their operations during a pandemic or other disaster.

### Regional Medical Resource Center

- We received approval from the federal government to offer TSP enrollment for approximately 10 non-hospital sectors. To our knowledge, we are the first jurisdiction to make the request and we hope this will help set national standards for the TSP program.
- KCHHealthTrac configuration continues for Behavioral Health providers in King County with a rollout and training anticipated in Fall 2008.
- We continue outreach to critical infrastructure partners, including Seattle Steam, to learn more about their operations and emergency response planning.

## Training Opportunities

Note: The following list of available training opportunities are provided for your interest. Making each opportunity known as available is not necessarily an endorsement as to the value of each training.

### Ethics in Public Health Emergencies: Beyond the Usual Suspects

April 17, 2:00 to 3:00 pm

Each symposium is broadcast in a “webinar” format, with audiovisuals delivered via a combination of phone and computer technology. To Register:

<http://nccphp.sph.unc.edu/symposium/index.htm>



### ICS 300-400 Training

ICS 300 May 6-7	Tacoma/Pierce County EOC ( <a href="mailto:jharmon@co.pierce.wa.us">jharmon@co.pierce.wa.us</a> )
ICS 300 June 2-3	Zone I EM-Kirkland ( <a href="mailto:MRyan@bellevuewa.gov">MRyan@bellevuewa.gov</a> )
ICS 300 June 2-3	Tacoma/Pierce County EOC ( <a href="mailto:jharmon@co.pierce.wa.us">jharmon@co.pierce.wa.us</a> )
ICS 400 April 23-24	Tacoma/Pierce County EOC ( <a href="mailto:jharmon@co.pierce.wa.us">jharmon@co.pierce.wa.us</a> )
ICS 400 May 20-21	Tacoma/Pierce County EOC ( <a href="mailto:jharmon@co.pierce.wa.us">jharmon@co.pierce.wa.us</a> )
ICS 400 May 20-21	FEMA Bothell ( <a href="mailto:Scott.Zaffram@dhs.gov">Scott.Zaffram@dhs.gov</a> )

### A Seminar for Firefighters, Police, 911 Operators & Emergency Management Personnel

TACOMA: (8:30 a.m. - 12:00 p.m.) May 22, July 23, Sept. 5

SEATTLE: (8:30 a.m. – 12:00 p.m.) May 12, May 16, July 14, July 18, Sept. 8, Sept. 12

This interactive half-day course includes: A live demonstration of the characteristics of natural gas and high-voltage electricity, How to identify and manage a variety of emergency situations

involving PSE facilities, & An overview of PSE's response coordination and procedures

### Specimen Collection for Chemical Terrorism or Exposure Events

Shoreline: April 21st, 2008 - 2 to 4 pm

Seattle: April 23rd, 2008 - 10 to 12 Noon

Lakewood: May 7th, 2008 - 9 to 11 am

Tacoma: June 27th, 2008 - 2 to 4 pm

This two hour course is designed for personnel responsible for the collection, storage, labeling, packaging and shipping of diagnostic blood and urine specimens collected during a chemical terrorism or exposure event.

For more information contact: [phl.training@doh.wa.gov](mailto:phl.training@doh.wa.gov)

### Tabletop Exercise Design Course

June 25-26, 2008

Location: Tumwater

Contact Dan Banks for more information: [DanBanks@DOH.WA.GOV](mailto:DanBanks@DOH.WA.GOV)

### Advanced HazMat Life Support

September 24-25, 2008

Location: Best Western Executive Inn- North Seattle

Cost: Provider Only: \$475

Provider/Instructor: \$595

Instructor Only: \$215

Provides medical professionals the critical skills necessary to effectively manage all aspects of hazmat exposure.

To Register contact: Jeff Nobbe at [nobbe@wapc.org](mailto:nobbe@wapc.org)



## Upcoming Conferences

Note: The following list of available conference opportunities are provided for your interest. Making each opportunity known as available is not necessarily an endorsement as to the value of each conference.

### National Earthquake Conference

April 23 – 26, 2008

Location: Westin Hotel, Seattle

For More Information, visit:

<http://capps.wsu.edu/conferences/earthquake/>



### Optimizing Multi-Agency Coordination in Disaster Planning for Hospitals

May 13-14, 2008

Location: Las Vegas, NV

A National conference that addresses Inter-Agency Partnerships to successfully respond to man made or natural disasters.

For More Information, email [Christopher.torres@worldrg.com](mailto:Christopher.torres@worldrg.com)

### 7th UCLA Conference on Public Health and Disasters

May 18-21, 2008

Location: Torrance, California

For More Information, visit: [www.cphd.ucla.edu](http://www.cphd.ucla.edu)

### WAMI Trauma Conference 2008

June 2-3, 2008

Location: Seattle, WA

This two-day multi-disciplinary conference highlights current issues in trauma care throughout the continuum: pre-hospital, emergency, critical care, acute care, and rehabilitation.

To register visit:

<http://uwmedicine.washington.edu/Facilities/Harborview/Conferences/WAMI+Trauma+Conference.htm>



### 11<sup>th</sup> Annual Emergency Management Higher Education Conference

June 2-5, 2008

Location: Emmitsburg, Maryland

For more information please visit:

<http://training.fema.gov/emiweb/edu/educonference08.asp>

## About this Newsletter...

This publication will be sent monthly via email. Please feel free to share resources through this newsletter.

To subscribe or to submit information to share, please contact Lydia Ortega at [Lydia.Ortega@kingcounty.gov](mailto:Lydia.Ortega@kingcounty.gov)

## Upcoming Exercises

### DOH SNS Full Scale Exercise – November 17-19, 2008

King County has been selected as the site for the 2008 SNS full scale exercise. Scope of play, scenario development, design team members and players are currently being identified. The exercise will take place November 17-19, 2008. For more information contact Whitney Taylor at [whitney.taylor@kingcounty.gov](mailto:whitney.taylor@kingcounty.gov)

Public Health - Seattle and King County has released the After Action Report from the **Pandemic Influenza Mass Fatality Management Tabletop Exercise** that was held January 10, 2008. To request a copy please contact Whitney Taylor, Training and Exercise Coordinator with Public Health - Seattle & King County at [Whitney.Taylor@kingcounty.gov](mailto:Whitney.Taylor@kingcounty.gov)