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Region 6 Healthcare Preparedness

Mosquitoes Buzzing, Bringing West Nile Virus Concerns

Washington State Department of Health - Tim Church, Donn Moyer

OLYMPIA- More mosquitoes are buzzing as summer approaches, raising the state Department of Health's concerns about West Nile virus.

"We've been fortunate that West Nile virus hasn't hit our state hard, but the virus is here in birds and mosquitoes," said Gregg Grunenfelder, environmental health division assistant secretary for the state Department of Health. "As we've seen in Idaho and Oregon, this virus can make a lot of people sick – or worse – so preventing mosquito bites is the best way to avoid infection."

The key is to avoid mosquito bites and reduce mosquito larvae habitat:

- Stay indoors when mosquitoes are most active (dusk to dawn).
- Make sure the screens on doors and windows are working properly.
- Cover exposed skin with light colored clothing when outside in the evening.
- Use an effective repellent on exposed skin. Always follow the directions on the label.
- Reduce mosquito larvae habitat around the home by dumping standing water.
- Change water in birdbaths, fountains, wading pools, animal troughs, and other sources once or twice a week.

West Nile infection can be very serious, and even fatal, for some people. While most people bitten by a mosquito carrying West Nile virus don't become ill, some may have mild to severe flu-like symptoms. A small number of people may develop a serious neurological disease. People over 50 and those with compromised immune systems are at greater risk for serious illness.

Anyone who finds a freshly dead crow, magpie, raven, jay, or raptor should report it to their local health agency. Horse owners should contact a veterinarian to learn about vaccinating horses against West Nile virus.

More information on West Nile virus (www.doh.wa.gov/WNV) is available on the Department of Health's Web site or by calling the agency's toll-free phone line, **1-866-78VIRUS**.

West Nile Hotline for King County: **206-205-3883**

www.metrokc.gov/health/westnile



Public Health
Seattle & King County



Bed Tracking & Incident Management Tool Launches Statewide

KCHealthTrac transitions to WATrac to reflect scope of statewide implementation

Healthcare Coalition | July 2008 | Allison Scheltzbaum



HealthTrac is a system for tracking medical resources, coordinating regional communication, and managing healthcare facility status during an emergency event that affects the healthcare system in Washington State.

KING COUNTY, WA - Public Health Seattle and King County and the King County Healthcare Coalition are excited to announce that the Washington State Department of Health (DOH) has adopted KCHealthTrac as a statewide bed tracking and incident management tool. As a part of this change, the branding of this product will change from KCHealthTrac to WATrac to reflect the system's new scope over the next couple of months.

DOH has contracted with Public Health-Seattle & King County to manage the statewide implementation process and a new staff member will be added to the team by the end of the summer to assist with the implementation.

Phase 1 of the implementation began in July 2008 and includes bringing all current users of the Hospital Capacity Website on board with WATrac by the end of 2008.

Phase 2 of the implementation will address the incident management components of the system. This phase will be more complex than the first and will begin as a separate project in 2009. In King County, hospitals have been using WATrac daily since June 24, 2008 and the transition has been relatively seamless.

We are excited to begin expand the use of this product and introduce it to our counterparts across the state. We hope that they will be as pleased with the product as we are and that the implementation process helps spark important preparedness conversations in communities throughout Washington State.

If you have any questions about the product or the implementation process, please contact Allison Schletzbaum, Statewide WATrac Implementation Manager, at Allison.Schletzbaum@kingcounty.gov

*Tracking
resources, alerts
and
communications
for a better
Washington
State*

Statewide Omnibus Public Health Mutual Aid Agreement

Public Health – Seattle & King County | Michael Loehr



Local Health Departments across the Puget Sound Region have recently completed an omnibus public health mutual aid agreement. This agreement will enable all local health departments in Washington to efficiently share resources, staff, facilities and expertise with each other during disasters. A Washington State consultant facilitated the process and King, Pierce, Snohomish and Kitsap County Health Departments comprised the working group that initially developed the agreement. The agreement will become active when the first two counties sign on in late summer of 2008.

Next steps include marketing the agreement across Washington to ensure all local health jurisdictions understand the benefits of mutual aid and have the opportunity to sign on. Also, an operational working group has formed and begun meeting to develop procedures defining how requests for public health assistance would be made, received, documented and processed during emergencies.

If you have questions concerning the mutual aid agreement contact Susan Ferguson at yashon12@msn.com

Hospital Project Manager - Program Operations Specialist

Harborview Medical Center Nursing Services has an outstanding opportunity for a Hospital Project Manager. During a two-year project, the Hospital Project Manager will support a regional ED.

overcrowding project by developing a strategic plan and regional strategies and tools to improve the capacity and medical resilience over the next number of years.

To Apply go to: **Req #: 46477** <http://www.washington.edu/admin/hr/jobs/apl/>



For more information concerning the "Triangle of Life"

<http://www.earthquakecountry.info/dropcoverholdon/>

<http://www.fema.gov/hazards/earthquakes/nehpr/hold.shtm>

<http://www.earthquakecountry.info/dropcoverholdon/oes-drop-cover-hold.pdf>

http://www.seaonc.org/public/media/press_05.html

http://www.disastereducation.org/library/tech_issues/Triangle_of_Life.pdf

<http://www.seattliredcross.org/news/articles/Triangle%20of%20Life.htm>

"Drop, Cover and Hold" still best bet for staying safe in a quake: Internet rumor dispelled

King County Office of Emergency Management

King County residents need to know "Drop, Cover and Hold" is still the best method for earthquake safety in the United States and especially in our own quake-prone region. This recommendation comes from the King County Office of Emergency Management, in concurrence with the American Red Cross, FEMA, and the U.S. Geological Survey.

Unfortunately, e-mails have been circulating on the Internet incorrectly touting the "Triangle of Life" technique which allegedly use voids as a way to survive earthquakes. Simply put, the technique is not applicable for earthquake experiences in the United States.

"Drop, Cover and Hold is the appropriate response to Earthquakes in the United States. We simply don't build structures the same way here as in other parts of the world." said King County Office of Emergency Management Director Robin Friedman.

The "Triangle of Life" is not appropriate for use in the United States because the research used to illustrate the method were based on earthquake response and recovery in Turkey, a country very different from the United States when it comes to building standards, construction and engineering techniques, and building codes.

Earthquakes in the United States do not typically result in total building collapse or "pancake." As a result, when earthquakes strike in the U.S., the safest thing for children and adults to do is "Drop, Cover and Hold" underneath a desk, table, or other sturdy strong surface.

In the urgency of disaster, people need to instinctively know what to do. And the right message is to Drop, Cover and Hold.

To learn more about earthquake safety and mitigation, please visit www.kingcounty.gov/prepare to learn more about how you can help your family prepare.



Photo By Joshua Trujillo / Seattle Post-Intelligencer

The Evergreen Point Floating Bridge (Highway 520) is pounded by strong winds and waves as the infamous Windstorm of November 2006 passes through the Puget Sound area.

520 Bridge Passes Inspection

710 KIRO Staff | My Northwest.com | July 14, 2008

The Evergreen Point floating bridge across Lake Washington was reopened early Monday morning after a shutdown for a wear-and-tear inspection.

State transportation officials say preliminary checks revealed no indication of damage, but a more complete report is planned after a closer examination of the inspection results.

"The bridge is old and tired so it's good to be able to go through the whole thing from end to end and make sure we're not missing anything that's hidden out there," says Rick Rodda, the Department of Transportation's assistant superintendent of bridge maintenance.

Engineers closely examined the repaired area of the pontoons where cracks formed during previous storms. Rodda says he's confident in the bridge and commutes on it everyday. However, "one good storm really starts to open the cracks back up and one big storm could really hurt our machinery out there. Not to mention an earthquake," says Rodda.

Full Article Reference found: <http://www.mynorthwest.com/?nid=11&sid=73258#>

Gov. Gregoire signs statewide State of Emergency proclamation due to wildfires

Office of Governor Chris Gregoire | July 11, 2008

OLYMPIA - Governor Chris Gregoire today signed a statewide State of Emergency proclamation, freeing up equipment, human resources and funding to help battle the growing wildfires in central and Eastern Washington. The emergency proclamation will remain in effect until the governor rescinds it.



The proclamation sets in motion:

- An avenue to cut across government boundaries to do immediately what is required;
- A process to move firefighting resources from agency to agency, quickly and efficiently; and
- A directive to all state agencies and departments to use state resources to do everything reasonably possible to assist affected areas.

The state's Military Department and Emergency Management Division will coordinate assistance to the affected areas. In addition, the proclamation authorizes the adjutant general of Washington, Maj. Gen. Timothy Lowenberg, to mobilize into active duty the National Guard when other resources have been expended. Oregon emergency officials have been briefed and they stand ready to offer assistance if requested.

CH2M HILL Chosen to Help after Disasters in Seattle Area

The Seattle Urban Area Security Initiative (UASI) region has selected CH2M HILL's Preparedness Solutions Group to develop Phase II of a debris management area-wide program. CH2M HILL's Preparedness Solutions Group provides services to help private and public sector companies with emergency preparedness planning and disaster response and recovery.



CH2M HILL EMS developed a regional "umbrella" plan that provides strategic guidance and identifies resources to help the region more quickly recover from disasters and return to normal operations. Floods that swept through Lewis County in December 2007 resulted in more than 123,000 cubic yards of debris, while the eruption of Mount St. Helens in 1980 dumped more than 67 million cubic yards of debris on rivers, highways and airports in Washington.

Debris management is critical to ensuring that communities are prepared and equipped with the resources they need to clean up and process debris after a wind storm, earthquake, flood, terrorist attack or other major event.

Article Reference: http://eastsidebusinessjournal.com/index.php?option=com_content&task=view&id=1940&Itemid=2

NO ORDINARY FLU



To promote pandemic flu preparedness, Public Health-Seattle & King County has developed a 12-page comic book on pandemic flu. Targeting readers of all ages, this story tells the tale of a family's experience of the 1918 influenza pandemic. It also explains the threat of pandemic flu today, illustrates what to expect during a pandemic (such as school closures), and offers tips to help households prepare. It will be available in 12 languages.

To order your **free** copies today go to <http://www.metrokc.gov/health/pandemicflu/comicbook.htm>

No Ordinary Flu is available in these languages:

Amharic
Arabic (al arabiya)
Chinese (Traditional)
English
Laotian
Khmer (Cambodian)
Korean
Russian
Somali / af Soomaali
Spanish
Ukrainian
Vietnamese

*For orders outside of King County visit the National Association of County & City Health Officials (NACCHO) at <http://www.naccho.org/toolbox/program.cfm?id=9>

HEALTHMAP, A New Tool for Global Surveillance

The Journal of Life Sciences | Madeline Drexler | <http://www.healthmap.org/about.php>

Visitors to the new site HEALTHmap can pinpoint the latest outbreaks of more than 50 human and animal illnesses, from avian influenza to chikungunya fever, a mosquito-spread disease of Asia and Africa. Created by

The web is increasingly being used to exchange information about the latest outbreaks and even intervene in public health emergencies.

epidemiologist John Brownstein of Harvard Medical School in Boston and software developer Clark Freifeld of Children's Hospital Boston, the site automatically picks up and charts fresh case reports and other data from sources such as the World Health Organization, Google



News, and the disease alert Web site ProMed-Mail. You can sort the information by disease and country and click on the world map to summon the original report or article.

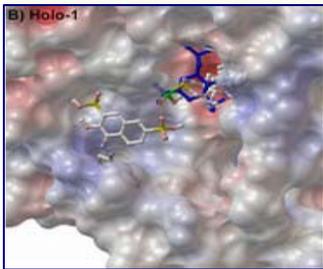
HealthMap is the first real-time disease alert that conveys facts graphically rather than verbally—a comprehensive and dynamic portrait of the world's well-being. Viewers can scan cities, countries, or continents for hourly updated reports. Teardrop-shaped "heat" markers indicate the level of urgency: red for, say, ongoing outbreaks of Ebola in Uganda or human "bird flu" cases in Egypt, yellow for older reports of food recalls, and the like. Viewers can click on news updates, and cut the data according to news feed, disease, country, or timeliness.

Full Article: <http://www.tjols.com/article-611.html>

Supercomputers Identify Potential New Drugs to Combat 'Bird Flu'

US News & World Report | Leslie Fink | July 14, 2008

A supercomputer-generated rendering shows a potential drug docked to the active site of the neuraminidase enzyme of the avian flu virus. (Rommie E. Amaro, Lily S. Cheng, UC San Diego and San Diego Supercomputer Center)



Like most viruses, the ones that cause flu are sneaky little things armed with an amazing ability to rapidly change their spots—that is, the viral molecules that launch a seek-and-destroy response from the human immune system. In the case of avian or "bird flu," new strains are popping up all the time and rendering old medicines and vaccines practically useless, which is seriously bad news if you're trying to prevent a possible world-wide epidemic.

Now scientists have called upon the power of massive supercomputers to stay ahead of the changes and help keep a fresh supply of anti-virus treatments on hand for public health efforts.

Using computers at the San Diego Supercomputing Center and the National Center for Supercomputing Applications, the group ran complex programs to mimic the movements of a particularly wiggly protein called neuraminidase 1 (or N1), which the avian flu virus uses to spread infection to new cells. As the proteins changed shape according to physical laws, the computers picked up a "hot pocket" that appeared to be quite dynamic and flexible and therefore a target for medicines aimed at stopping the infection process. According to the researchers, the computer simulations represent an advance over other types of 3-D studies, such as crystallography, because they are able to capture a protein's constant twitching and jiggling in a sort-of motion picture instead of snap shots of the receptor at rest.

Article found: <http://www.usnews.com/articles/science/technology/2008/07/14/supercomputers-identify-potential-new-drugs-to-combat-bird-flu.html>

Roche Introduces Program to Facilitate Corporate Pandemic Stockpiling of Tamiflu®

Roche announced the introduction of a flexible purchase program that will allow U.S. businesses to maintain access to their own stockpile of Tamiflu® for use in a pandemic situation, with limited upfront investment and more adaptability to deal with unknown factors inherent in pandemic planning. Under the new plan, businesses pay a nominal annual fee to "reserve" their own stockpile of Tamiflu, which Roche will store and rotate to keep "in date."

Article Reference: <http://www.medicalnewstoday.com/articles/113325.php>

Tamiflu is available for the treatment of influenza in more than 80 countries worldwide.

<http://www.rocheusa.com/products/tamiflu>

Report Offers Resources for Home Health Care Response During Pandemic Flu

Home Health Care During an Influenza Pandemic: Issues and Resources, a report identifying home health care as a critical component in providing care during a pandemic influenza event and offering resources to home health care providers and community planners to prepare for such an event, was released yesterday by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality in collaboration with the Office of the Assistant Secretary for Preparedness and Response.

The report emphasizes the home health care sector's potential to help handle a surge in patients during a biologic event and stresses the need for involvement of home health care agencies in advance planning and coordination at the local level. It offers resources and suggestions on addressing key elements of home health care preparedness and includes lists of existing tools and models throughout.

Examples of issues and strategies addressed in the report include:

- Exploring the use of technology to monitor patients at a distance.
- Collaboration with community partners.
- Legal and ethical considerations of providing care under emergency conditions.
- Home health care workforce issues, including training.
- Recommendations for additional action and research at the federal, state and local levels.

AHRQ has developed more than 60 emergency preparedness-related studies, workshops, and conferences to help hospitals and health care systems prepare for public health emergencies. Many of these projects were made possible through collaboration with ASPR and other federal agencies. More information about these projects can be found online at <http://www.ahrq.gov/prep/>.

The King County Healthcare Coalition was cited as a model of Effective Collaboration with Home Health Care.

Check it out here!
<http://www.pandemicflu.gov/plan/healthcare/homehealth.html>

Study: Most Nursing Homes Not Ready for Pandemics

Jacquelyne Tauuianen | Associated Press Writer

New research suggests more than half of nursing homes are not prepared to help overwhelmed hospitals in emergencies. Research published in the Journal of the American Medical Association, released Tuesday, says nursing homes are not equipped to relieve hospitals and other health centers in the case of an influenza pandemic.

"While most facilities felt that nursing homes were being counted on to take hospital overflow patients in a pandemic, in reality few homes would be able to do so," said the lead author, Philip Smith, professor and chief of infectious diseases, University of Nebraska Medical Center. Out of the 400 nursing homes in the study, only 23 percent had a specific plan for influenza pandemics.

"In disaster planning, acute care centers are the first to aid local health centers, and nursing homes are among those," said senior author Lona Mody, assistant professor of internal medicine at the University of Michigan Health System. "It is important that they're ready, equipped and have planned for it."

Specific areas of improvement for nursing homes include communication with nearby health departments and hospitals at the planning stage, Mody said.

Full Article: <http://www.mlive.com/newsflash/index.ssf?/base/news-55/1216768457226850.xml&storylist=newsmichigan>

JAMA[®]
The Journal of the American Medical Association

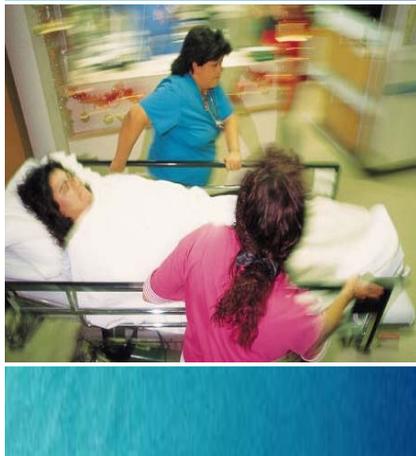
Home Health Care During an Influenza Pandemic: Issues and Resources, is

based on the findings of an expert panel meeting, including representatives of home health care, emergency and disaster planning, professional organizations and federal and state government agencies.

To View the U.S. Department of Health and Human Services and Washington State's shared and independent responsibilities for pandemic planning

Go To:
<http://www.pandemicflu.gov/plan/states/washington.html>

GAO Reports Progress, Pitfalls in State Medical Surge Planning



CIDRAP News | News Jul 14, 2008 | Lisa Schnirring ■ Staff Writer

The Government Accountability Office (GAO) released a status report yesterday on progress states have made toward preparing for a flood of people needing medical care in the wake of an event such as a terrorist attack or an influenza pandemic.

The 59-page report, requested by various US Senate and House members, looked at four main components of medical "surge" readiness: increasing hospital capacity, pinpointing alternative care sites, enlisting medical volunteers, and planning for altered standards of care. The GAO also examined how federal departments have helped states make medical surge preparations, as well as what states have done for themselves. Lastly, investigators asked states what concerns they have about their medical surge planning.

GAO auditors found that of 20 states that were surveyed, many have made progress on three of the key components of medical surge planning: increasing hospital capacity, determining alternative care sites, and recruiting volunteer staff.

States told the GAO they faced several challenges in building surge capacity. While most states surveyed said they could boost the number of hospital beds in an emergency, some said they worried about how to staff the effort. Some state officials reported difficulty in selecting alternative care sites, particularly in small rural communities. Other states said that some facilities that could be used as care sites have already been earmarked as emergency shelters.

Full Article: <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jul1408surge-br.html>

Developing Health System Surge Capacity: Community Efforts in Jeopardy

Research Brief No. 5 | June 2008 | Laurie E. Felland, Aaron Katz, Allison Liebhaber, Genna Cohen

Since Sept. 11, 2001, communities have responded to the federal call to enhance health care surge capacity—the space, supplies, staffing and management structure to care for many injured or ill people during a terrorist attack, natural disaster or infectious disease pandemic. Communities with varied experience handling emergencies are building broad surge capacity, including transportation, communication, hospital care and handling mass fatalities, according to a new study by the Center for Studying Health System Change (HSC).



Communities are attempting to build broad surge capacity, ranging from communication to transportation to hospital care to handling mass fatalities. To effectively do so, respondents stressed the importance of ongoing planning and coordination among stakeholders to determine who has resources, who has authority and who to request help from. To that end, one of the early benefits of federal funding after 9/11 was improved coordination among public health agencies, fire and police departments, emergency management agencies, and health care providers.

Despite progress, communities face an inherent tension in developing surge capacity. The need for surge capacity has increased at the same time that daily health care capacity has become strained, largely because of workforce shortages, reimbursement pressures and growing numbers of uninsured people. To compensate, communities are trying to develop surge capacity in a manner that supports day-to-day activities and stretches existing resources in an emergency.

Lessons from past emergencies have prompted health agencies to partner with more entities. State and local emergency management agencies and emergency medical services (EMS) have become more involved, particularly in transportation for workers and victims, as have morgues and mortuaries in planning for mass fatalities. Although many hospitals have long participated in collaborative community planning, some communities, such as the King County Health Care Coalition in Seattle, are pulling together broader hospital consortiums and work more closely with hospital associations. Community efforts increasingly involve community health centers (CHCs) and long-term and mental health care providers to address the distinct needs of vulnerable populations.

To View the Full Report visit: <http://www.hschange.org/CONTENT/991/#ib1>

National Consensus Statement and Guiding Principles on Emergency Preparedness and Cultural Diversity



www.diversitypreparedness.org

On June 11, 2008 the National Consensus Panel on Emergency Preparedness and Cultural Diversity issued the nation's first blueprint for integrating racially and ethnically diverse communities into emergency preparedness.

An initiative of the Drexel University School of Public Health's Center for Health Equality and the U.S. Department of Health and Human Services' Office of Minority Health, the National Consensus Panel is comprised of a unique and leading group of national, state and local organizations who came together for the first time to define a unified set of priorities for preparing and responding to culturally diverse communities in public health emergencies.

Prior to this Panel, and as evidenced by the tragedy surrounding Hurricane Katrina, no concerted effort had occurred at the national level to explicitly understand and incorporate the unique needs of racial/ethnic minorities in preparedness plans and actions. Thus, this initiative brought together for the first time individuals with a range of expertise, authority and responsibility for preparing and responding to diverse communities to discuss and jointly develop a cohesive set of priorities for integrating racial/ethnic, immigrant and limited English proficient (LEP) populations into emergency preparedness planning and implementation.

For further background information on the National Consensus Panel and Statement, please follow this link to the Drexel Center for Health Equality's website: <http://publichealth.drexel.edu/che/69/>.

To view the National Consensus Statement, Guiding Principles, Panel Member List and Press Release, please click on the link below:

<http://www.diversitypreparedness.org/What-s-New/40/>

State and Territorial Health Officials Take Critical Step to Protect Vulnerable Populations

Association Releases Pandemic Preparedness Guidance

ASTHO.org | June 30, 2008

The Association of State and Territorial Health Officials (ASTHO) released national guidance today on protecting at-risk populations during one of the worst public health catastrophes imaginable - an influenza pandemic.

"ASTHO has provided specific recommendations through this guidance that will increase the overall preparedness levels of each community and help to protect the most vulnerable people in America," said ASTHO President Dr. David Sundwall, Executive Director, Utah Department of Health.

The guidance was developed through a grant from the Centers for Disease Control and Prevention (CDC) and incorporates expertise from an advisory panel of national experts that includes the at-risk populations who would be affected, as well as from public health planners and other experts who will have responsibility for implementing the policies. The guidance also includes recommendations and suggestions received from the public-at-large during a comment period in April. Additional assistance was provided by the Center for Infectious Disease Research & Policy at the University of Minnesota, the National Association of County and City Health Officials, and The Keystone Center.

The recommendations will be shared with public health planners in a series of regional meetings and will be available on the Internet to help guide and strengthen the work being done. The first of the regional meetings will be held in August.

Copies of the guidance can be obtained at www.astho.org

WEBCAST: Addressing At-Risk Populations in Emergency Preparedness Planning

Target Audience:
Emergency Planners & Managers; Public Health Professionals

Go to:

<http://ualbanycphp.org/GRS/ventpast.cfm?id=105>

HHS Issues Report on Project Bioshield Progress

DRAFT OPEN FOR PUBLIC COMMENT

The Healthcare Emergency Preparedness Program (HEPP) developed a competitive grant for a hospital working group to address hospital planning and preparedness for a radiation incident.

<http://www.nyc.gov/html/doh/html/bhpp/bhpp-focus-rad.shtml#1>

HEPP is eager to receive public comments on this document. If you would like to contribute please send comments to Kate Ura-neck at kuraneck@health.nyc.gov by August 31, 2008.

The U.S. Department of Health and Human Services (HHS) issued a report stating its progress in implementing Project BioShield. HHS has used Project BioShield authorities to support, facilitate and expedite the research, development, acquisition and availability of medical countermeasures to respond to the adverse effects of public health emergencies involving chemical, biological, radiological and nuclear threats.



"Emergency preparedness and response is a responsibility we all share as individuals, as family members, and as citizens of our communities," said Assistant Secretary for Preparedness and Response (ASPR) W. Craig Vanderwagen. "Our goal is to foster involvement by private and public stakeholders in the emergency preparedness process, working to make the process transparent while safeguarding national security. This report reflects our progress in that regard not only as an agency but also as a nation."

The Project BioShield Act of 2004 provided HHS with unique authorities to support the development and acquisition of medical countermeasures as part of a national strategic effort to prepare for threats to public health from chemical, biological, radiological or nuclear events. The Pandemic and All-Hazards Preparedness Act (PAHPA), enacted in December 2006, provided additional authorities to support advanced development of medical countermeasures, including Project BioShield acquisitions. PAHPA also established the new offices of the ASPR and of the Biomedical Advanced Research and Development Authority (BARDA).

The annual report is available online at www.hhs.gov/aspr/barda/bioshield/annualreport.

Full Article: http://media-newswire.com/release_1068720.html



New Law Allows Volume Discounts for Homeland Security Goods

Occupational Health & Safety Online | July 3, 2008

The U.S. General Services Administration received new authority to help state and local governments in purchasing homeland security equipment and services under the Local Preparedness Acquisitions Act (HB 3179) signed by President Bush last week. The new law authorizes the GSA Administrator to allow state, local, and tribal governments to buy homeland security goods and services through the cooperative purchasing program. Officials will be able to use GSA's Schedule 84 to buy items such as alarm systems, facility management systems, firefighting and rescue equipment, law enforcement and security equipment, and marine craft.

"This is wonderful news for the American people and a big improvement to the status quo," said Acting Administrator David Bibb. "State and local governments can now take advantage of GSA's volume discounts for the supplies and services that will help keep our citizens secure."

Federal Acquisition Service Commissioner Jim Williams said, "GSA's ability to leverage the federal government's enormous buying power enables us to provide goods and services at best value and pass the savings on to our client agencies. Now we can pass these discounts on to state and local governments, while also allowing for enhanced security through greater interoperability possibilities across the federal, state and local environment. That's a win-win for our customers and the American taxpayers."

GSA says the new law is in keeping with its stated mission of providing superior workplaces, expert technology solutions, acquisition services, purchasing and E-Gov travel solutions, and management policies at best value, allowing federal agencies to focus on their core missions.

Full Reference: <http://www.ohsonline.com/articles/64976/>

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

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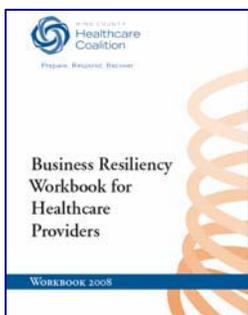
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Preparedness Workbook for Healthcare Providers

Published by NWCPHP & the King County Healthcare Coalition



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A free copy

Public Health - Seattle & King County and the Healthcare Coalition in conjunction with the Northwest Center for Public Health Practice has recently developed an online workbook entitled, [Business Resiliency for Health Care Providers](#). The workbook is intended to help non-hospital healthcare agencies to enhance their resiliency in an emergency.

Funding for the Workbook was provided by a Partnership Grant from the Office of the Assistant Secretary for Preparedness and Response (ASPR), U.S. Department of Health & Human Services.

Coalition Workgroup & Project Updates

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



Upcoming Meetings

Satellite Phone Drill for
all Hospitals
8/1/08
8:00-10:00am

Zone 5- Seattle EOC
Meeting
8/7/08
7:30-9:00am

Vulnerable Populations
Personal Preparedness
Training
8/11/08
12:30-4:30pm

Vulnerable Populations
Operations Workgroup
8/14/08
12:00-4:00pm

Palliative Care
Workgroup
8/15/08
10:00 am- 12:00pm

Vulnerable Populations
CBO Preparedness
Training
8/22/08
8:30 am - 12:30pm

Vulnerable Populations
Steering Committee
8/28/08
2:00-4:00pm

Region 6 Hospital
Emergency
Preparedness
8/28/08
7:30 - 10:00am

Behavioral Health

- We are winding down our Business Resiliency for Non-Hospital Healthcare Providers grant project, which included 54 behavioral health provider sites. To help us evaluate the project, Grantees will be receiving a short survey via email in early August. We hope all recipients take a few minutes to complete it and give us valuable feedback!
- The Methadone Preparedness Workgroup is close to finalizing a Memorandum of Agreement designed to assist methadone clinics in providing mutual aid to each other during an emergency. This MOA is a major step in addressing continuity of care issues for this population. In King County, Opioid Treatment Program (OTP) providers serve approximately 3,400 individuals annually.
- As part of expanding the Public Health Reserve Corps to include a behavioral health response team, on June 18-20 we held a train-the-trainer session for the course "Disaster Behavioral Health: A Critical Response". The course is designed to prepare behavioral health and spiritual care professionals to provide support to disaster victims and first responders. We had 20 amazing volunteers complete the intensive 3-day training, so we now have a cadre of folks available to teach the course to future response team members. Anyone interested in learning more about this volunteer opportunity can contact Michelle McDaniel, Behavioral Health Planning Manager.

Hospital Preparedness

- Hospitals representatives continue to participate in the development of the Regional Medical Evacuation and Patient Tracking Mutual Aid Plan. The plan will go through a final review by the taskforce in August and will go to the Healthcare Coalition Executive Council for approval in September. A regional tabletop exercise will be hosted in October to test the plan.
- The Washington State Hospital Association (WSHA) is leading a project to review hospital codes and evaluate the possibility of standardizing some of the top codes called in hospitals. A taskforce met in July to review national standards and make preliminary recommendations. The Patient Safety Committee for WSHA will review the preliminary recommendations on a conference call on July 29.
- A new NIMS Implementation Strategy template was provided to the hospitals this month to stay current with the new NIMS objectives for healthcare. For a copy of the template, please contact Danica Mann at Danica.mann@overlakehospital.org
- Hospitals continue to prepare for the full scale exercise in November. Workshops on dispensing plans and security considerations are under development and will be available in September.

Long Term Care

- Aging and Disability Services (ADS) along with 16 home care contracted agencies completed their first table top exercise on June 24th. The purpose of the table top exercise was to provide the home care agencies and ADS an opportunity to validate and enhance their emergency preparedness plans, in particular in the areas of inter and intra-agency communications, identifying and maintaining service to high risk clients, and staff safety. The table top covered two natural disaster/major event scenarios. A draft of an After Action Report was compiled and was reviewed by the participants and additional comments and best practices were included. In addition, the after action draft report includes identification of the major areas for improvement, root causes of barriers to action, and recommendations. At the end of the session, the resolutions were assigned to a named person or group for future resolution.
- The Summit at First Hill, recipient of one of the ASPR funded grants through the Healthcare Coalition, is developing a collective agreement among similar types of facilities (Boarding Homes/Nursing Homes) in their vicinity to prepare and respond during emergencies. The goal of these planning efforts is to reach a higher level of preparedness through coordinated efforts of identified neighborhood partnerships that can lead to a mutual support agreement.

Workgroup & Project Updates Continued

Mass Fatality Management

- A Hospital Mass Fatality Management workshop was held on June 30 to provide information and guidelines on planning for mass fatality incidents at their facilities.
- The workshop also included a briefing on the role and responsibilities of the King County Medical Examiner's Office and how daily deaths are managed in King County and information from the Office of Vital Statistics at Public Health on processing death certificates during a disaster.
- For more information or copies of the materials provided at the workshop contact Onora Lien, Healthcare Coalition Special Projects Manager

Palliative Care Workgroup

- In May, the workgroup met at Providence Hospice of Seattle; Swedish Home Care Services hosted the group in June.
- The workgroup is collaborating with IlluminAge Communication Partners on development of educational materials for patient and family use in a large scale medical emergency, such as a flu pandemic.
- Pediatric palliative care providers met at Children's Hospital in May to discuss preparedness planning.

Pediatric Workgroup

- The Triage & Critical Care Task Force is reviewing various pre-hospital and hospital-based triage tools and systems for management of pediatric patients in a mass casualty incident.
- The Perinatal Task Force is gathering information to inform planning for continuity of childbirth services within King County in a large-scale emergency, including current locations and levels of care and comparison by emergency coordination zone of the residence of birth mothers with site of childbirth.

Puget Sound Call Center Coordination

- Joe and the PHSKC Communications Team will be meeting with Qwest engineers on July 7th to further explore connectivity options for both the PICC and coordinated call center effort.
- A meeting has also been scheduled with Microsoft's director of Disaster Management who has expressed an interest in collaborating on the call center project.
- The State is still awaiting word on whether funds from the recent CDC competitive grant for pandemic preparedness will be awarded to King County for continued planning and implementation of call center strategies.

Regional Medical Resource Center

- KCHHealthTrac implementation continues at a brisk pace. During the month of July, we will hold three separate trainings for the Public Health Communications Team, Hospital Public Information Officers, and a repeat of the Train-the-Trainer Session for Hospitals. This fall we will train Mental Health Outpatient providers to use the system.
- The buildout of a redundant location to house an Emergency Operations Center for a Health and Medical Response is underway. Equipment has been purchased and will be installed near the end of the summer.

SOUND SHAKE 2008



SoundShake was held March 5, 2008. It was a functional, Urban Area Security Initiative (UASI) exercise designed to address the potential impacts of a catastrophic earthquake in the Puget Sound area. The exercise was based on the Seattle Fault Scenario.

To receive an electronic copy of the SoundShake After Action Report and Improvement Plan for the Healthcare Coalition contact:

Lydia.ortega@kingcounty.gov

In the Spotlight ...The Healthcare Coalition in the News

Developing Health System Surge Capacity: Community Efforts in Jeopardy

Research Brief No. 5 | June 2008

Laurie E. Felland, Aaron Katz, Allison Liebhaber, Genna Cohen

*Although many hospitals have long participated in collaborative community planning, some communities, such as the **King County Health Care Coalition in Seattle**, are pulling together broader hospital consortiums and work more closely with hospital associations. <http://www.hschange.org/CONTENT/991/?topic=topic18>*

Community Link - United Way

July/August 2008

*Seattle and eight other cities across the country are serving as national models for flu pandemic preparedness as part of the U.S. Department of Health and Human Services' (HHS) Take the Lead - Working Together to Prepare Now public education campaign. Over the next several months, HHS will work with **Public Health-Seattle & King County** and influential leaders from the business, faith-based, civic and health care sectors in King County to help them in their efforts to educate the public. The public education campaign focuses on the critical need for community flu pandemic preparedness and ways we can all get ready for a potential outbreak. <http://www.uwkc.org/nonprofit/communitylink/page2.asp>*

Home Health Care During an Influenza Pandemic: Issues and Resources

Agency for Healthcare Research and Quality

*The State of North Carolina and the **Seattle King County Healthcare Coalition** serve as examples of effective integration of home health care into emergency response planning at the State and county levels. King County in Washington serves as an example of an effective model of cross-sector collaboration that includes home health care. The Coalition is a network of health care organizations and providers committed to strengthening the health care system for emergencies.*

<http://www.pandemicflu.gov/plan/healthcare/homehealth.html>

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.

Project XTreme Cross-Training Respiratory Extenders for Medical Emergencies

The Agency for Healthcare Research and Quality (AHRQ) has released an interactive cross- training program to teach non-respiratory therapy health care professionals to provide basic respiratory care and ventilator management in a public health emergency. The training program was developed in cooperation with the Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response. (Free DVD available)

<http://www.ahrq.gov/prep/projxtreme/>

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



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.

NEMA (National Emergency Management Association) 2008 Annual Conference

Date: September 8-11, 2008

Location: Hilton Portland & Executive Towers, Portland, OR

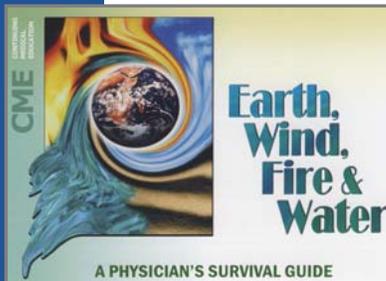
For More Information: <http://www.nemaweb.org/home.aspx>

National Pediatric Trauma and Disaster Services Summit

Date: September 11-12, 2008

Location: Los Angeles, California:

For More Information: www.ped-trauma-chla.info/.



Earth, Wind, Fire & Water – A Physician’s Survival Guide

Date: September 13, 2008

Location: Swedish Medical Center, Seattle

This conference is intended for physicians who serve the general population in King County. The goal of the course is to provide participants with information about the impact of a region wide health emergency and about response planning. CME Available

For More Information:

http://www.swedish.org/body_frameset.cfm?id=2555

ATA 2008 Mid-Year Meeting

Date: September 15 & 16, 2008

Location: Tampa Florida

Pediatric Telehealth and Home Healthcare & Remote Monitoring.

For More Information: <http://www.atmeda.org/conf/MidYear2008/index.htm>

California Hospital Association Disaster Planning Conference

Date: October 1-3, 2008

Location: Sacramento, CA

For More Information: <http://guest.cvent.com/EVENTS/Info/Summary.aspx?e=2ea6a8f9-3ea8-4e58-a3c5-d50b22c683e5>

U.S. EPA Region III Emergency Preparedness and Prevention and Hazmat Spills Conference

Date: October 26-29, 2008

Location: Richmond, Virginia

For More Information: <http://www.2008conference.org>

Altered Standards of Care and Surge Capacity Conference: Mass Casualty Management in Times of Crisis

Date: Oct. 27-28, 2008

For More Information: <http://www.governmenthorizons.org/SurgeCapacityConference/>

3rd National Emergency Management Summit

Date: March 4 - 6, 2009

Location: Renaissance Washington DC Hotel -Washington, DC

The Leading Forum on Disaster, Epidemic and Terrorism Planning, Response and Recovery

For More Information: <http://www.emergencymanagementsummit.com/>

Upcoming Exercises

Regional Medical Evacuation and Patient Tracking Mutual Aid Plan Tabletop Exercise – October 22, 2008

A tabletop exercise will be held to evaluate the details of the Regional Medical Evacuation plan. Save the date, along with invitations to participate and observe will be sent out in August. For more information about the exercise, contact Danica Mann at Danica.mann@overlakehospital.org

Pandamonium - DOH Full Scale - 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. Healthcare Providers who are interested in participating should contact Danica Mann at Danica.Mann@overlakehospital.org

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

King County Healthcare Coalition SoundShake After Action Report is now available. To request a copy please contact Danica Mann at Danica.mann@overlakehospital.org or Lydia Ortega at Lydia.ortega@kingcounty.gov

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

